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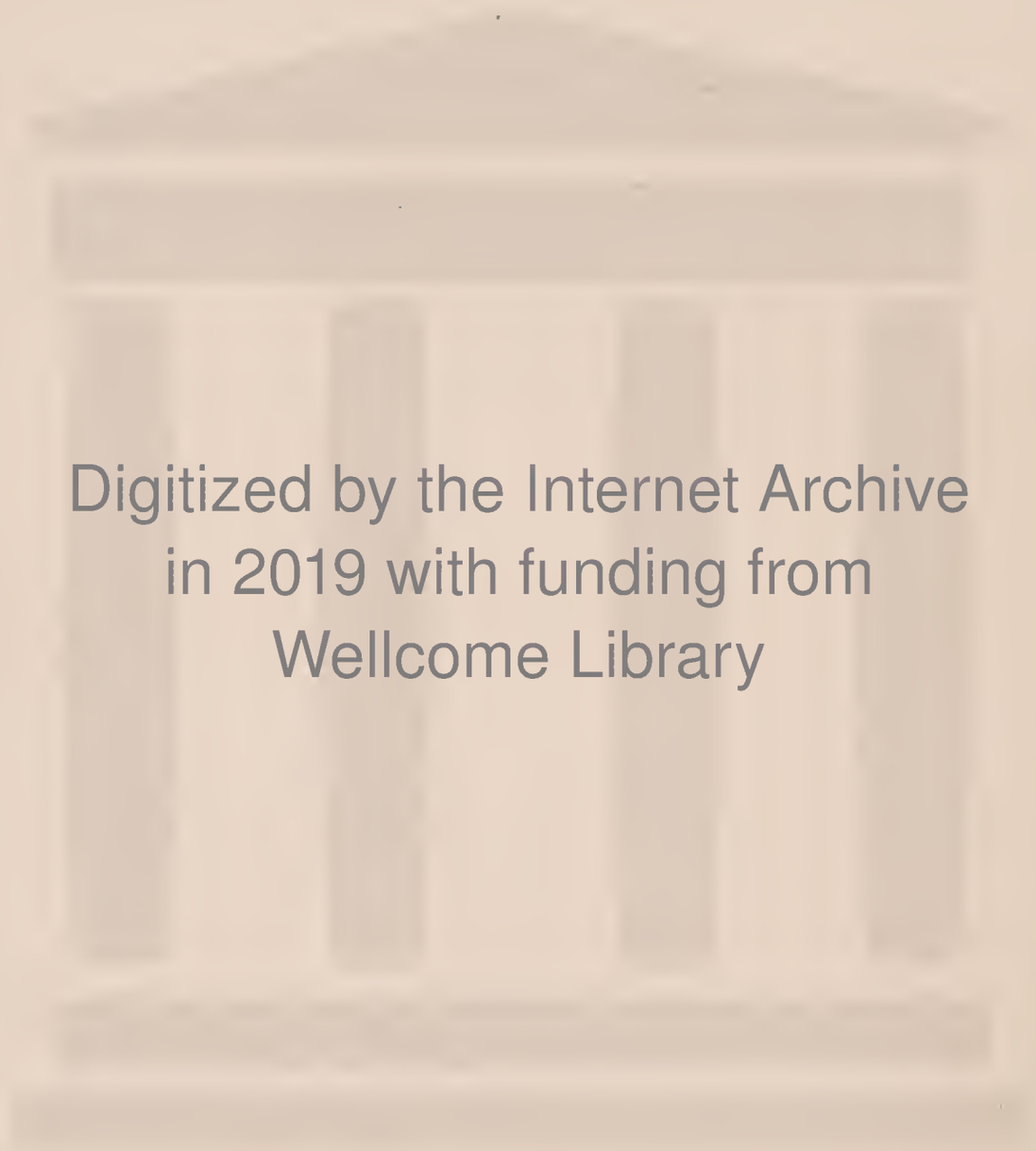

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SATURDAY, DECEMBER 6, 1828.

PATHOLOGICAL ESSAYS ON SOME DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

In the following essays it has not been my purpose to include every thing which belongs to the pathology of the heart, but only to discuss such parts of this important subject as have fallen especially within my own observation.

I have spoken first of the morbid anatomy of the heart strictly so called, or the changes wrought upon its structure by disease; and next of the circumstances declaratory of those changes, both while they are in the course of their formation and after they are completely formed.

Dr. Baillie, in his "Morbid Anatomy," has simply described the visible appearance of diseased structures, and subjoined a plain detail of certain symptoms resulting from them. I have ventured, in the present subject of inquiry, to go a little beyond the limit which Dr. Baillie assigned to himself: to a description of morbid structures I have added some explanation of the modes by which they are produced, and of the purposes which they seem to serve; and, with respect to symptoms, I have rather considered their general course and character, endeavouring to bring them into comparison with the essential morbid conditions out of which they arise, and thus to make the objects of clinical and of anatomical research more manifestly illustrative of each other.

Morbid anatomy has at length come to be regarded as indispensable to the knowledge and treatment of diseases, and every medical book as defective which does not give to its subject all the elucidation it is capable of from this source. But how can the facts of morbid anatomy, now always required, be best represented? This is an important consideration both to writers and readers. Verbal descriptions alone are not always adequate to the purpose; and hence, from the necessity of the case, such descriptions have been often accompanied by plates or coloured engravings. In some valuable works recently published, the delineations of this kind are so faithful as to leave nothing to be desired: but, unhappily, the very completeness of these works tends to abridge their utility. To the great majority of medical men they are sealed books; for the expense of them is so enormous that not one man in a hundred can afford to purchase them.

In the following essays I have sought to supply the defect complained of by another method—viz. by referring to specimens of disease preserved in public anatomical collections; especially in the Museum of the College of Physicians, and in that of St. Bartholomew's Hospital. I would remark that these, and many other noble collections of the same kind in London, are not so useful as they would be, if it was the general practice of medical men to refer to them for whatever might there be found illustrative of the subjects upon which they write. If they were known as the depositories of certain

facts, carefully preserved and authenticated, and always to be seen and examined, thither the studious would habitually resort in search of the information which they require; and museums would thus become (as they ought to be) real schools of pathological knowledge.

ESSAY I.—MORBID ANATOMY OF THE PERICARDIUM.

The anatomical characters of inflammation of the pericardium consist in an unusual degree of redness, appertaining to the membrane itself, in the presence of coagulable lymph adhering to its surface, and of fluid effused into its cavity.

If, in a case of recent inflammation, the coagulable lymph adhering to its surface be carefully detached, the pericardium will not be found uniformly red in every part, but traversed by arborescent blood-vessels, and dotted and speckled with innumerable scarlet points, leaving little intermediate spaces, in which the membrane still retains its natural colour*.

The coagulable lymph adhering to the surface may be deposited in distinct and broken patches †, or it may assume the form of an adventitious membrane. The adventitious membrane may cover a small portion only of the pericardium, or it may serve as a complete lining to it, following its reflections both where it is loose and over the heart itself, and over the large blood-vessels ‡.

This lymph varies in consistence, from the least possible degree of tenuity which can preserve a continuous texture §, to the thickness of more than an inch. On one side, where it is applied to the pericardium, its surface is uniform; on the other it varies. Sometimes this latter is dotted all over with minute apertures, or pores, at regular distances, which give it a reticulated appearance, like delicate net-work ‖. Sometimes it is intersected with lineal elevations, forming a grosser reticulation, not unlike the second stomach of the calf*. Sometimes it is studded with minute tubercles; and sometimes rendered rough and very unequal by partial accumulations of soft flocculent matter upon it, like large pieces of sponge, or tow †.

From the slight red tinge often observed in this adventitious membrane, it might be suspected that blood-vessels are continued into it from the pericardium. From its capacity of receiving injection from the coronary arteries, it is certain that they are so ‡.

The fluid effused into the cavity of the pericardium in consequence of inflammation, varies very much in quantity: sometimes it does not exceed the quantity of fluid ordinarily found there, but its appearance will always shew it to be the product of disease. Nearly four pints are mentioned, upon good authority, as having been found in a case of inflammation. I never found more than half as much. This fluid is sometimes of a clear lemon colour, and transparent; sometimes less transparent, from an intermixture of filamentous, flaky, or membranous substances; and sometimes not at all transparent, but like unstrained whey, from an intermixture of pus. In different cases it presents every tinge of red, from an intermixture of blood in various proportions, and sometimes it is a mere turbid serum.

These marks sufficiently denote inflammation of the pericardium. They are very obvious marks, and he who has seen them a few times only, will never be at a loss to recognize the anatomical characters of the disease. But merely to recognize the anatomical characters of the disease is to be still far distant from a knowledge of its pathology. A knowledge of its mere local pathology implies some notion of the purposes which nature intends by each of the processes in detail. The vascularity, the coagulable lymph, and the serum, have each their purposes to fulfil, and have each circumstances connected with them of great pathological importance, into which it may be useful to inquire.

Of the many and complex phenomena which constitute inflammation, the first

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* Baillie's Morbid Anatomy, Plate I. Fig. 3.

† College Museum, 4. C. 7. Specks and Patches of Lymph upon the Pericardium.

‡ Ibid. 4. C. 6. Coagulable lymph, following all the reflections of the Pericardium.

§ Ibid. 4. A. 9. Coagulable Lymph of extreme delicacy.

‖ Ibid. 4. C. 5. Coagulable Lymph resembling the finest Lace.

* Museum of St. Bartholomew's, 8. Coagulable Lymph with regular lineal elevations.

† Ibid. 7. Coagulable Lymph, very loose and thick, and hanging in coarse shreds, like tow.

‡ Museum of the Coll. Phys. 4. C. 1.

(or at least the first which is cognizable to the senses) is an undue determination of blood to the part. Vessels which naturally contain blood are now distended and overloaded with it, and vessels which naturally contain none at all, and are consequently invisible, now become conspicuous from their redness.

This is the morbid condition inceptive of inflammation, without which it cannot exist.

But undue vascularity may exist without this consequence: for, in truth, it is inceptive of other morbid conditions besides inflammation—of hæmorrhage, for example. I do not mean the hæmorrhage which takes place from the rupture of a single vessel—this is a mechanical accident; but hæmorrhage from the extremities of a million vessels at once. This is a morbid action. The hæmorrhage ceases and the vascularity disappears, and the part resumes the visible conditions of health.

Further, undue vascularity may exist in a part and be inceptive of no disease whatever, but, on the contrary, may lead the way to some natural and healthy function which the part has recently assumed. I happened lately to be present at the examination of the body of a young woman who had committed suicide: among various morbid appearances there was this, which at first was thought to be morbid also—the uterus and its appendages were most remarkably loaded with blood. Was this the beginning of an intense inflammation, or preparatory to a profuse hæmorrhage? It was neither; for a most careful examination discovered the unequivocal evidence of recent impregnation. Unquestionably, the undue determination of blood was the result of the stimulus which the organs had recently sustained, and a necessary prelude to the important function which they were about to assume.

Again, undue vascularity may exist in a part, and may in itself constitute the whole disease—being a prelude neither to inflammation nor hæmorrhage, nor to any extraordinary and healthy function newly assumed. For weeks, for months, for years, one or several organs may labour under this unnatural load of blood. It is a disease—it is an organic disease: but it does not necessarily give origin to any further change of structure than that which it constitutes in itself. In all these cases which have been mentioned the turgescence of the capillaries is the result of an active process, but of a process essentially different from inflammation.

It may be added, that turgescence of the capillaries may take place under pathological conditions distinct from all these, and still distinct from inflammation. Upon dissection, large red patches are often met with in various parts of the body, and especially in transparent membranes, which have nothing to do with any active process whatever. They are formed during the very period of dissolution. The mode in which death takes place, whether slowly or rapidly—the kind and situation of the disease which occasions death—even the position of body in which the patient dies, have something to do with the formation of them, by determining blood to particular situations, where it is detained from absolute failure of the powers that should move it onward.

During the life of the patient, when the disease is on the surface of the body, this redness and undue vascularity of which we speak has certain concomitants affecting the vital functions of the part—such as heat and pain—which are almost enough to satisfy us that it is of the nature of inflammation, before it has reached those unequivocal changes which authenticate its character. But when the disease is within the body, and the patient is dead, and its nature is to be determined by dissection, no certain opinion can be given as to the existence of inflammation, unless some of the products of inflammation are actually formed—such as lymph, or pus, or turbid serum.

These considerations require especially to be borne in mind when the question is concerning the anatomical characters of inflammation of transparent membranes; and, above all, of mucous and of serous membranes, to which latter class the pericardium belongs.

In the pericardium, then, be the excess of vascularity ever so great, it does not alone furnish sufficient evidence of inflammation: because, although there can be no inflammation without it, yet *it* can be without an inflammation.

If it be indeed an inflammation, the state of simple vascularity does not long exist before it is followed by other changes, which unequivocally mark the

nature of the process in which the parts are engaged: a short period is sufficient to produce the effusion of lymph or serum. In less than four hours after the infliction of a wound, its edges have been found covered by a distinct layer of coagulable lymph*. In different textures of the same body the vascular action, preparatory to this effect, may vary as to its duration. It may vary too in different individuals, according to conditions of weakness and strength, of health and disease; and, finally, it may vary according to the cause productive of the inflammation, whether it be from within or without, spontaneous or inflicted. But, however this may be, it is certain that, in the pericardium and in the membranes of the same class throughout the body, the effusions and depositions proper to inflammation always follow very rapidly the inceptive process of determination of blood; and that sometimes they are almost contemporary with it.

The most unequivocal evidence of inflammation of the pericardium is the presence of lymph upon its surface. The form and quantity in which it is deposited have been already described; but concerning this lymph there are many circumstances, besides its form and quantity, which require to be attentively considered. The purpose which it is here intended to serve is the same which it answers in every part of the body where it is effused in consequence of inflammation; namely, that of adhesion. Adhesion between the opposite surfaces of the pericardium takes place in the same manner, and through the same medium, as it does between the opposite edges of a wound.

But adhesion sometimes does, and sometimes does not take place when there is lymph effused upon the opposite surfaces of the pericardium: and this difference of result has been ascribed to unequal degrees of vigor which may belong to the inflammation in different cases, rendering the lymph which it produces more and less apt for the purpose of adhesion—an explanation this, which is much too far fetched, when there is another, which is so much more obvious, at hand. If the edges of a wound are kept far apart from each other they cannot adhere, although the coagulable lymph be ready formed to serve as the medium of their union. And, in like manner, I have uniformly found, with respect to internal organs, that where opposite surfaces are covered with coagulable lymph, and yet do not adhere, a mechanical obstacle exists, rendering their adhesion impossible. Thus, when the pericardium is coated with lymph, and still remains loose, its cavity is always filled with fluid, which puts its surfaces at a distance from each other, and precludes the possibility of their union. It is not that the lymph itself is unfit for a medium of adhesion in the particular case, but because the serum which is secreted together with it, from the inflamed surfaces not being absorbed, keeps them asunder; and thus disappoints the very purpose for which the lymph is formed.

The observation of what dissection often discovers in other parts of the body confirms the truth of what is here advanced respecting the pericardium. I have often seen lymph, the product of inflammation, upon the peritoneum contract adhesions in one direction and fail to contract them in another. Every part of the peritoneum has been lined with lymph; but adhesion has existed solely between the convolutions of the intestines, and not at all between the intestines and the walls of the abdomen; because a copious effusion of serum into the cavity has interposed, and effectually prevented it.

Now, adhesion is unquestionably a process of reparation, in whatever part of the body it may occur, even in the pericardium. The best event of inflammation is, that, after it has ceased, its lymph and serum, and all its products, should be absorbed, and the parts restored to their original healthy condition: and this event is especially desirable when the inflammation falls upon the pericardium; but this best event cannot be obtained at all times.

The inflammation may cease, but not until it has gone much too far in the disorganization of parts to allow them ever to recover their healthy structure. The inflammation may cease, but several of its products may remain. Lymph may still abide upon the surface, and serum in the cavity of the pericardium. Under these circumstances, the best event, now possible, is, that the opposite surfaces should adhere, and the cavity be entirely obliterated. And this

* Thomson, page 209.

adhesion is unquestionably a process of reparation; of tentative reparation, if you please, but still of reparation. It does not succeed in bringing back sound and healthy structure, but it does succeed in rendering the conditions of the disease less intolerable, and less incompatible with the continuance of life than they would be if no such adhesion had taken place.

If there be lymph, and it fails to effect an adhesion, it soon becomes a secreting surface, and pours forth more and more fluid into the cavity of the pericardium; and accumulates more and more solid lymph upon itself: and thus the case quickly becomes desperate, and death rapidly ensues. But if there is lymph, and it succeeds in effecting an adhesion, life may still go on, and often does go on for years and years, although a mischief is done to the heart which is of enormous magnitude; tending more slowly, and by inevitable consequence, to the destruction of the patient in the end. This will be explained hereafter.

Some observations require still to be made respecting this process of adhesion after it has already taken place. By adhesion the cavity of the pericardium is either entirely or partially obliterated. When the adhesion is universal, it is capable of sometimes being separated with very little force; one layer of coagulable lymph following the loose pericardium, and the other remaining attached to the surface of the heart, and each being of considerable thickness. Sometimes it requires more force to separate it; and the medium of adhesion is not seen to consist of more than a single layer of coagulable lymph, if it may be so called, which is often reduced to a thin web-like cellular tissue. Sometimes it is so intimate that separation can only be effected by help of the knife; and no uniting medium is apparent at all, but the folds of the pericardium itself seem to have coalesced.

Now, how is it, that in different cases the lymph, which is the medium of adhesion, should vary so much in quantity; and how is it, that the adhesion itself should, in different cases, have different degrees of strength?

I am led to believe, from not a few anatomical examinations of the morbid conditions in question, that the adhesion of the pericardium is firm and close and intimate, in proportion to the period it has endured; and that the medium of adhesion is more and more attenuated in the same proportion. When you find two thick layers of coagulable lymph easily separable from each other, the history of the case will shew that the time has not been long since the symptoms referable to the heart first declared themselves. But when, having effected a separation only by help of the knife, you find the thinnest membranous tissue interposed, or are not certain whether you find even so much, you will be able, in the history of the case, to trace back the symptoms referable to the heart for years and years.

Hence it should seem that a certain quantity of coagulable lymph is necessary to institute an adhesion, but that the same quantity is not necessary to make it complete and permanent; and that nature, having ensured her purpose, and used the substances which were essential to it, now seeks to remove the same substances when they can only serve as hindrances to its perfection.

The cessation of inflammation is a preceding condition, necessary to the absorption of the lymph. But in some instances, where a considerable period has elapsed, (a few months at least), since the symptoms referable to the heart first declared themselves, the lymph intermediate between the adhering folds of the pericardium has been found more than an inch in thickness, its texture being sometimes laminated, like the coagulum of an aneurismal sac, and red and fleshy near the heart, and paler or white more remote from it, and sometimes being of a mixed consistence, in part almost liquid and purulent, and in part solid and tuberculous.

These conditions are constituted of a concurrent process of disease and reparation: adhesion is effected, but inflammation continues in some degree. Adhesion has arrested the effusion of fluid into the cavity of the pericardium, and thus has respited existence for a while. But inflammation continuing, has produced an interstitial deposition; or rather, a deposition of lymph upon lymph, which will prove the destruction of the individual.

The cases in which this large accumulation of lymph has been found deposited between the folds of the pericardium, have been such, in their circumstances, as to bespeak the existence of an acute inflammation which has

been half cured, or of an inflammation, less acute in degree, which has been entirely neglected.

When adhesions are formed by lymph partially effused upon the pericardium, and have become permanent, it seldom happens that a very close and intimate union results. The uniting medium becomes transformed into long loose cellular bands, which can hardly be conceived capable of exercising a restraint upon the natural movements of the organ. These partial adhesions, however, bear a very small proportion to those which are of the whole pericardium.

There are instances of partial, and yet very close and firm adhesions, where, in the intervening spaces, the surfaces of the pericardium lie in contact, and are ununited and apparently healthy. Again, there are instances of partial, and very close and firm adhesions, where, in the intervening spaces, the surfaces of the ununited pericardium are not in contact, and not free from disease, but covered with lymph, and engaged in the secretion of pus. Hence the heart becomes surrounded with numerous little separate abscesses.

It remains that we make some observations upon the fluids found in the cavity of the pericardium, which have already been mentioned among the evidences of its inflammation.

There are two sources of the fluid found in the cavity of the pericardium when it has been inflamed—the surface of the pericardium itself, and the surface of the adventitious membrane. Concerning both of these there is something to be remarked. Serum and lymph are concomitants in the process of inflammation, and are extravasated simultaneously from the same vessels. From its fluidity the serum is not confined, like the lymph, to the very part from which it is extravasated, but it escapes into any loose structure or cavity which is capable of admitting it. Thus, in inflammation of any part of the arm or leg, the serum is diffused through the surrounding cellular membrane, producing a state of œdema far beyond the real seat of disease. In inflammation of the tunica arachnoidea it escapes into the cellular tissue of the pia mater, and finds its way between the convolutions of the brain. In inflammation of the peritoneum it runs into the cavity of the abdomen, or penetrates the cellular texture between the coats of the intestines; and in inflammation of the pericardium it has no where else to go but into its cavity.

But, although in the process of inflammation serum and lymph are extravasated simultaneously, they do not disappear simultaneously in the process of reparation. In external parts the œdema becomes more and more limited, until it is confined to a small space round the original seat of the injury; and at last disappears altogether: this denotes absorption of the serum. When the œdema, however, is gone, a hardness and thickening will still remain in the seat of the injury, denoting the presence of coagulable lymph; which more slowly, or perhaps never entirely, disappears. The course of reparation is the same after inflammation of the pericardium; the serum from its cavity is first absorbed, the lymph still remaining, which will be absorbed in its turn, or contract permanent adhesions.

But what happens if no reparation take place, or if it be checked in its progress; if the lymph remain, and yet there be no adhesion? Then new fluids are formed, different from that originally effused, and from a new source. They are purulent or sanguineous; and the source which supplies them is the coagulable lymph itself, which is now become organized, and supplied with a secreting surface. In the interstices of muscles, and in solid structures, the coagulable lymph takes the form of cavities, which are the recipients of the fluids which it secretes, and constitute abscesses. In the natural cavities of the body the recipient of the fluids is already formed; but the adventitious membrane of lymph, which lines them, is still the source from which they are derived.

Hence it plainly appears how the fluids effused into the pericardium in consequence of inflammation, as they are of different kinds, so they have two different sources; how, in one case, the fluid found in its cavity is that which is formed simultaneously with the lymph found upon its surface, and is supplied by the same blood-vessels; namely, by the blood-vessels of the pericardium: and how, in another case, the fluid found in its cavity is neither formed simultaneously with the lymph upon its surface, nor by the same vessels, nor by the vessels of the pericardium at all; but is subsequently produced by this

very lymph through the agency of its own blood-vessels, which have already organized, and constituted it as much a secreting membrane as the pericardium itself.

In speaking of adhesion of the pericardium, I said that it was a termination of inflammation more desirable than this which we are now considering; namely, the effusion of fluid into its cavity from the surface of the adventitious membrane. This fluid, in its visible character, is either a purulent or a bloody fluid: and if it is of the nature of pus, is it not, in some way or other, connected with a process of reparation, since suppuration is said to be generally curative in its purpose and design? True! But this purpose, although it is successful in many parts of the body, in the pericardium is almost always cut short by death.

The fluid poured forth from the newly secreting surface assumes gradually only the sensible characters of pus. At first it is thin and scanty, and of the palest yellow colour. By degrees it becomes more consistent, more copious, and of a deeper yellow; until at length suppuration is perfected, and inflammation ceases. Now this is a long process, and it is not every part of the body that is able to endure it, and bring it to perfection. In some common textures of the body suppuration takes place, and complete reparation follows. In some, even vital organs, suppuration takes place, but, owing to peculiarities of their functions or structure, the curative purpose ultimately fails. But the heart is seldom able to sustain the irritation of the process for the time requisite for it to arrive at suppuration. Dissection often finds the pericardium filled with a fluid which is beginning to assume the purulent character, but hardly ever with actual pus.

When the fluid effused into the pericardium has a tinge of blood, it denotes, I conceive, an inflammatory action still continued in, or imparted afresh to, the newly formed, and newly organized coagulable lymph. Newly formed, and newly organized structures, are very apt to pour forth blood upon any considerable excitement; and under these circumstances are found loaded with blood-vessels. I once found upon dissection the cavity of the pericardium filled with pure and unmixed blood, and its surface entirely lined with coagulable lymph, of which that portion which covered the heart itself was as red as the gills of a fish, and, from its numerous lineal elevations, not unlike them in other respects. The hæmorrhage, for such it really was, was considered to be owing to a secondary inflammation of the adventitious membrane.

The various morbid conditions and changes of structure, which have been described as incident to the pericardium, are the common product of inflammation, according to various degrees and modifications; but, like other membranes of the same class, as the pleura and the peritoneum, it is liable to become the seat of what is called specific disease. Thus, it is sometimes found studded with scrophulous tubercles, and sometimes converted into bone*.

Scrophulous tubercles in the pericardium, when they occur, are generally coincident with tubercles of the same character in other parts of the body, and especially in the lungs.

Ossification of the pericardium is a very rare form of disease. In the specimens I have met with, the manner in which the bone has been deposited has been very peculiar: it has constituted one large plate or ring, running round the heart; or even a sort of case, which has nearly enveloped the whole organ. From this ring, or case of bone, processes sometimes are given off, which penetrate the substance of the heart, and reach even to its cavities†.

Laënnec met with an instance in which this sort of bony case was formed around the heart, and gave off processes, which penetrated its cavities in the manner described: and he satisfied himself by dissection, that the morbid growth was developed between the fibrous and serous layers of the pericardium, since he was able to separate it, and still leave the heart covered by the serous fold of its investing membrane‡.

[To be continued.]

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* Scrophulous tubercles of the pericardium, (College coll. 4, c. 2).

† Ossification of the pericardium, coincident with ossification of the internal lining, (C. coll. 4, c. 13,) ditto, with the heart otherwise sound, (c. St. Bart.'s, 32).

‡ Laennec, vol. ii. 675.

OPERATION OF BREAKING DOWN CALCULI IN THE BLADDER.

To the Editor of the London Medical Gazette.

Sir,

If you consider the following remarks on the operation of *Lithotrity*, or the destruction of the stone in the bladder, of sufficient importance for insertion in your Journal, they are very much at your service.

Like most other novelties in the departments of medicine or surgery, the efficacy of the operation of destroying the stone in the bladder has, perhaps, been too much exaggerated by its inventors; one of whom, in particular, has held it up as easy of application in almost all cases, even when the calculus is large, or when they may be met with in great number. These brilliant prospects have, however, been found illusory by many who have attempted the operation, and who, but imperfectly acquainted with its manœuvre, or provided with bad instruments, have totally failed in breaking or even seizing the stone; which, together with the unfortunate results of some cases in this country, may tend to bring into disrepute, or consign to oblivion, a mode of cure which, when properly applied, and considered in all its bearings, is one of the most precious discoveries that has ever enriched the domain of surgery; and which has been declared, by the Royal Academy of Sciences in Paris, to be "glorious for surgery, honourable for its authors, and consoling for humanity."

Before entering into the detail of this operation, it will perhaps be better to give a short description of the instruments employed, and these are extremely numerous; but I shall confine myself to those of MM. Amussat and Civiale, as being the simplest and the strongest—two great points in an apparatus of this nature. Much dispute has arisen about priority of invention, but being unable to settle this matter, I shall merely notice what I consider to be practically useful, from whomsoever it may have arisen. The instrument, properly so called, consists of two canulæ, an external and an internal, which latter bears the name of *litholabe*. The external one is a tube of eleven inches in length, made of gold, silver, platina, steel, or copper. The one I employ, of steel, is sufficiently strong to resist any force; and the only use of the external canula being to close the branches of the litholabe, perhaps this metal ought to be preferred. Its ordinary diameter is of three lines, but it may be used of two, three and a half, or four, according to circumstances. At one extremity is fitted a small copper box, to prevent the urine from escaping during the operation. The second canula, or litholabe, which moves in the interior of the first, is of steel, divided at one extremity into a varied number of elastic branches, from two to six, which are closed by forcing the external tube upon them, and open by their elasticity when it is withdrawn. A litholabe of three branches is found to be most convenient, two being quite insufficient; whilst a greater number are only embarrassing. The end opposite to the branches is, as the external canula, provided with a small copper box, which answers also the purpose of retaining the urine or injection in the bladder during the operation. This part of the litholabe has, in addition to the box, a graduated scale, which indicates in a precise manner the extent to which the branches are opened in the bladder. The next part of the apparatus—that destined to break the stone, is the one which has undergone the greatest number of improvements, and presents those numerous varieties with which the ingenuity of different operators has furnished it. This instrument, to which the French have given the name of *forêt*, *lithotriteur*, or *fraise*, I shall call perforator; it is six lines longer than the litholabe into which it is introduced. Of its varieties I shall only mention those in actual use. The most simple is the perforator, employed and invented by M. Leroy, being merely a plain steel rod, of sufficient thickness to fill the canula of the litholabe, and to rotate freely in it; the vesical extremity armed with teeth, and the opposite one having a graduated scale, by which is ascertained the thickness of the calculus when seized. This lithotriteur is merely of use, in my opinion, to perforate the external layer of certain alternating calculi, which is sometimes extremely dense; and being passed into the litholabe, not from the vesical, but from the opposite extremity of the instrument, can be replaced by another, which attacks the stone by a larger surface, and

destroys it more certainly and more rapidly than any I have yet seen, without moving the calculus or the instrument; so that the second perforator is sure to be passed into the hole made by the first, which it gradually widens, and at length, in destroying from the inside outwards, reduces the stone to the thinness of an egg-shell, when it may be crushed between the branches of the litholabe. The fraise to which I allude is also, in appearance, a plain steel rod; but when in the bladder it may be opened to an extent of from four to fourteen lines at its vesical end, by means of a screw placed at the other extremity.

The perforator used by M. Civiale is similar to that of M. Leroy, except that, instead of being of the same diameter throughout, it is surmounted with a head, which, increasing the size of the surface armed with teeth, destroys the calculus with more rapidity than the single rod of M. Leroy. The fraise of M. Amussat differs from that of M. Civiale in one particular only; *i. e.* in having a small hole through the centre; thus converting it into a strong steel tube. The superiority of this instrument consists in its allowing the injection of water into the bladder without withdrawing it. It also facilitates the operation of grinding, as the teeth of the perforator become choked and clogged by the detritus of the stone, which the injection washing away facilitates the motion and efficacy of the instrument.

The only perforator remaining to be described is the double one of Amussat, the intention and effects of which are precisely the same as of that before described; it differs, however, in its mechanism, and is introduced from the vesical extremity of the litholabe, *i. e.* before it is passed into the bladder, lying concealed between the closed branches of the instrument. The perforators of MM. Amussat, Civiale, and Leroy, are worked with a bow as a common drill, which may be replaced by a handle, similar to that of a malt or coffee mill, at the pleasure of the operator. The instrument I employ is a sort of compilation from all, as each one described will be found superior as the stone may be large or small, dense or pliable.

The operation of destroying the stone in the bladder, without having recourse to cutting instruments, does not seem to be of modern invention, though of modern perfection. In the surgical dictionary of Haller, the design of an instrument, given by Sanctorius, is alluded to, with three branches, containing a perforator, in form of an arrow, by which to break the stone, and withdraw the fragments by means of the branches: "speculationem puto meram" was the opinion of Haller upon this invention*. The examples of Colonel Mackie, and the Monk of Cikaux, will be recollected; the former of whom succeeded in destroying his calculus by a steel sound, the convexity of which was roughened, like a file†. The latter employed a similar instrument, the point of which he rested upon the stone, and striking it with a hammer, chipped daily a small piece from the concretion, which, passing off with the urine, at length cured him of his disease‡. The establishment of this proceedure, as a method, among surgical operations, is certainly due to M. Gruithuisen, a German author, who published an essay upon this operation in the Gazette of Saltsbourg in 1813; since which time it has undergone numerous modifications, particularly in Paris; so that it appears at the present day hardly capable of improvement. Before attempting the operation, it will be necessary to examine if the patient be in that state which may be favourable to its employ. The kidnies, bladder, and prostate, should be healthy, and the latter not enlarged; the urethra, free from stricture, should bear, without inconvenience, the presence of a sound, and the introduction of a straight one. The stone must not be too large, neither should there be more than three or four. The operation is likewise impracticable if it be adherent or encysted. When, in addition to the circumstances just enumerated, the general health of the patient is good, the operation may be proceeded to with every possible hope of success. An antiphlogistic regimen should be observed for some days previous to the commencement of the preparatory treatment, which consists in accustoming the urethra to the presence of a foreign body; and for this purpose the daily introduction of bougies,

* Bibliotheca Chirurg. vol. i. page 313.

† Journal of the Royal Institution of Bombay. The plate of this instrument will be found in Dr. Marcet's work on Calculous disorders.

‡ Rapport fait à l'Academie des Sciences, par Percy. 1824.

for a week previous to the operation, suffering them to remain in for ten minutes each day, will be found sufficient in all ordinary cases.

It will be proper to commence with one of two lines in diameter, and gradually increase it to three and a half, or four, that of the external canula of the instrument most commonly used being three lines only; this will then pass with the greatest facility, and the patient suffer no inconvenience from its remaining in the canal. The preparatory treatment being completed, the patient is to be placed on a hard bed, with the legs separated, and placed upon two chairs; the pelvis raised considerably higher than the back, and supported in this position by a cushion, pillows, or a sheet repeatedly doubled. The object of raising the pelvis in this manner is to throw the stone into the fundus of the bladder; to which position it naturally falls when the sacrum is thus elevated. This is one of the most important points to be observed in the manual of this operation; and to the ignorance or non-observance of it many of the failures, in not seizing the stone, may be attributed. A common catheter is now to be passed into the bladder, and a quantity of warm water, or emollient decoction, injected through it, sufficient to fill this viscus. When the parietes of the urinary pouch are but moderately distended by the injection, it will be found that the danger of pinching its coats by the branches of the litholabe (almost the only one to be feared in this operation, and certainly the greatest) will be very much diminished, and when it is fully so, absolutely done away with. After the injection has been sufficiently made, the catheter is to be withdrawn; and the instrument, well covered with white of egg, introduced in the following manner *. The penis is to be held in a direction midway between total relaxation, and the position of this organ, when held in contact with the abdomen; or, to speak more accurately, it should form, with the axis of the body, an angle of about sixty degrees. The instrument held in the right hand, after the manner of a common catheter or staff, is to be passed gently, impressing upon it slight movements of rotation, which enable it to glide with greater facility, until its further progress is arrested by some obstacle. The canula has now arrived at the commencement of the prostatic portion of the urethra, and to force it on, with the beak in this direction, would only endanger the rupture of the parietes of this canal. The penis must be gradually depressed to the level of the horizon, or even as far as fifty degrees below that point; at the same time employing a very gentle pressure, and following up the rotatory motion, the instrument penetrates the bladder without the least difficulty. The stone is now to be sought for in the ordinary manner, and its situation being ascertained, the point of the litholabe is to be placed upon it, whilst the operator draws towards himself the external canula; which developing the branches of the instrument, the stone is found placed between them. Holding, then, the internal canula firmly with the right hand, he gradually closes the branches upon the stone, by pressing forward the external tube. The calculus, being seized, is to be fixed by means of a screw placed upon the external canula; which, pressing upon the litholabe, renders these two parts of the apparatus unmoveable. In commencing the perforation of the calculus it will be necessary to rotate the perforators slowly, to prevent any jerking motion, which might probably be produced from a rude attempt. The destruction of the calculus may be continued from five, to eight, ten, or fifteen minutes, according to the feelings of the patient. In order to withdraw the instrument, the canulæ are to be unscrewed; the external one to be drawn towards the operator to free the stone; and afterwards forced forward upon the litholabe, to close the branches. During the day of the operation, many of the fragments, and much of the powder of the stone, are voided with the urine; and the following one the patient is in a state to follow his ordinary occupation. If required, the operation may be repeated after an interval of four or five days.

* The limits of this paper will not allow me to enter into the anatomy of the urethra, as connected with the introduction of straight sounds; suffice it to say, that at all times, in the adult, when the passage is healthy, and the prostate not enlarged, it is accomplished with as much facility as that of a curved one; and presents over it a marked advantage in examining every part of the bladder. To my own experience on this point I may add the testimonies of Lieutaud, Lassus, Santorelli, Leroy, Amussat, Civiale, Key, &c. &c.

In some cases one application will be sufficient: these are, however, comparatively rare, the number of attempts varying with the size and nature of the stone. I should never have recourse to this method in persons whose calculus is so large, or constitution so irritable, that the application of the instrument would become too frequent. In the catalogue of cures given by M. Civiale, the longest duration of the treatment was three months; but in ordinary cases, or on an average, I consider six weeks to be the term occupied in the treatment and cure of the patient. From what has been said, it will, I think, be evident that lithotrity, in all cases where it is applicable, is preferable to the performance of the lateral, bilateral, or high operations; and I feel convinced that it will, in a considerable degree, diminish the intensity of human suffering. I should never advocate it as a general method, proper for all cases, but where application is made immediately on the discovery of the disease, or in the states I have previously alluded to, I am certain a cure may be obtained; in fact, experience proves it. I have not time or space sufficient to answer the objections to this method, which I have very hastily, imperfectly, and cursorily described in its generalities only; but in a work which I am preparing for publication on this subject, I hope to enter more fully into all its details. I remain, Mr. Editor,

Yours very respectfully,

S. W. Langston Parker.

142, Snow-Hill, Birmingham,
Nov. 23, 1828.

THE RECURRENT LARYNGEAL NERVE.

To the Editor of the London Medical Gazette.

Sir,

It is now generally admitted as a fact among anatomists, that the distribution of the recurrent laryngeal nerve, in the interior of the larynx, is confined to the following muscles:—the crico-arytenoideus posticus, crico-arytenoideus lateralis, and the thyro-arytenoideus; and that none of its filaments extend to the other muscles of the larynx. Magendie seems to attach considerable interest to the limited distribution of this nerve, asserting that it is entirely restricted to the three muscles above-mentioned. Cloquet has made a similar assertion; and Mr. Bell affirms that the termination of the recurrent nerve is exclusively confined to the muscles just named, and to the mucous membrane of the larynx. This opinion having emanated from the most celebrated anatomists upon the continent, and obtained the sanction of those of this country, is now acknowledged as an established fact, and thus taught in the anatomical schools of this metropolis. As in repeated dissections of the human larynx I have uniformly been able to trace a branch to the arytenoideus transversus, and the arytenoidei obliqui, I am obliged to differ from the authorities here adduced, and have thought that it might not be devoid of interest to present to the public a short description of the distribution of the recurrent nerve, as it has always appeared to me upon dissection.

The recurrent laryngeal nerve, after having passed up the neck, between the trachea and œsophagus, and supplied branches to these parts, and also to the inferior portion of the pharynx, enters the larynx between the side of the cricoid and the inferior cornu of the thyroid cartilage, immediately over a strong band of ligament, which connects these cartilages together. In this situation it detaches two or three filaments to the crico-arytenoideus posticus muscle, which ramify in the substance of that muscle, and can be traced to some delicate cellular tissue, interposed between the muscle and the thyroid cartilage. The next branch, about the size of the former, ascends obliquely inwards upon the posterior surface of the cricoid cartilage, where it is covered by the posterior crico-arytenoid muscle; near to the upper edge of that cartilage it sometimes receives a filament of communication from one of the muscular branches just mentioned: it then curves over the cricoid cartilage, close to the inner extremity of the crico-arytenoid articulation, and penetrates into the substance of the transverse and oblique arytenoid muscles, along the fibres of which its filaments can be distinctly traced.

The last nerve then proceeds forwards and upwards between the lateralis muscle and the ala of the thyroid cartilage, detaching, in its course, numerous long and slender filaments

to this and to the erico-arytenoideus muscles. Some of their filaments may be seen ascending over the outer side of the arytenoid cartilage, and followed as far as the mucous membrane, where they form communications with the superior laryngeal nerve. Since first noticing the branch of the recurrent going to supply the arytenoideus transversus and obliqui, other anatomists have made the dissection precisely with the same result. This branch appears to be so uniform as to its situation, and constant in its existence, that any one, by moderate care, may dissect it, and convince himself of the fact. It is rather surprising that this branch should have been overlooked, but it is still more so that its presence should have been denied. Considering the imperfect and very limited means we possess of displaying the terminating filaments of a nerve, we must acknowledge it bordering upon assumption to deny the existence of such filaments in the vicinity of the original trunk, or a principal branch: and it must be admitted to be a much more easy and practicable undertaking to discover to what parts the visible filaments of a nerve are distributed than to determine accurately the limits of their existence.

G. Rainey.

No. 1, Maze Pond.

DISLOCATION OF THE HIP.

To the Editors of the London Medical Gazette.

Guildford, Nov. 27, 1828.

Gentlemen,

The following very successful case may perhaps be worthy a place in your Journal.

I am, Gentlemen,
Your's obediently,
James Stedman.

Wm. Mills, a strong muscular man, about 26 years of age, on the 9th of August last, while in the act of covering a rick of hay, with a cloth attached to heavy poles, was, by a sudden gust of wind, thrown down, and one leg becoming entangled in the cloth, the femur became dislocated at the hip-joint. In consequence of his living at the distance of five miles from Guildford, it was near three hours after the accident before he was visited by my partner, Mr. Eager, and myself; when we found the position of the limb such, that by the aid of the diagrams in Sir Astley Cooper's work, we had no difficulty in ascertaining that the head of the bone was thrown into the ischiatic notch.

We used the preparatory measures of bleeding and nauseating, and having fixed the pelvis, upon making extension for ten minutes, in a direction across the other thigh, we had the satisfaction of reducing the dislocation. The man went on well; and ten days after, when upon my inquiring for him, I found he had gone to his usual occupation—that of a ploughman; and I now find that he is quite well, and suffers no inconvenience from the accident.

OBSERVATIONS
RELATIVE TO THE
RUPTURE OF THE TENDON OF THE BICEPS,
At its attachment to the edge of the Glenoid Cavity.

By Edward Stanley.

In the fourteenth number of the Gazette, my friend Dr. Knox, of Edinburgh, has described an altered condition of the tendon of the biceps, combined with appearances in the shoulder joint, indicating the change in the tendon to have been the result of disease.

In two instances I have found, upon dissection, the tendon of the biceps separated from the edge of the glenoid cavity, and firmly adherent to the humerus at the margin of the bicipital groove; but there was no other unusual appearance of the parts, either in or about the joint. In a third instance I found the tendon of the biceps dislocated from its groove, and resting upon the great tuberosity of the humerus. A membranous sheath attached to the humerus, and extending around the tendon, confined it in its new situation. This sheath was polished on its internal surface; it served the purpose of facilitating the play of the tendon, and its formation may be presumed to have been analogous to that of the capsule enclosing the ends of a fractured bone, when free motion of them has been permitted, the cellular tissue, in either case, becoming condensed and modelled into a perfect bag, the inner surface of which

resembles the synovial membrane by its polish, and by its secretion of a lubricating fluid.

It may be a question whether, in these instances of rupture and displacement of the tendon of the biceps, there had been a dislocation of the head of the humerus. In two specimens of this dislocation which I have dissected, the tendon of the biceps is entire, and that it usually is so in dislocations, may be inferred from the fact, that a diminution of the power of the biceps, such as would arise from the loss of its attachment to the glenoid cavity, is not among the ordinary consequences of the accident.

A gentleman, slipping from the foot-path into the carriage-way, struck his shoulder against the curbstone, and at the same time twisted his arm inwards and backwards. Severe pain in the joint, and an inability to put the biceps into action, were the immediate consequences of the accident, and in a few hours there was an effusion of blood into the subcutaneous cellular tissue, but confined to the tract of the biceps muscle. Further, the slightest movement of the arm backwards was followed by acute pain, precisely in the situation where the tendon of the biceps turns over the head of the humerus. A rupture of this tendon was supposed to have taken place, and the arm was accordingly confined to the chest in a position fit to secure the quietude and relaxation of the biceps, but it was not until many weeks had elapsed that the least remission of the confinement of the arm was permitted, without the recurrence of acute pain in the joint in the situation of the tendon. Eventually, the recovery of the arm was complete.

For the following case, I am indebted to a gentleman at present attending the lectures at St. Bartholomew's; it occurred in the practice of his father, Mr. J. Jenkins, of St. German's, in Cornwall.

A man, aged 53, engaged in a scuffle, fell upon his arm, which was at the instant drawn backwards in the act of grappling with his opponent. He instantly felt as if something had given way in his shoulder, and soon afterwards discovered his inability to raise his hand to his mouth. Two days after the accident he applied for surgical aid, when it was observed that the most gentle application of the fingers towards the head of the humerus, between the coracoid process and acromion, and lower down the arm, in the course of the biceps, produced acute pain, and in no other situation was pain excited, either by pressure of the joint or by free movements of the arm. The biceps was retracted, soft, and flaccid, and it could not be made to contract. Under these circumstances, a rupture of the tendon of the biceps was suspected. The arm was confined in such a position that the hand was directed towards the opposite shoulder, and a roller was carefully applied around the arm from below upwards, with the view of approximating the ends of the tendon. Perfect quietude of the arm was maintained for four weeks: gentle motion of the shoulder was then permitted, and by gradually-increasing efforts, the patient recovered, in a few weeks afterwards, the power of the arm so completely that he was able to resume his business as a miller.

The case next related I had the opportunity of seeing with Mr. Wormald, to whom I am indebted for its particulars.

A woman, aged about 35, slipped down in the street, and in falling, extended her arm. The consequences of the accident were, acute pain in the shoulder, on attempting to bend the elbow or raise the arm, and upon pressure of the joint in the situation where the tendon of the biceps turns over the head of the humerus. A rupture of the tendon of the biceps was suspected, and the treatment accordingly directed. In about four weeks, pressure of the joint could be borne without pain; but the power of the biceps was not yet completely restored. The effect of bending the fore-arm was attended with a peculiar spasmodic and vibratory movement of that part of the biceps from which the long head is continued, and which was distinctly felt by the hand placed against the arm.

It must be admitted that the preceding cases go very far towards proving that certain movements of the arm forcibly made may occasion a rupture of the tendon of the biceps at its attachment to the glenoid cavity without other injury, and it has appeared to me desirable that the attention of surgeons should be excited to the probability of such an occurrence. The rupture of the tendon might happen without external violence, merely from a twist of the arm. Should it be mistaken for a simple bruise of the shoulder, the surgeon

will be disappointed in the result of the case, as the time required for the separation of the injury will be more considerable than he had expected. The reunion of the torn ends of the tendon will be prevented by the retraction of the muscle. The reparation of the injury must then consist in the adhesion of the tendon to the head of the humerus, to which result the treatment of the case should be especially directed.

Lincoln's-Inn-Fields, Dec. 1.

MECKEL'S ACCOUNT OF HIS NEGOCIATIONS WITH THE LONDON UNIVERSITY.

To the Editor of the London Medical Gazette.

Sir,

I am desired by Professor Meckel to transmit to you the following statement, with the request that it may be published at your earliest convenience.

I am, Sir,
Your obedient servant,
Joseph Henry Green.

46, Lincoln's Inn Fields,
Nov. 24, 1828.

Having learnt with considerable surprise and regret, that in Nos. 42, 43, and 44, of the London Medical Gazette, and in the Morning Chronicle of the 1st of October, my negociations with the London University have been made the subject of a controversy between Dr. Granville and Mr. Pattison, I take the earliest opportunity of giving once for all an explanation of my share in that transaction.

Dr. Granville's statement, though founded on a conversation with me, and that nearly a year ago, contains nothing materially incorrect. That part which relates to the income I derive from government has been already corrected in a letter addressed by me to the Morning Chronicle; and I may remark (though the circumstances are unimportant), that at p. 494, "Knape" should be substituted for "Rudolphi;" likewise that I am not Dean of the University (an office which does not indeed exist), but that I am one of the Deans of the Medical Faculty, an office which I have held for eighteen years, with the emolument attached to it.

On the other hand, Mr. Pattison has rendered himself at least liable to a charge of misrepresentation, and certainly has made various mis-statements, which a regard for my character obliges me to correct.

1. It is asserted that *I made an offer of my services* to the London University.

The truth is, that Dr. Spry, in a letter dated the 9th Feb. 1827, without any application having been made on my part, asked me whether I had any wish for an appointment at the London University?—an inquiry probably dictated by his acquaintance with circumstances in my situation which rendered it a matter of indifference to me where I lived. My reply of the 19th May, 1827, contains, I believe, what Mr. Pattison has quoted; but in the same letter I stated expressly, that the income from the proposed appointment must be determined with reference to the difference of the value of money in London and at Halle. Whether I adverted at the same time to any other source of emolument I do not know, as I do not retain a copy of my letter; but if I did not, it was with the conviction that the sum mentioned would be guaranteed to me as a fixed salary (as is the case in my present official situation, and in that of every Professor in a German University), and that I should receive without abatement the fees for my lectures.

These observations are not important; but the fact is beyond doubt, that I was advertised as Professor without having given my consent to the pecuniary agreement proposed by Dr. Spry and Mr. Horner on the 13th and 14th July, my appointment having been announced on the 17th July.

It appears then that *I did not offer my services* to the London University, nor that I offered my services unconditionally, which would have been in my situation both silly and disreputable.

2. It is no less clear from the preceding statement, that Mr. Pattison's assertion, *that I had agreed to be appointed, provided the sum of* 1000*l. as the whole sum of my receipts, were granted me, is without foundation.* This sum, from my own experience, as well as from authority on which I can rely, is certainly not more, and probably less, than equivalent to 1500

thalers at Halle; and this sum, therefore, could not have been spoken of otherwise than as a compensation for my *salary*. How Mr. Pattison could have misunderstood me, I am at a loss to conceive, as during his stay with me (not indeed of *six*, but *three* days) I believed that I had succeeded in fully explaining my views.

3. *It is not true that I postponed, month after month, from some excuse or other, my visit to London.* I stated immediately that it would be out of my power to undertake the journey before the spring of 1828, in consequence of my lectures and other literary engagements; and at the same time I declared explicitly that I must previously know whether my proposals would be agreed to, or that otherwise the journey to London would be useless.

4. Mr. Pattison thinks it ridiculous that 500l. *per annum should be ensured to me for fees,* in addition to 1000l. annual salary; but it would have been ridiculous in me not to have demanded such a guarantee: for if 1000l. per annum may be deemed an equivalent for my *salary* at Halle, I should of course require a compensation for the income derived from my lectures and other sources; and reckoning my receipts at the lowest as Dean and Professor, 500l. could scarcely be considered more than an equivalent, and under an increase of students might not more than amount to half of my emoluments. This article of the agreement I was further under the necessity of insisting on upon two grounds:—1. That my income is derived in part from examinations and granting degrees, which would of course have ceased entirely at the London University. 2. That my new appointment was not to embrace, as had been originally proposed, the teaching of anatomy and physiology, but, Mr. Pattison having secured the chair of human anatomy, and Mr. Bell that of human physiology, I was to content myself with comparative and morbid anatomy. Now there is no doubt that these subjects of instruction require more talent, scientific acquirement, knowledge and skill, than the teaching of human anatomy alone; but it is equally clear that, as a knowledge of these subjects is not considered indispensable in a course of medical education, the lectures cannot be so lucrative as those on human anatomy, which are, indeed, of all lectures, the easiest to the teacher: and in the progress of the negociation I stated expressly, that if this more lucrative and easy course of lectures were given to me, I should make no claim for any guarantee of fees; but that otherwise such was the indispensable condition of my services.

5. Mr. Pattison's observations on the *valuation of the Museum,* under the sixth head (p. 539 of the 43d No. of the Medical Gazette), require some notice. The valuation of my whole collection at 50,000 thalers was extremely moderate: for Loder had officially estimated the value of my father's museum to be equal to that of Walther's collection at Berlin, which Government purchased for 100,000 thalers; and since that time, I have added all the preparations illustrating comparative anatomy, and doubled those of human anatomy. My demand, therefore, in making a donation of such a collection to the London University, of an annuity, as the interest on a capital of eight or nine thousand pounds, must be regarded as very moderate.

6. When Mr. Pattison asserts that it is absurd that I should claim *the sole use of the collection* disposed of to the University under such conditions, the absurdity rests with himself. As I had transferred my whole collection in consideration of the above-named small annuity, I was surely entitled to make such a condition. Similar conditions have been frequently, nay, commonly made in such purchases; and I could not but have been inconvenienced by the access of a number of persons, who might have been disposed to make use of it.

Besides, in my correspondence with Mr. Horner, I uniformly declared that I should prefer retaining a museum, which I had long been accustomed to consider my own, to the disposal of it even on the most advantageous terms, and of course under such circumstances without receiving the annuity alluded to.

The truth of the foregoing statement may be proved by reference to my correspondence. The reasons which induced me finally to break off the negociation are explained by Mr. Horner's letter of the 24th December, 1827, which I received some days after Dr. Granville's visit, and by my reply of the 21st January, 1828. I freely give my permission for the publication of those

letters, and I am ready to submit for inspection the whole of the correspondence.

In conclusion, and as a proof that the conditions proposed by me, and which, to the modesty and refined feelings of Mr. Pattison, appear so "absurd," "ridiculous," and "extravagant," were not dictated by a love of gain, I beg to observe, that I possess an income which, without adverting to the cost of expensive scientific researches, enables me to live here agreeably and independently, but which would be insufficient to meet the expenses of a residence of two months in London; and that, therefore, I was fully justified, (this point being invariably insisted upon in the negociation), in expecting the same privileges, advantages, and emoluments in London as at Halle.

F. MECKEL.

Halle, 10th Nov. 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Treatise on the Nature and Cure of Intestinal Worms of the Human Body, arranged according to the classification of Rudolphi and Bremser, and containing the most approved Methods of Treatment, as practised in this Country and on the Continent. By WM. RHIND, Surgeon, Member of the Royal Medical Society of Edinburgh. London, 1829.

RUDOLPHI enumerates no fewer than 1100 parasitical animals which are found in the various classes of the animal kingdom; some of these are common to several genera, others peculiar to one particular species.

In the volume before us the attention of the reader is exclusively directed to those animals which exist and propagate their species in the cavities of the human body. The distinct and peculiar formation of intestinal worms sufficiently shew that they are different from any which exist in other situations, and the same circumstance is proved by the impossibility of keeping them alive for any considerable time after they have been voided. But the manner in which they originate in the body is a question not so easily decided.

Dr. Bremser, who is one of the great authorities of the day upon this subject, is against the idea of the larvæ of these animals being introduced from without, and among other arguments mentions an experiment of Schreiber, who fed a pole-cat for six weeks with milk containing the eggs, and also the various species of intestinal worms; at the end of that time the animal was killed, but no worms were found in its body. Another circumstance he adduces in favour of his opinion is, that worms have been found in the intestines of new-born children.

Bremser's opinion is, that a certain predisposition in the system, and a peculiar state of the alimentary canal, are necessary to the formation of worms. When these exist, he supposes that the animal matter assumes a new form of existence, and hence are produced the various species of worms; that these, when once formed, have the power of propagating their species in the usual manner; but that their origin is at first by this *primitive* or *spontaneous formation*.

Mr. Rhind argues against the opinion of the German author, and one of the strongest points which he adduces is the indisputable fact, that the worms are capable of reproduction in the usual way, and are, in truth, supplied with organs of generation, complete in every respect; "an instance," he observes, "of two separate and distinct provisions for accomplishing the same end, which, we believe, nature is rarely or never accustomed to bestow." Undoubtedly, all analogy is against the doctrine of spontaneous formation, and it is much more rational to conclude that the eggs are transmitted from one body to another, however difficult in many instances it may be to determine the exact mode in which this is accomplished. But, besides this, a certain condition of the body must be present to cause their development. A general relaxation of the system, but particularly an imperfect action of the digestive organs, appear most favourable to the propagation of intestinal worms. This is all that is necessary to state, and all, we believe, that can safely be asserted upon this part of the subject. Our author indeed says, that the "imperfectly-digested chyle accumulating in the bowels, passes into a

state of fermentation," &c.; but all this, it is obvious, is mere conjecture. Among the external causes favouring the formation of worms, sedentary and inactive habits, a damp situation, and certain articles of food, particularly fat, milk, and farina, are mentioned; besides which, the inhabitants of some countries and districts are much more liable than others to be affected with this complaint; nor is it easy to discover any common circumstance in such situations which may serve to explain the phenomenon. Thus, the inhabitants of the marshes in Holland, and of the mountains in Switzerland, are alike subject to intestinal worms. Among the other uses of salt as an ingredient in our food, may be mentioned that of destroying these animals. "The ancient laws of Holland (says Lord Somerville, in his address to the Board of Agriculture) ordained men to be kept on bread alone, unmixed with salt, as the severest punishment that could be inflicted on them in their moist climate. The effect was horrible: these wretched criminals are said to have been devoured by worms engendered in their own stomachs." Salt is given to graminivorous animals for a similar purpose, and to sheep for disease of the liver, depending upon the lodgment of a peculiar species of worm in that viscus.

The following are the principal species found in the human intestines.

Trichocephalus Dispar, or long Thread Worm.

This is found in the large intestines, most frequently in the cœcum: occasionally it is to be met with in the rectum.

They exist in considerable numbers in the same patient. Rudolphi found more than a thousand in one female.

The trichocephalus was not known to the ancients, or at least not distinguished by them from the small oxyures. It was first discovered in 1761, by Rœderer, at Gottingen, and named by him trichuris.

Oxyuris Vermicularis—The Maw or Thread-Worm.

The general situation of this worm is the rectum; but they are also occasionally found in the cœcum and colon. Bloch reports that Wulf found a great number in a sac formed in the coats of the stomach. Brera found them in the œsophagus. They also sometimes make their escape from the anus, and enter the vagina and the urinary passages.

Goeze and others maintain that the oxyures are *viviparous*, and Dr. Hooper is of the same opinion; but Rudolphi and Bremser are of opinion that they are *oviparous*. In the rectum of frogs and toads there are found worms which are certainly viviparous; but they are of a different species from any of those human intestines.

This worm was known to the ancient medical writers. It is most frequent in children.

Ascaris Lumbricoides—The long round Worm.

These worms infest the small intestines. The jejunum and ilium are their most common abodes; but they sometimes ascend into the stomach, thence into the œsophagus, and make their exit by the mouth. It is chiefly after the exhibition of medicines that they descend to the lower intestines. They are also said to have been found in the gall-bladder and ductus communis choledochus.

They are generally found in considerable numbers. Dr. Hooper knew a girl, eight years old, who voided more than 200 in the course of a week. From 30 to 50 is a common number, although sometimes only one or two are found. When exposed to the cold air, they are very feeble, and soon die; but by being immediately put into warm milk and water they may be kept alive for some time.

This worm was described by the ancient medical writers. It is most generally met with in children, although it is not uncommon in adults.

Bothriocephalus Latus—The Broad Tape-Worm.

This animal has a head, a chain of articulations, and a small round tail. It is chiefly to be found in the small intestines of the inhabitants of the north of Europe; but is not generally met with in this country.

It seldom exceeds from fifteen to twenty feet in length, and not more than three or four are found in one person. Where this species prevails, the tænia solium is not met with. Considerable ingenuity is shewn in the plate in which this is represented; within a

space of about six inches by four, the figure of the worm is nearly fifty inches in length.

Tænia Solium—Common Tape Worm.

This worm is found in the small intestines of all the European nations; and is also common among the Egyptians.

It is very seldom voided entire, and therefore the accounts of its great length must often be erroneous. Nothing can be more incorrect than the method of estimating its length by the number of joints voided; for it has the power of continually throwing off joints, and producing others to supply their place.

Tæniæ, of twenty-four and thirty feet, are not uncommon, and this may be estimated as the general length; indeed, as they only inhabit the small intestines, which are usually about thirty feet long, it is impossible that they can find room in these for the enormous length which some have described.

Hufeland gives the case of a child who passed thirty yards of this worm without the least effect on its health; and Robin found a worm which extended the whole length of the intestines, from the pylorus to within six inches of the anus.

De Haën saw eighteen passed by a female thirty years of age; and Bresmer has frequently seen two or three voided by the same individual.

Filaria Medinensis—The Guinea Worm.

This worm is found among the inhabitants of the torrid zone; but Europeans going to these countries are as liable to be affected with it as the natives. It is not found in America, except among the negroes who come from Africa.

Its abode is in the cellular tissue below the integuments, most frequently of the superior and inferior extremities, about the malleoli; but it may be found also in all the other parts of the body. It is generally situated superficially, and may easily be felt; but sometimes it is deep seated among the muscles. The space it occupies is generally small, being coiled up. It is often found to the number of twenty, and sometimes of fifty, in the same individual. Various opinions have been advanced regarding its formation. Rudolphi, Bremser, and others, reckon it an animal *sui generis*; and there is little doubt but it is a distinct species.

Besides these, various other worms are mentioned; but as their occurrence in the human body is so rare as to render it matter of doubt whether they ever really do so, and therefore of no practical interest, we shall pass them by.

In the account of the *symptoms* we find nothing to extract; it consists merely of a repetition of what is to be found in every elementary work. At the conclusion of the chapter, allusion is made to the question whether worms ever perforate the intestines. Rudolphi and Bremser are of opinion that they do not; but this merely proves the occurrence to be rare. That it sometimes takes place is demonstrated by various cases published in our last volume.

Method of Cure.—The principal objects to be attended to in the treatment of worm complaints are the destruction of the animals, and the prevention or removal of that condition, whether of the alimentary canal or of the general system, which favours their formation. The following is the method adopted by Bremser in the maw and in the long thread-worm:—

For several mornings he gives a tea-spoonful of the electuary marked No. 1. with the intention of forcing the worms downwards into the rectum; this is followed by a dose of jalap, or one of the powders marked No. 3.; and, after this, two injections of the enema marked No. 2. are exhibited. This routine of treatment is to be continued for some time, *i. e.* till a cure is effected. An injection of any of the common oils, he has found, relieves the extreme irritation, and also destroys the worms. In obstinate cases he advises the fumes of tobacco, or an enema of the infusion of male fern.

In the long round worm, the method adopted by the same practitioner consists in giving (for a child) one tea-spoonful of the electuary marked No. 1. every morning for some time. A discharge of glairy matter first takes place, and after the continuance of the medicines the worms are expelled. The dose may be doubled or trebled, if necessary, according to circumstances or age of the patient.

If purging is found necessary, one of the powders marked No. 3. may be exhibited.

After these medicines have been persevered in for a sufficient length of time, the tonic drops, No. 5. are to be taken daily, if the patient be of a lax and delicate habit.

In the cure of the bothriocephalus and tænia, Bremser, who says that he has treated more than 500 persons, and all with success! adopts the following plan:—

First of all he commences by giving the electuary No. 1. for several mornings in succession. When this has been continued for some time, he commences with the empyreumatic oil of Chabert, (see Formulæ, No. 4.) in doses of two tea-spoonsful mixed with a little water, morning and evening. If this dose be found too large, one-half the quantity may be given, and the dose be increased or diminished according to its effects. If this medicine should affect the bladder, an emulsion of oil, mucilage, or other bland liquid, is to be taken frequently, to correct the disagreeable symptoms.

After persevering in this course for ten or twelve days, and when two and a half or three ounces of the medicines have been consumed, the purgative powders marked No. 3. are to be taken. Four or five ounces of the oil are generally sufficient to effect a cure; or, in obstinate cases, six or seven ounces. The medicine must be continued for some time, to ensure the complete eradication not only of the worms but of their eggs.

It is only when there is a disposition to form glairy matter in the intestines, that Dr. Bremser thinks it necessary to administer the tonic tincture, No. 5., after the bowels have been cleared of the worms. He restricts his patients to no particular regimen, except forbidding them the use of dry leguminous substances, too much farinaceous diet, and all substances of an oily and fatty nature.

Rudolphi and Bremser both speak in very high terms of the oil of Chabert, although it must be a very disagreeable remedy, and, according to the opinion of the author before us, in which we have little doubt he is correct, it owes its efficacy to the oil of turpentine which it contains.

Dr. Bremser's Formulæ above referred to.

No. 1.

℞ Sem. Cinæ Tanacet. Rad. Contus, ℥ss.
Pulv. Valerian. ℥ij.
—— Jalapæ, ℥iss. ℥ij.
Sulph. Sodæ, ℥iss. ℥ij.
Oxymel Scillæ, q. s. ut ft. electuarium.
Dose, two or three tea-spoonsful in the morning.

No. 2.

℞ Herb. Absynthii.
Rad. Valerian. a. a. ℥i.
Semen. Tanacet.
Cort. Aurantior, a. a. ℥ss.
Infuse in a pint of boiling water for a night, then strain. To be used for two injections.

No. 3.

℞ Pulv. Rad. Jalap. ℈i.
Fol. Sennæ, ℥ss.
Sulph. Sodæ, ℥j.
Divid. in pulv. 3 vel 4.
One to be taken every hour, or half-hour, till the bowels are opened.

No. 4.

Huile Empyreumatique de Chabert.

Take of empyreumatic oil from hartshorn one part, oil of turpentine three parts, mix them in an iron retort, and distil in a sand bath, until three-fourths come over. The distilled liquor is then to be put into small bottles, and carefully excluded from the air and light, to prevent its decomposition. Dose—Two tea-spoonsful, morning and night, in a glass of water.

No. 5.

Tonic Tincture.

℞ Tinct. Alois Compos. ℥i.
Tinct. Ferri Muriat. ℥i.
Acid. Sulphur. Aromatic. ℥ss. Misce.
Ten, twenty, or thirty drops, to be taken three or four times a-day, in a little water or wine.

This latter prescription is allowed by Dr. B. to be an unchemical one, from the decomposition that takes place on the mixture of the sulphuric acid with the muriate of iron; yet long experience, he says, has proved its efficacy as an excellent tonic.

From the analysis with which we have presented our readers they will readily perceive that it is the best book on the subject which we have in this country, where the natural history and treatment of intestinal worms has received much less attention than in Germany or France. There are several plates (white on a black ground) which give a very distinct and, we presume, accurate representation of the general aspect and anatomical structure of these animals.

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MEDICAL GAZETTE.

Saturday, December 6, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

THE SCHOOL FOR DETRACTION.

In a late Number of the Lancet we read a very specious defence of the employment of ridicule. Considering the unwarrantable extent to which this has been used, the attempt at explanation is certainly natural: but surely any appeal to the reflection of its readers is likely to turn out most unluckily for the interests of that publication. Although there may exist some few wrong-headed persons who think that, such an excuse being made, other enormities are sufficiently slurred over, yet it is quite a mistake to imagine that people in general are disposed to "strain at a gnat and swallow a camel."

The commencement of a new volume gives us a good opportunity of making a general exposition of what we regard as fair principles.

In literature, the lash of the critic, when well directed and justly deserved, prunes the exuberance and rouses the mettle of true genius: in all conditions, the stimulus of sure correction or reward does good to the person who receives it, and to the looker-on. In this country the old Roman spirit, prompt "parcere subjectis et debellare superbos," is shed through all hearts, and makes men as eager spectators of a frank, manly contest, as unwillingly witnesses of foul play.

It is true that, with the unreflecting, he who has the first word has the opinion of the mass, for a time, in his favour: but it happens invariably that this prepossession yields to a true exposition of the want of qualification in the author of any piece of detraction, or to a fuller assurance of the intrinsic merit of its object; for, to entitle a man to criticise, there is required a fair acquaintance with his subject and a freedom from personal antipathy—or he draws upon himself the sure reproach of ignorance and malice. If public men and public institutions be passed in review and remarked upon, are we not aware of the maxim—"*c'est la vérité seule qui blesse?*" When we behold the unprovoked aggression of bold bad men upon the feelings and property of individuals, do we not glow with indignation, and long to see justice done to the injured parties? And if these reflections are just when made of persons and things in general, how much more applicable are they to our own profession, where so much must necessarily be trusted to the spontaneous good sense, good feeling, good faith, and good taste of its followers!

The most arduous parts of our duty, and at the same time those where the advantages of scientific attainments are best shewn, are not always those in which the means employed are the most direct, and success the most sure: let us rather say that it is precisely where dubious points are to be decided, and intricacies to be made clear, that the nicest judgment is shewn—what is very true, when demonstrated, not being to every body quite obvious.

This is not meant to lower the value of exact observation and skilful manipulation in those cases where the senses and the physical talents are first addressed and more immediately invoked. To dissect with accuracy, to analyse with scrutinizing care, to enlist the collateral sciences, to adapt mechanism with hair-breadth nicety to the calibres of different tubes, and to the play of different muscles; to make the cunning hand of the operator act in concert with the experience of the pathologist; to combine all these and similar things, so

that there shall be a continual re-action between science and art—all this is part and parcel of the republic of medicine; and he who is a true lover of his profession, so far from detracting from those who invent or who apply what he has not himself been able to do, will rejoice, like the Spartan of old, "that his country possesses citizens more worthy than himself."

We would not be supposed, however, to object to some share of rivalry and emulation; on the contrary, as we read that the cry "The Philistines be upon thee, Sampson!" aroused the invincible might of the champion to burst from bondage and treacherous repose, so the electrical touch of reproach may be occasionally required to put life and activity into slumbering talent.

With more immediate reference to the Lancet, what we blame is, the dogmatical expression of opinions by those who cannot appreciate; the distortion of evidence by ex-parte witnesses; the petty tyranny exercised over the sensitive; the slander of the just and meritorious. But we may be told by our opponent—look at the good which has proceeded from *our* efforts!—see what life, what energy in the profession, what an increase of knowledge to all!

We would, however, carefully discriminate between the communication of intelligence and the dissemination of scandal and nonsense. Without being *straight-laced*, we may turn from what is coarse; especially when it is not hallowed by wit. Valuing as much as any the public benefits of the press, we abhor its employment as an instrument to revenge private pique; and we should make as wide a distinction between the results and uses of a professional Journal and its principles—when those principles were bad or perverted—as between the victorious legions of republican France and the *tigre-singes* of Paris: and, separating those who have contributed their trophies to embellish the temple of science from such as had gained none, would ask of these—as did Ulysses of Thersites—

Except detraction, what hast thou bestowed?

However, after all, our quarrel lies not with men but measures—not even with what is said—coarse, vulgar, and disgusting, as it often is—so much as with the *animus* which breathes in it.

It is so tempting to lawless natures when they catch an adversary "on the hip," to "feed fat the ancient grudge" they bear him—so easy, when that same foe has distinguished himself to "damn with *faint* praise,"—that no one should be tolerated in the exercise of an *arbitrary* power to spy and to denounce.

Should it be urged that a public Journal has a right to lash the times, and to proclaim facts—for "facts are stubborn things,"—we are willing to allow all due scope to even-handed justice, and cry, "amicus Socrates, amicus Plato, sed major amica veritas!"—but, as for this continual carping about "facts," it is very easy to *cant* about this or any other catch-word. All people of common sense and loyal hearts will, however, *feel* the difference between facts stated in good faith, and "ad captandum facts," twisted by the arts of the disingenuous and malevolent. Othello's noble nature is worked upon by facts: the "handkerchief," the loving words of Desdemona, who sues herself for Cassio's pardon, are "facts;" the honest creature, "who sees and knows more, much more, than he unfolds," merely selects and arranges facts. Now, even when the Lancet confines himself to "facts," which is very seldom the case, he uses them as Iago does—holding up men's actions to the public gaze through a false medium, which at once distorts and magnifies.

On the other hand, if it be his cue

to screen—a bald statement, even though it may contain the facts, will give to the worst translation an entirely different aspect.

Many occurrences might be quoted, to shew the necessity in forming our judgment of considering the whole scope and spirit of an affair, without isolating the "facts;" but one example will suffice. It is taken from familiar history.

A man, who, we gather, was of a prudent economical turn, and not neglectful of the main chance, was asked by some persons, in official situations at a celebrated city, to conduct them to the place of meeting of a little society, and introduce them to his master. This was all he was required to do, and it appears very natural and proper. The individual being expected, was readily admitted; and saluted his master respectfully by way of distinction. He received a gratuity for the service rendered, and to which he was entitled according to his contract. These are the facts, this is the skeleton of the case; but linked with all the accessory parts of the transaction, clothed with the other circumstances of the event, enlivened by the passions and sympathies which are naturally touched when we read a tale of treachery, we have before us a memorable instance of lurking hypocrisy, greedy selfishness, and inhuman betrayal: in short, we have the chief points in the history of Judas Iscariot—"that name to all succeeding ages curst."

In the number of the Lancet lying before us, and which has given rise to these reflections, are reiterated, once again, the envenomed attacks upon Dr. Hewett and Mr. Stanley. With regard to the latter, we have on former occasions entered into the particulars of the case, and have nothing now to add. It is that one in which, under the pretence of detailing "facts," our contemporary stated the gross falsehood which we have so often cast into his teeth, that, in an injury of the knee, Mr. Stanley "exercised the joint on several successive days," at a time when the limb was kept in the most profound repose. The malice displayed towards Mr. Stanley excited universal disgust at the time; and nothing can shew greater ignorance of public feeling on the part of the Lancet than again recurring to the subject. We are glad, however, that he has done so, as it affords us an opportunity of mentioning that we are in possession of the strongest proofs of these attacks having, in this instance, entirely failed in their object. Propriety forbids that we should be more explicit; but those who know to what we allude, will feel that we have not expressed ourselves too strongly.

With regard to Dr. Hewett's case, it is simply this: a woman in the advanced stage of pregnancy applied for admismission at St. George's Hospital, and knowing that her situation, if detected, would prevent her from accomplishing her object, she endeavoured to conceal her symptoms for a time, by directing the attention to other circumstances, particularly a difficulty in making water. She succeeded in her object, and was admitted; but on the surgeon proceeding, as requested, to introduce the catheter, he found that she was pregnant, and that labour had commenced. We admit that a more intimate examination would at once have enabled Dr. Hewett to discover the pregnancy: and such would no doubt have taken place had time and opportunity been afforded. But while we allow this, we hesitate not to say, that the manner in which the case has been worked up, embellished and reiterated fifty different times, and in fifty different shapes, and the *indecent* allusions which

have been made to it, have not, and cannot have any honourable or legitimate object, but are intended to injure the reputation of a gentleman whose private and professional character is without blemish; and whose steady and conscientious discharge of his duty to his patients at the hospital, evinces a benevolent interest in their welfare, and a zeal in the pursuit of his profession, which the dastards who assail him are utterly incapable of appreciating. It is a well-known maxim among lawyers, that if a client is guilty of the slightest concealment in stating the case, the counsellor is released entirely from the responsibility of giving a false opinion, and the same principle must apply to examples such as that before us; for the woman was most anxious to conceal her situation, in order to secure her admission, which a discovery she knew must have prevented. But allowing that the pregnancy might *possibly* have been detected at the moment—what then? What is there in the circumstances to justify the use that has been made of them? If the practice of every one were to be subjected to the same unfriendly scrutiny, whose character would be safe? Let any honest man in the profession answer us. Oh! how easy were it, if we did but choose to adopt a similar strain, to give far more exquisite specimens of the "ridiculous" from the practice of those whom the Lancet has held up as incapable of any error. What would our worthy contemporary say, for example, of tying the carotid artery for an abscess over the clavicle? or of placing a ligature on the sterno-cleido mastoideus muscle for hypertrophy of the heart? or of nearly emptying a woman of blood for flatus in the bowels? or of slitting up the urethra instead of a fistula? of puncturing the bladder, and removing the canula, so as to let the urine escape into the surrounding textures? of wounding the epigastric artery in the operation of paracentesis, so as to cause fatal hæmorrhage? of cutting off a man's limb for supposed malignant tumor in the ham; and afterwards, on "more closely" examining the limb, and questioning the patient, discovering it to be a popliteal aneurism?

Suppose we were to dress up these cases with all the embellishments of which they are so easily susceptible; to place them in their most ridiculous aspects; to keep them constantly before our readers; to connect the names of the performers with their exploits; every week to caution the public against them;—and all this from the most disinterested motives; merely, in the language of a distinguished surgeon, "to prevent so serious a mutilation as that which his patient suffered" from occurring again. All this might easily be done; but, to repeat a quotation in a recent number, "unless angels were to write satires, ridicule cannot be considered as the test of truth;" and we have merely alluded to these cases to put those on their guard who might suppose that our forbearance arose from our being ignorant that such things had occurred; and to shew that, if we are compelled to make reprisals, we have ample means within our reach. But we know too well the difficulties which often perplex the wisest and best informed among us, in the practice of so imperfect a science as ours, to look upon such mistakes as unpardonable crimes; or wantonly to indulge in such exposures. Nevertheless, we consider it due to the respectable part of the profession, who now look to us for defence, to make his own weapons recoil upon their assailant, when we find them persecuted for some trivial error with a degree of persevering malignity which it at once requires and justifies extraordinary means to counteract.

BRISTOL DISPENSARY FOR DISEASES OF THE EYE.

This institution, we believe, was established by Mr. Estlin, the very intelligent surgeon of Bristol; and we notice it on the present occasion to call the attention of our readers to the prodigious benefits which may be conferred on the public, at very moderate expense, by judicious management. An average number of 680 patients have been admitted annually; the whole expense not exceeding 40l. per annum. That the medicines for such a number, many of whom it appears were in attendance for several months, should not have amounted to a larger sum, appears extraordinary; but when we learn that besides this, the house-rent, and other incidental expenses are included, and even that some patients from a distance have been maintained while under operations, it affords the most striking illustration we have met with of a maximum of benefit and a minimum of expenditure.

PHRENOLOGY EXTRAORDINARY.

Henry Holme, who was convicted last sessions of disinterring his mother's body, and cutting off the head, for the purpose of making some *phrenological* observations upon it, was brought up for judgment on Monday last, and fined in the sum of 50l.

ST. GEORGE'S HOSPITAL.

There being no other candidate, Dr. Seymour was appointed physician to this hospital by *acclamation*, on Friday last, (Nov. 28.)

COOPER *versus* WAKLEY.

This trial is set down for Friday next, the 12th, in the Court of King's Bench, Westminster.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Effusion of Urine — Scarifications — Recovery.

Joshua Whitehead, a middle-aged man, was admitted in the evening of November 6th.

The perinæum, scrotum, penis, pubes, and either groin, especially the left, were generally swollen, and more or less red, the tint being florid and diffused. The swelling was evidently caused by effusion of fluid; there was much pain on the slightest motion, or attempting to make water; slight pains in the loins and back, but none in the abdomen; no evident distention of the bladder; considerable hardness in the course of the urethra. The pulse was 110, soft, small, and compressible; skin cool; thirst great; tongue moist, and slightly furred. Such were the symptoms presented by the patient on admission, and the history he gave was this:—

Since childhood his urinary passage had been small; and eleven years ago, after a severe and long-continued clap, stricture of the urethra succeeded, which sometimes produced a great deal of inconvenience; at others, comparatively little. At two different periods he has suffered from retention of urine, which both times was relieved by instruments alone. Previous to the last fortnight he was tolerably easy; but at that time dysuria came on, which obliged him to strain; and, shortly, "a lump" appeared behind the penis, and gave him much pain on attempting to make water. At 3 P.M. on the day of his admission, whilst forcibly endeavouring to empty the bladder, he suddenly felt some part give way, when pain and instantaneous swelling of the serotum and perineum followed. The inflammatory redness noticed on admission gradually succeeded without the occurrence of rigor.

At 9 P.M. Mr. Keate being out of town, the patient was seen by Mr. Brodie, who immediately made free incisions in the serotum, the penis, the pubes, and the groins. Mr. Brodie, after passing a staff per urethram into the stricture, made a long incision through the perineum on the latter. Mr. Brodie's object was to pass a small

catheter from the wound in perineo to the bladder; but he found himself unable to do so, and was therefore contented with laying the urethra freely open. A good deal of urine, without any pus, escaped by the incisions, from which there was very little bleeding. A poultice was ordered to the parts, and a draw-sheet placed under the patient, whilst an opiate was also directed to be given. He obtained a tolerable night; and the swelling and redness had greatly subsided on the 7th. The urine was abundantly voided through the wound in the perineum; but there still was much tenderness and tension in the left groin, and above the pubes. The bowels were confined; the pulse 120, not full; the tongue slightly furred.

Mr. Keate, to whose care the patient had reverted, made two fresh incisions in the parts above mentioned, which gave issue to urine.

8th.—That decided relief which frequently follows incisions has not occurred here. A pulse 110, and small; much tenderness over the pubes; a good deal of thirst, and a slight but perceptible quickness of manner, are observable.

On the morning of the 9th he had a rigor, and at half-past one P.M., when the surgeon made his visit, the skin was cool and clammy, the tongue rather furred, the pulse 130, small and irritable; the countenance anxious, and far from being favourable; the manner decidedly hurried. The urine, at this time, came away in considerable quantity from the wound, and the patient possessed the power of holding or retaining it. The bowels were freely opened by castor-oil, given the preceding night, and the local inflammation and tenderness were less, whilst purulent matter had formed and issued from the cuts.

Haustûs Salin. Haust. Cinchonæ, a. a. 3vi.
Conf. Aromat. ℈ss 6ta quâq. hor.
Wine and Arrow Root.

On the 11th he was better, the pulse being reduced to 90, the tongue, though furred, quite moist, and the skin cool. A catheter was attempted to-day to be passed through the stricture to the bladder, but without success.

Rep. Mistura. Fish and 3 oz. of Wine daily.

Next day there was some appearance of matter having collected above the pubes; indeed, for some time, and almost from the first, air and a little fluid could be pressed from the hypogastrium out of the central incision. The urine was voided, as it had been all along, from the wound. The patient complained of great weakness. On the 15th the symptoms assumed a slightly unfavourable cast. The pulse was 110, and small; the tongue was brown; the appetite indifferent. He continued his wine, and arrow-root and beef-tea, and the above indisposition soon passed away; the wounds assuming a healthy appearance, and pus being freely secreted. No sloughing took place, and consequently no sloughs have come away. The health has improved, and at present the patient appears to be doing well.

Clinical Lecture on the above Case, delivered by Mr. Brodie, Nov. 13, 1828.

Mr. Brodie began by remarking, that, having seen the patient only for a time, he should rather extend his observations to the question of extravasation of urine in general than confine his attention to the individual case. A more interesting subject to the surgical practitioner could scarcely be adduced, as it frequently, nay constantly, occurs in practice, and, on several accounts, is perhaps more common in the country than in town.

It seems, said Mr. Brodie, that the patient had laboured under difficulty of making water, and stricture of the urethra, for many years: for a month or so prior to admission this difficulty was augmented, and although not amounting to total retention, it required much straining and effort to relieve the over-loaded bladder. On the 6th of November, whilst straining to make water, the patient felt something give way, and immediately the scrotum was distended. The scrotum was distended, but from what? From rupture of the bladder? Such an accident is very rare, and the urine escapes, not into the scrotum, but into the cavity of the abdomen, or the cellular membrane around the bladder. The urethra, then, not the bladder, was burst, and the urine was driven and injected, as from a syringe, into the cellular membrane of the perineum, the scrotum, and the

penis. The cellular membrane of the two latter containing no adeps, facilitates the diffusion of the urine within it; though frequently this extends also to the pubes and the groin. The swelling, however, is always the greatest in the scrotum and penis.

A question arises as to how the urethra bursts. Mr. Brodie believes, though absolute proof is obviously difficult, that it ulcerates in the first instance posterior to the stricture, and then, when nearly destroyed by ulceration, gives way during a strain or unusual effort on the part of the patient. But leaving the cause of the effusion, let us look to its effects. In the first place, swelling is immediately produced; in the second, decided, indeed wonderful relief. The spasm and pain are relieved; because, in reality, the patient has made water, not, it is true, by the natural exit, but into the neighbouring cellular membrane. In general, as the spasm of the stricture and urethra subside, the urine comes away through the proper passage; a circumstance clearly dependant on the cessation of the straining, and pressure against the stricture from behind.

The patient then, having thus virtually made water, and experienced a consequent relief, believes himself better, and sometimes deceives his medical attendant by the transient and treacherous calm that ensues. A gentleman, for instance, had stricture, from which he suffered much. The urethra was ruptured at last, and immediately all his sufferings were relieved. A physician, who had been called in, misled by the apparent relief, pronounced that the patient would get well, and ordered a saline, or some such simple medicine. Extensive sloughing of the scrotum supervened, and in two or three days the gentleman was dead!

The relief, then, experienced at first, is only the prelude to greater mischief. The urine effused is not limpid and bland, but has long been retained in the bladder; is high-coloured, and loaded with salts, and acts as a poison on the cellular membrane, inducing inflammation and sloughing. A well-established principle in pathology is, that death of the cellular membrane is followed by death of the skin which covers it; accordingly, we find extensive mortification of the perineum, the scrotum, the skin of the penis, and sometimes even of the penis itself. Occasionally the urine passes into the cells of the corpus spongiosum. In two or three days a black spot appears on the glans of the penis, which, little as it looks, is really big with mischief, and indicates sloughing of the whole of the corpus spongiosum. In one case Mr. Brodie saw the urine effused in the corpus cavernosum, when the penis entirely sloughed. The effusion may be very superficial, or deep in the cellular membrane, lying between the bladder and the rectum. The latter case, of course, is infinitely more to be dreaded—a great deal more dangerous and fatal than the former, as the mischief is beyond the reach of the surgeon's knife.

Recoveries from the former and milder affection are far from unfrequent; indeed, they are common in the present day. The result was very different formerly; and why? The practice used to be to puncture the penis and scrotum with a lancet; not to make free incisions as now. At the time that Mr. Brodie was a student at St. George's, every patient so treated in the hospital died. In only one case did recovery take place, and in that the effusion was confined to the perineum.

Mr. Brodie, in the next place, directed his attention to the subject of treatment. Mr. B. begins, in general, by trying to pass an instrument into the bladder; because, if it succeeds, it greatly facilitates the subsequent steps of the operation; and if it does not, it can do no harm. The patient being drawn to the edge of the bed, and placed very nearly in the posture for lithotomy, cut on the instrument in urethra, supposing the attempt to introduce it has succeeded, and divide the perineum by a free incision. If the instrument is in the bladder, cut through the stricture upon it as far as the apex of the prostate; then pass a small gum catheter from the wound in perineo, directed by the staff or bougie, or whatever other instrument you have introduced into the bladder, and draw off what urine remains in the viscus, commonly amounting to eight or ten ounces, and very high-coloured. Withdraw the instrument which was introduced first, but leave the catheter *in situ*, as it forms a conductor for the urine, tends to keep the parts quiet, and is found, in short, a material convenience.

So much for the treatment of the

stricture and urethra; but a prominent point is yet to be considered—the management of the extravasated urine. It acts as a poison; then let it out by incisions, freely and deeply made in the substance of the scrotum, the penis, the pubes, the groin, or wherever the extravasation is. Scarify boldly, that is the principle, and give a free issue to the urine wherever and whenever you can reach it. These means having been adopted, the patient is placed in bed, and a poultice applied to the parts. If, as often happens, the surgeon has been foiled in his attempts at introducing the staff into the bladder, still the same incisions must be made both in the perineum and elsewhere. The patient must be laid with a draw-sheet beneath him in bed, and the urine be allowed to drain away of itself, instead of by means of the catheter.

If the surgeon is not summoned till the day after the accident, or even a period subsequent to that, the treatment is the same. Here, indeed, he must obviously fail to prevent the occurrence of sloughing, though free scarifications may diminish the extent to which it would otherwise have gone. Even if sloughing is prevented, we must not conceive that all danger is past. Abundant suppuration, of necessity, ensues; the pulse becomes quick; the surface hot; the tongue is dry, and there is hiccup. Mr. Brodie knew a gentleman labour under this latter symptom for a week; at the end of which time some sloughs came away, the hiccup subsided, a clean sore was left, and the patient did well. If incisions are made immediately after effusion has occurred, the patient in general recovers; if practised on the first or second day, recoveries are still very far from uncommon; but if they are delayed beyond this period, his chance is proportionably less. As was mentioned before, when the urine is extravasated deeply, incisions are out of the question, and the prospect is gloomy indeed. Putrid sloughs form, and are confined in the cellular membrane; symptoms of typhus and prostration supervene, and the patient speedily sinks.

The general treatment in this, as in many other cases, is to watch the symptoms the patient presents. If the skin is hot, the pulse runs high; in short, if inflammation supervenes, exhibit salines, and adopt the antiphlogistic regimen. Again, if the powers of the system flag, support it by bark, wine, cordials, tonics, and meet the varying conditions as they rise by appropriate remedies and means.

ST. BARTHOLOMEW'S HOSPITAL.

Punctured Wound of the Abdomen, with Protrusion of a small piece of Omentum.

William Watson, æt. 21, a tall thin man, was admitted under the care of Mr. Earle, on the 8th inst. having a protrusion of omentum, about three inches in length, from a punctured wound on the right side of the abdomen, which he says was inflicted by his brother throwing a carving-knife at him. When admitted he felt sick and faint, and there was a great deal of pain about the protruded parts. The wound was about three-fourths of an inch long, situated in a transverse line from the umbilicus, and about one inch to the outer side of the rectus muscle. The omentum which was protruded was firmly grasped by the edges of the wound, and looked very vascular, being of a vermilion colour: it was bleeding very slightly from its surface. After some unsuccessful attempts had been made to return the omentum through the wound, it was deemed advisable to enlarge it; and, accordingly, after the external skin had been divided with a scalpel, the director was introduced into the lower part of the wound, and a probe-pointed bistoury into the groove of the director; and being elevated at the handle, the wound was thus enlarged; but great resistance was still made by the abdominal muscles, and the parts could not be returned without some difficulty. When the omentum was replaced within the abdomen, the wound was closed by one suture through the integuments, care being taken to avoid the peritoneal coat.

The pulse was rather small, and about 80. He complained of pain in the wound. Five hours after this, the pulse having risen and become more frequent, and the wound being more painful, the bandage was relaxed, and he was bled to ℥xx., when he fainted. An enema was given, and he had one good evacuation. Four hours after this, the pulse being 108, and being full and jerking, he was again bled to ℥vi.

9th.—Had a tolerable night; not so much pain in the wound. Pulse 90, and not very full. Bowels open twice. In the evening the pulse was fuller, but not more frequent, and perfectly compressible. Tongue clean.

From this date he has been improving every day.

Fractures of the Cervical Vertebræ.

Case I.—Jas. Halford, admitted into Pitcairn's ward on the evening of Nov. 10th, at about eight o'clock, with complete paralysis of upper and lower extremities, consequent to injury of the cervical vertebræ, occasioned by a fall on the back of the head from the top of a loaded waggon. When admitted, had not the power of raising his head, had lost all sensation and power of motion, excepting that he was able to turn his head from side to side when in bed; complained of great pain at the back of the neck; respiration slow and oppressed, performed by the diaphragm only, the intercostals being completely paralysed; pulse about sixty, somewhat full; had partial priapisms. On examining the back of the neck as he lay, the spinous process of the fifth cervical vertebra appeared to be displaced, and more prominent than usual: from this and the attending symptoms, it was concluded that there was fracture probably extending through the bodies of the cervical vertebræ. During the night the priapisms became more frequent, and towards morning a quantity of flatus had collected in the abdomen; nothing had passed per rectum, and an enema was ordered. With the view of exciting the muscular action of the intestines through the nervous influence, a stream of galvanism was directed from the back through to the rectum: this at first had the effect of somewhat lessening the distention, but the tympanites soon increased, and continued to extend though the galvanism was kept up for upwards of half an hour, varying its direction; occasionally it was applied with less power through the œsophagus to the rectum. The patient was bled to about ℥vj. when he became sick and faint; a drop of croton oil was given in two doses, but without any effect; the water was drawn off twice, the smell of which was slightly ammoniacal. The tube of an elastic gum catheter was introduced per rectum, with the view of evacuating the wind, which, towards 6 P. M. had collected to a great extent, impeding the action of the diaphragm, and causing the patient to gasp for breath; he was gradually sinking from the oppression, continually turning his head from side to side, and died at 6 P. M.

On dissection it was ascertained that dislocation had taken place between the fourth and fifth cervical vertebræ. After cutting away the muscles, the cartilaginous surfaces of the superior articular processes of the fifth cervical vertebra came into view, in consequence of the inferior processes of the fourth having been completely dislocated forwards, and remaining fixed in their unnatural position. The ligamentum subflavum was torn throughout, and the apex of the fourth spinous process lay in close contact with the basis of that of the fifth. An unusual projection was observed on this part of the column, in consequence of the fibro-cartilage connecting the fourth and fifth vertebræ being completely torn through, the body of the former projecting in front of the latter; the posterior longitudinal ligament was torn, but the anterior covering the point of the bodies was entire. The antero-posterior diameter of the vertebral canal was lessened by this displacement nearly one-half; the spinal marrow was soft and pulpy, and blood was effused in its substance; its membranes were entire; some blood was effused in the canal between the bones and the membranes.

Case II.—Nov. 11, J. Taylor, about 60, was admitted into Powell's ward in a state of complete paralysis of the whole body, caused by a fall from a height of about 14 feet. There was a depression of one or more of the lower cervical vertebræ; he complained of pain upon pressing the injured part, and also of pain in the right arm, just below the elbow, and at the outside; he asked if the skin was rubbed off from that part; he had no priapism; pulse small and rather slow; breathing laborious; perfectly sensible.

12.—Symptoms much the same; priapism took place during the day; has had no evacuation since the accident, though two injections have been given. About a pint of urine was drawn off in the morning, and nearly half a pint more in the evening. Pulse same as last night. Respiration became more laborious, and he died about three o'clock in the morning.

Dissection.—The situation of the displacement was between the sixth and seventh cervical vertebræ, the articular processes were broken, and the ligamentum subflavum and fibro-cartilage torn; the spinal cord was crushed, and blood effused in small spots in its substance; the lungs were loaded with blood, with a little mucus in the air cells.

GUY'S HOSPITAL.

Extra Uterine Pregnancy.

E. Haydn, aged 20, unmarried, but the mother of one illegitimate child, now 18 months old, was admitted, Oct. 29th, into Lydia's Ward, under the care of Dr. Bright.

Her illness had been of six months' continuance, but had not been very severe until within the last three weeks, during which period her chief suffering had arisen from continual diarrhœa, abdominal pains and tenderness on pressure, and difficulty of breathing.

From her admission to the period of her death she laboured under symptoms which, while they were principally referable to some disorganization of the thoracic and abdominal viscera, were still indistinct and fluctuating. The most constant symptom was the frequent evacuation of a fluid of a dark grumous appearance. She had also dyspnœa, and occasional tenderness of the abdomen, but of the latter no trace was remaining a few days previous to her death.

The treatment, which was directed chiefly to the intestinal affection, is uninteresting: it appeared to exercise no control over the symptoms. Death took place in the night of Nov. 15th, and the following morning, while the body still retained some warmth, it was examined by Dr. Hodgkin.

In the abdomen a large portion of the peritoneum lining the parietes presented a very dark carbonaceous appearance, less intense superiorly, but deepening towards the pubic region. Numerous fibrinous adhesions were found, evidently varying in the periods of their formation: these were fewer in the umbilical region—firmer and more numerous towards the pubes. In the left side of the lower belly these adhesions were so numerous and extensive as to form a perfectly shut cavity, bounded by the sigmoïd flexure of the colon, the rectum, the bladder, the lateral and anterior parietes of the abdomen and pelvis, in their respective situations. This cavity enclosed a fœtus, tolerably well formed, of about three months' growth, attached, by an umbilical cord of natural length, to a mass of the size of an egg, apparently performing the office of placenta. These parts, like the cavity itself, were all of a dark brown colour, apparently from a process of decomposition, and the parietes of the cavity were loose and soft, so as readily to separate into shreds.

This cavity communicated with the intestinal canal by two openings, of which the smaller entered the rectum; while the larger, which was two or three inches in length, was in the sigmoïd flexure of the colon.

The mucous lining of these intestines was healthy, except at the very margin of the apertures. The uterus was healthy, and afforded *no trace of tunica decidua;* it was not adherent to the rectum. Nothing remarkable was observed in the ovaries, or fallopian tubes, except that, attached to one of the latter, there was a thin membranous cyst, ruptured and collapsed, which had probably contained the fœtus from its formation until it became free in the abdomen, and was enclosed in the new cavity in which it was found.

The difficulty of respiration was in some measure accounted for by the discovery that a part of the lungs were in a state of gangrene. In the lower part, both of the right and left lung, there were several patches, in which both lung and pleura were perfectly sphacelated. The colour of the spots was ashy grey, approaching to whiteness.

In several parts of the abdomen there were circumscribed collections of pus, varying in extent. The largest was opposite to the fœtal cyst, in the right iliac fossa.

ST. THOMAS'S HOSPITAL.

Large soft Urinary Calculus.

Kemp Bowman, aged 40.—This patient was first seen by Mr. Tyrrell five or six years since. He was then suffering from all the usual symptoms of stone, except the sudden stopping of the stream of water on emptying the bladder. As it appeared that the mucous lining of the urinary passages was in a very irritable state, Mr. T. did not sound him, but contented himself with

employing such treatment as the local and constitutional derangement indicated. This consisted in anodynes and alteratives, and a few doses of a bitter infusion with alkali, and in restricting him to a diet from which all vegetables, and particularly those of an acid nature, were carefully excluded. After a few days the patient's sufferings vanished, and he was as well as he had been before the attack. He continued well during some months, but then all his symptoms returned with increased violence. Mr. Tyrrell being out of town, he applied to another surgeon, from whose treatment he received no benefit. He again placed himself under the care of Mr. T. and was subjected to the same system of medicine and diet from which he had before obtained so much relief; but now it seemed to have lost its efficacy. About this time Mr. Tyrrell first sounded him. He used the instrument in every position in which he could place the patient—with the bladder full and empty—in short, adopted every precaution to prevent the stone, if one existed, from eluding his touch; but none was felt, though considerable roughness of the mucous lining was perceived. The urine, when tested, was sometimes acidulous and sometimes alkaline. Various kinds of treatment were employed, without any good effect.

During the last year the patient has been in a constant state of suffering. Acute pain about the frænum, pain and tenderness in the perinæum (so great as to lead to suspicion of disease of the prostate), pain shooting from one crista ilii to the other, and almost incessant desire to make water, were a part of the catalogue of his miseries. Every mode of treatment which Mr. T.'s own ingenuity could suggest, or which his friends could recommend to him, was tried, but in vain. Injections, and particularly those containing opium, had, perhaps, the most effect. Having formerly satisfied himself that there was no stone, and no such change having occurred in the symptoms as to cause a suspicion that one had subsequently been formed, Mr. T. refrained from irritating the bladder, already so extremely excited, by examinations apparently useless. For this reason no sound had been passed into the bladder for sixteen months, until about six weeks before the patient's last admission into this hospital. Then, however, Mr. Tyrrell sounded him, and easily discovered a large and soft stone; and as a last resource, Mr. T. resolved to give him the temporary relief which the extraction of the calculus might produce; but at that time the patient was engaged in some business which prevented him from coming into the hospital. Meantime, as he continued to exert himself, his sufferings increased, his little remaining strength became exhausted, and when he at length gave way, and came to the hospital, he was in as complete a state of collapse and exhaustion as it is possible to conceive. The week during which he survived was one continued paroxysm of agony. He had all the symptoms mentioned above, and the reiterated attempts to empty the bladder produced only a few drops of thick ropy mucus. He died Nov. 21.

The following day the body was examined. It was exceedingly emaciated, and the whole surface had that sallow yellowish appearance which accompanies organic disease. The bladder was closely contracted around a stone of an almost spherical shape, and somewhat larger than a goose's egg. The coats of this viscus were much thickened, especially the mucous coat, which was covered with irregular ragged projections, and was of a bright red colour, being highly vascular. The lining of the left ureter, which was larger than natural, was in the same state, as well as that of the pelvis of the kidney from which it arose. The kidney was of nearly twice its proper size, and its substance had completely lost its natural character. The pelvis contained a quantity of the viscid mucus, which the patient had been in the habit of voiding, and the same could be squeezed out of the mamillary processes. This fluid had those characters to which the term "muco-purulent" is often improperly applied, being white, opaque, semi-fluid, and viscid. The renal artery supplying the left kidney was twice as large as natural. The right kidney was not more than half its usual size. Its artery was contracted to a third of its usual calibre, and its ureter was obliterated during a part of its course. Its substance had undergone similar degeneration to that of the other, but it differed in containing several small cysts filled with calcareous matter. Its pelvis contained some opaque fluid.

A section has since been made of the

calculus. Its centre presents two or three fragments, which are phosphate of lime, united somewhat loosely by the same salt, and inclosed in a shell of the same; over this, and forming by much the greater bulk of the concretion, are layers of carbonate of lime. On a part of the surface is deposited a thin shell of triple phosphate, deposited in minute crystals, which make that part of the stone as rough as a file. G.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY*.

November 26, 1828.

John Hooper, Esq. in the Chair.

Spinal Distortion.

Mr. Cooke related an instance of spinal distortion, producing excessive contraction of the left cavity of the chest, and proportionate enlargement of the right. The lady lived to the age of 70, and then appeared to die of exhaustion. She had experienced violent pain in the region of the liver and stomach, but the most striking feature of her suffering during the last twelve months was a convulsive affection of the muscles of the face, which presented the appearance of horrible grimace. On examination after death, the sternum was found extremely porous and vascular, and the ribs were so softened and flexible, that at their greater curvature several of them felt as if they were jointed or broken. Notwithstanding the distortion of the chest, the lungs were perfectly healthy. The mucous membrane of the alimentary canal was in a state of congestion throughout, and many parts of the colon were greatly contracted. The scalp adhered closely to the skull, and the cranium was porous like the sternum, and softened. The tunica arachnoides was thickened and opaque, the vessels of the pia mater were very turgid, and there was a considerable deposition of fluid between these membranes. The substance of the brain exhibited numerous bloody points, and each lateral ventricle contained about an ounce of fluid, and at least two ounces were found at the basis cranii. Mr. Cooke considered this state of the brain as explanatory of the affection of the face.

Softening of the Heart.

Mr. Hooper related an instance of extreme softening of the heart. The patient, a lady between 50 and 60, had been affected with erysipelas of the face, and after four or five days, signs of peripneumonia notha supervened, and terminated fatally. The patient had endured intense anxiety from her domestic affairs. On examination the right lung was found emphysematous, and the heart was so flabby that its fibres lacerated on the slightest touch.

Dropsy after Scarlatina.

Mr. Cooke related an instance of anasarca and hydrothorax, which occurred as a sequel of scarlatina. The patient was about three years of age, and had passed through the fever very favourably: about a week after recovery anasarca occurred, but seemed giving way to gentle diuretics, when suddenly the signs of hydrothorax came on, and death ensued within a few hours. Nearly half a pint of fluid was found in each cavity of the thorax, and a few ounces in the pericardium.

Dr. Babington stated that he had found a combination of squills with the ferrum ammoniatum, one of the most useful remedies in this form of anasarca.

The remainder of the evening was occupied by an interesting discussion on the seat and treatment of hooping-cough.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 22nd, 1828.

Dr. James Somerville in the Chair.

Cholera.

An interesting paper was read by Dr. Webster on the subject of cholera, in the form it assumes in this country. After noticing the fact that cholera is most frequent towards the close of autumn, in the months of September and October, Dr. Webster remarked, that two causes were necessary to its production; the one, a peculiar condition of atmosphere, consisting in hot relaxing days, followed by cold and chilly nights; the other, the ingestion of some indigestible substance, particularly when eaten immediately before going to bed. These two causes, the former predisposing, the latter exciting, must, in the Doctor's opinion, be more or less co-existent, in order to produce the disease. In confirmation of this, Dr. Webster alluded to the fact that nine patients out of ten are attacked when the temperature of the air is at the lowest, viz. from three to five o'clock in the morning.

With regard to the treatment, Dr. Webster employs in the early stages a couple of doses of calomel and opium, given at short intervals, and followed in a few hours by one of castor oil. If the irritability of the stomach is so great that these are rejected, he would advise the administration of a draught, containing four drachms of camphor julep, and four of the aqua cinnamomi, ten grains of sulphate of magnesia, and five minims of laudanum. If collapse comes on, and the powers fail, hot brandy and water, perhaps

* In our last report, p. 831, for *humour*, read *tumor*; and p. 832, for *of the fever*, read *of fever*.

conjoined with laudanum, are of use. A blister to the epigastrium is of very great service, especially when the patient complains of pain there. At more advanced periods of the complaint, mild purgatives, with salines or acids, are necessary; tonics and nourishment, when the sickness has ceased, and the tongue is clean.

A long discussion followed, with which, however, we shall not trouble our readers, as it was not particularly interesting.

MEDICAL SOCIETY OF LONDON.

Nov. 24th and Dec. 10th, 1828.

Dr. Haslam in the Chair.

Rupture of the Uterus.

At the first of these meetings the discussion on Mr. Lord's case of ruptured uterus, for which gastrotomy was performed, was resumed. A case of presumed rupture of the uterus, about the seventh or eighth month of utero-gestation, in which parts of the fœtus were discharged *per vias naturales*, was related by Dr. Blicke. The facts of the case do not, however, appear to have fallen under the observation of Dr. B. himself, but to have come to his knowledge from the description of the patient and her attendants.

At the succeeding meeting the subject of ruptured uterus, and the operation of gastrotomy, as a remedy when the fœtus had passed into the cavity of the abdomen, was again brought forward.

Mr. Doubleday exhibited to the Society the uterus of a female, in whom a malformation of the pelvis had existed; so that in three labours the head of the fœtus had been perforated. In the fourth, the practitioner in attendance induced premature labour successfully. In the fifth labour it was the wish of the accoucheur to repeat the operation at the proper period; but, by some mistake on the part of the patient, the intention was defeated, and the fœtus, as it afterwards appeared, had attained a size incompatible with a safe delivery. The membranes were punctured, and the accomplishment of the labour entrusted to nature, it being supposed that the gestation had not extended beyond seven months and a fortnight. But, after a very few hours, the symptoms of a ruptured uterus most unexpectedly presented themselves. It was at this period that Mr. Doubleday was consulted. The head of the child could not be reached; the feet were sought for, and turning effected: but the head could not be brought through the pelvis without perforation behind the ear. Notwithstanding the most active treatment and unremitting attention, the patient died.

The propriety of extracting the fœtus when it had wholly escaped into the abdominal cavity, and the contraction of the uterus, forbade the delivery *per vias naturales*—by the operation of gastrotomy—was contended for by Mr. Lambert. The authority of Dr. Dewees, and other authors, was adduced in favour of this proposition. It was argued that there was no case on record in which the patient, having arrived at the full period of utero-gestation, had survived a rupture of the uterus, which had admitted the passage of the child into the cavity of the abdomen.

ANATOMY.

On Saturday last a deputation from the Westminster Medical Society, consisting of Dr. Thompson, Mr. Cæsar Hawkins, and Mr. Arnott, waited on Mr. Peel respecting the difficulties still continuing to be felt in procuring subjects for dissection. The deputation experienced from the minister a very courteous reception.

We believe that the Westminster Medical Society has the merit of having been the first to petition Parliament upon the above subject last year; and we are therefore happy to perceive that the Society is again foremost in the field this season, in endeavouring to give force and effect to the Report of the Select Committee of the House of Commons, which may, perhaps, otherwise be the termination of all that is said or done relative to this interesting and important inquiry. The Committee of the Westminster Medical Society have agreed upon calling a special meeting of the members, on Friday, the 12th instant, at seven o'clock P.M. to consider the difficulties attending the study of anatomy, and the measures for their removal.

NOTICES.

Communications have been received from Mr. Koecker—Mr. Ore—Mr. Thomas Carter—Mr. Rainey—Mr. R. Cooper—Mr. Douchez—Mr. Gore—Mr. Goodrich—Dr. Burder—Mr. Hosking—Mr. Broughton—A Subscriber — Oisseau — A Stethoscoper — R. G.

We will not comply with Mr. Carter's "demand" that we should give up the name of our Glasgow correspondent. When he proves that the hospital surgeons are guilty of "ignorance, carelessness, butchery, blood, and murder," then, and not till then, will we acknowledge that we have spoken of him more harshly than he deserves.

The *correct* report of the case of supposed dislocation of the hip in one of the nurses of the Glasgow Royal Infirmary has been received, and shall appear in our next.

If Mr. G. will order the Gazette through Mr. Upham, Mr. Collings, or Mr. Duffield, booksellers in Bath, he may obtain it every week, with the utmost regularity.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

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OF

Medicine and the Collateral Sciences.

SATURDAY, DECEMBER 13, 1828.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

I commence in this essay to give a description of the constitutional effects of the syphilitic virus, or secondary syphilis. This train, or succession of symptoms, is the consequence of the absorption of the poison, from some breach of surface on the body; or, occasionally, as I have said, in consequence of a virulent gonorrhœa; and in many of the former instances the condition of the cicatrix of the primary ulceration, or some remains of enlargement of the inguinal glands, will demonstrate the unsound condition of the parts. Some very recent authors teach us, that though very rarely, yet still there are cases in which the constitution has been affected without any primary symptom having preceded the occurrence of such affections. I will not absolutely deny this, because there are very few general rules that do not admit of exceptions; but I must confess that I am but little satisfied with the account of such cases which I have read in books; and, generally speaking, in tracing venereal complaints to their source, there is so much tricking, (I might, indeed, use a harsher term), on the part of the patient, that I should be very unwilling to pin my faith upon any history which was in direct contradiction to common sense, and those more usual occurrences which we daily meet with. Wherever a man's, or especially a woman's reputation is at stake, there is no species of deception that will not be practised upon you to conceal the truth. Of this I have had so much experience among the military, that I confess my scepticism is very strong upon this particular point.

Having thus expressed my decided dissent to this equivocal doctrine, of receiving an infectious disease without the aid of the infectious matter, I next have to observe, that the system generally becomes affected in the following order: first, the throat; next, the skin; then the tendons, fascia, periosteum; and, lastly, the bones; and this has been the general doctrine and belief almost from the first description of the disease. This exact order is not, however, always observed: for example, if an ulcer is situated on the palate, the periosteum, and soft bones in the neighbourhood, may become at once the seat of the disease; or the epilogottis and larynx may become ulcerated with consecutive affection of those cartilages, in consequence of ulceration spreading from the back of the throat. It was, however, formerly thought that no deviation from this regular succession ever took place, but that the progress of the symptoms was uniformly from bad to worse, until the constitution was fairly worn down by the disease; but we are now, on the contrary, convinced, from ample experience, that this is not even commonly the case; that nodes, and caries of the bones, are comparatively rare; and that syphilis can, and does most commonly exhaust itself upon the first order of parts; and that those terrible cases of diseased bone are more rationally attributable, either to the action of the disease on a strumous habit, but more especially to the rash and ill-advised employment of mercury in certain peculiar constitutions.

Besides the parts above mentioned,

the membranes of the eye are not unfrequently the seat of secondary syphilis; the hearing, also, is occasionally affected: the disease sometimes, also, attacks the testicles; and each of these symptoms may be met with, either alone or altogether, or connected merely with some other one; among the most frequent of which are different forms of eruption. The affections of the periosteum and bone, especially of the cranium and tibiæ, are often met with in conjunction with secondary syphilitic ulcerations, though sometimes they take place independently of any such combination. Such are, in very general terms, the leading secondary affections following primary syphilitic sores; and the time which usually elapses before they make their appearance next becomes an object of consideration. Formerly, much greater latitude was accorded in this respect than we are now in the habit of allowing: it is very certain, (and I have witnessed this in numerous instances), that within six weeks after the occurrence of primary sores, or even before they are healed, the patient's health will often begin to fail; nocturnal pains come on, and an eruption quickly follows; but this, I believe, chiefly takes place where no mercury has been exhibited: if that medicine has been employed inadequately a longer space of time will usually elapse, and from four to six months is by far the most general period. I have known patients declare that they have had no venereal symptoms for two or three, or more years, prior to the breaking out of the secondary affections; and certain circumstances may very probably suspend the action of the virus for some time. Among these, the occurrence of other diseases, or even a change of climate, may occasion this delay; but certainly beyond a twelvemonth or two I should be very unwilling to admit the possibility of such an event; and a good close cross examination, or inspection of the parts, where we dare push our inquiries so far, will sometimes clear up the difficulty. It was only on the day before I wrote this that a man showed me half a dozen large ulcers, with phymosis, and declared solemnly that this was the return of an old venereal complaint, of which I had cured him the year previously. I mention this, not exactly as a case in point, for it is the exact reverse of the former, but as shewing to what an extent imposition will be attempted in these cases.

Now, it must not be forgotten that there are but few of the symptoms of secondary syphilis, so peculiarly and exclusively belonging to that disease, that we are at once enabled positively to assert the real nature of every case that comes before us; for the abuse of mercury produces many affections that simulate closely those of the venereal disease; and peculiarity of constitution affords many other striking resemblances. It is on this account that we are obliged to refer so often to individual history to trace out previous circumstances, and to make up our minds occasionally from the concurrence of a number of minute particulars. This is certainly not always, or even often the case, but the necessity of this close research must not be overlooked. In general, the appearance of a patient labouring under secondary syphilis is very peculiar; there is a wan, shrunken, melancholy expression of countenance; the loss of flesh is particularly observable; and the whole air and manner is expressive of lassitude and want of energy. Previously to the appearance of syphilitic eruptions, whatever their character may be, there is usually an attack of symptomatic fever. This is sometimes rather severe; and as it is accompanied, in the majority of instances, by pains in the shoulders, breast, elbows, thighs, and legs, increased when warm in bed, it is often mistaken for a rheumatic attack, and the appearance of the eruption is the first alarm the surgeon receives. When this is fairly established, there is commonly, for a short time at least, a remission of the pains. These precursory symptoms are sometimes found to exist in conjunction with a feeling of stiffness about the fauces, attended with some difficulty of swallowing; and when this is the case it tends to throw an earlier as well as a clearer light upon the nature of the attack; but it not unfrequently happens that the soreness of the throat is the first symptom that presents itself, and the eruptive symptoms either do not occur at all, or come on after an interval of some days.

A syphilitic sore throat has been described as one unvarying symptom, but it has several varieties; and these varieties, as well as those of the primary sore, and the particular character of

bubo, require a modification in practice: it requires, also, to be distinguished from the sore throat induced by mercury, for which it may be easily mistaken, and this would be a most unfortunate error. Of eruptions, also, there are many distinct characters: for example, the papular, the pustular, and the tubercular, which may be considered as the heads of so many distinct classes of eruption; and thus far my observations coincide with those of Mr. Carmichael, though I utterly deny the regular conjunction of either of these peculiar forms of eruption with particular species of ulceration; and am, moreover, decidedly convinced that the occurrence of any, or all of these secondary symptoms, may be prevented, in the great majority of instances, by a judiciously managed mercurial course; I say the majority of instances, because I am well aware that there are cases in which the disease will pursue its course, do what you will: as, for example, where the mercurial course is delayed until the primary sore is nearly or entirely healed; and there are other unfortunate idiosyncracies, in which the action of mercury has lighted up that fatal train of symptoms which Mr. Pearson has denominated cachexia syphiloidea, a name which I do not like, though I have retained it for want of a better. I have bestowed already so much time in combating Mr. Carmichael's general principles, that I shall not in this place repeat what I have said. I consider that the appearance of secondary symptoms is in most instances, (but not universally), a stain upon the reputation of the practitioner who has had to treat the patient's primary affection. That sores should, under common circumstances, go on badly under the use of mercury, is contrary to my experience; and is contrary, also, to the accumulated experience of generation after generation. If mercury is given in a trifling manner; if the patient is permitted to pursue his usual pleasures; to be exposed to all changes of weather; if the legitimate action of mercury upon the system is disregarded, I can readily enough understand that ulcers on the parts of generation will go on from bad to worse; and that, instead of being benefited by the remedy, they will become more irritable by its inadequate exhibition; but I say, under such circumstances, you have not done justice to that medicine. Confine the patient to his house, produce a local action on the gums, proving the general action of the mineral on the system; and, believe me, you will find syphilitic ulcers now as obedient to its power as ever they were known to be. Do not slubber over your mercurial course; if a hardened cicatrix remain, your patient is not safe; if you are forced to intermit the use of the mercury, and after a few days to begin again, and this vaccillation is to continue, the chances are, your remedy has been given in vain. But still, do not let me be mistaken: if the general health suffers by the medicine; if fever is excited; if the pulse becomes irritable; chills and heats, and profuse perspirations ensue; then, whatever may be the nature of the sore, you must cure it without mercury; and watch your opportunity for returning to its employment afterwards.

I have been led out of my direct course by the importance, the paramount importance, of this branch of my subject. I must go back by again observing that the thousands of secondary affections that now stare us in the face upon every occasion, may be prevented; and that in this point of view, the refinements in practice that have been attempted, have, in reality, produced most unfortunate consequences; for such I must ever conceive those consequences to be which entail upon a man months of medical treatment. A repeated occurrence of suspicious and disgusting spots, which proclaim their original, render the bearer of them unfit for society, or ashamed to mingle in it. Many instances have fallen within my own knowledge where they were not got rid of under a twelvemonth's, or even occasionally two years, vegetable treatment; a waste of time wholly inadmissible when the means of cure are within our reach, and as safe as they are efficacious, if properly managed.

Leaving this subject, I shall now proceed to describe the secondary symptoms of syphilis, seriatim; and I commence with ulcerations of the tonsils, palate, and other parts of the throat. The first of these affections which I shall describe is the excavated ulcer of the tonsils, one certainly of a very peculiar character; the seat of which is generally the front of these glands, and exhibits the appearance of a deep hollow,

as if a portion of the gland had been scooped out; the base is covered with a dirty ash-coloured slough; the margin is somewhat red and tumid; but there is little or no accompanying pain, and merely some stiffness and uneasiness in swallowing. As far as my experience goes, I have found this sore more frequently appearing as a solitary symptom than any other form of ulceration about the throat, though I have seen it in conjunction with an eruption of lichen, as well as accompanied by iritis. Mr. Carmichael believes this sore to be only met with in combination with what he calls the true scaly venereal disease: in this I cannot agree, but I am quite sure that whenever met with, it is very readily curable by the action of mercury, which in general produces the most obvious effect upon its appearance as soon as the constitution feels its influence; nay, the local action of a mercurial gargle will effect a rapid change in the face of the ulcer.

The constitution is not much disturbed in general by the establishment of this ulceration, unless accompanied by some form of eruption, and then there is generally an attack of previous symptomatic fever, with pains in the larger joints, and disturbed sleep; the countenance betrays disease; there is an expression of uneasiness, and a feeling of lassitude and general discomfort; but the appetite is not much impaired: there is some acceleration of pulse towards the evening, and the nights are restless and uneasy, even in those cases where nocturnal pains in the bones do not entirely banish sleep. This is a symptom that I should always be disposed to treat with a regular mercurial course if possible, under confinement to the house; because I have observed that, though controlable very readily by mercury, it requires both a considerable time and a thoroughly established and regularly kept up action of the remedy, to overcome the complaint effectually: and I think I have observed relapses oftener to follow upon this particular train of symptoms than almost any other. In common cases there is little occasion to interfere with the ulcerated tonsil by means of any local application; but if the ulceration makes a quick progress, the corrosive sublimate, in the form of a gargle, in the proportion of one grain to six ounces of water, or mucilage of quince seeds, may be advantageously employed. I should recommend the inunction of the stronger mercurial ointment, in preference to any internal form of exhibiting the remedy, because, if the course is interrupted, I have not so much faith in its efficacy; and certainly, in most habits, the bowels are more likely to be deranged by its internal exhibition, whatever care we may take to prevent this effect. I am in general satisfied with causing one drachm of the ointment to be rubbed into the thighs night and morning, for the first few days, diminishing this to one half the quantity as soon as the gums begin to be affected. I have not found, in general, that the cure of this symptom can be effected in less than six weeks; and if in combination with either an eruption of lichen or the small elevated tubercles, it has required a longer space of time: for, until desquamation has taken place in the former instance, or perfect cicatrization in the second, I cannot consider the patient as safe from a relapse. But a much more common affection of the throat is that which is found very commonly with papular eruptions on the shoulders, arms, and body, and which may occasionally occur as a solitary symptom; but I have not often found this to be the case. The tonsils are the parts most usually affected in this form of sore throat; but the appearances are quite distinct from that of the excavated ulcer above described: the tonsils are one or both of them much enlarged, and of a deeper colour than ordinary; the ulcerations, upon inspection, will be found neither large nor deep, but the edges are often irregular and indented, and they seem to be lined, as it were, with coagulable lymph; they sometimes appear like a mere fissure; they are situated generally (I might say always) either at the sides or on the posterior surface of the gland—and in the latter case the edge only is to be seen. In many instances the uvula partakes of the disease; it is enlarged, redder than ordinary, and has a stripe or two of an ash-coloured appearance, looking like a part just touched with the lunar caustic: but this participation of the uvula in the disease is not by any means an universal or even general occurrence in this species of sore throat. I have often found this state of the throat to exist scarcely with any suffering or uneasiness on the part of the patient;

so much so, that, unless the question is asked whether there is not some uneasiness in swallowing, the patient will sometimes forget to mention the symptom; and it has also frequently happened to me, when called upon in the decline of a papular eruption, to discover the cicatrices of these superficial ulcerations on the tonsils, though the patients have declared that they never were aware of suffering any particular sensation in the part. This appearance of the throat is by no means unlike that which sometimes takes place suddenly at the conclusion of a mercurial course, where the patient has been exposed to cold, and it requires some discrimination to distinguish them from each other: for this purpose two or three points may be remarked, which will generally enable you to form a sound judgment of the nature of the complaint. When enlargement and superficial ulceration of the tonsils is the consequence of exposure to weather, or cold taken towards the conclusion of a mercurical course, it is generally a solitary symptom, and is accompanied with a more decided derangement of the general health. It also will be fouud to be traceable to the exhibition of the remedy—that is to say, it will appear a week, ten days, or a fortnight, after the mercury has been left off; and whenever I meet with enlargement and ulceration of the tonsils of the above description coming on within that period, I do not hesitate to pronounce it to be a mercurial affection, and consequently I take care rigidly to withhold the exhibition of that mineral, whatever the fears of the patient or his friends may suggest. On the other hand, when this appearance of sore throat, attended with a papular or pustular eruption, coming on two, three, or more months after the cure of primary symptoms, whether treated by mercury or not, is presented to me, I do not doubt the nature of the affection: I know that a mild alterative course of mercury, in combination with a decoction of sarsaparilla, will speedily effect a cure; and though I believe that mercury is not essentially and absolutely necessary for the cure of this train of symptoms, I am yet convinced, from repeated experience, that mercury both facilitates the cure as well as renders it more permanent; and if it is not employed, though the sore throat may heal for a time, it will recur again and again, and so will the papular eruption; one crop will fade away only to be succeeded by another; and I would fain ask what is the merit, or where is the object, of withholding mercury under such circumstances? is it, when properly exhibited, so universally followed by dangerous or fatal results that we need, in apprehension of remote evils, and evils not necessarily attending its exhibition, devote our patients to months of uneasiness and uncertainty, when five or six weeks of a moderate course of alterative medicine will be sufficient to eradicate the disease effectually?

Another criterion by which you may judge of the syphilitic nature of this train of symptoms I forgot to mention: it is, by examining the spot that has been the seat of the primary affection: you will most usually find some thickened state of the cicatrix, some remnant of enlargement of the inguinal glands, or you will hear that, if mercury has been given for those primary sores, it has been given under no circumstance of caution; that its action upon the system has either not taken place at all or not been attended to; in short, that either the patient has not done justice to himself, or the surgeon has not performed his duty. It often happens, after the healing of these ulcers on the tonsils, that the gland will remain in a state of enlargement for some time, and that it is also easily excited by any deviation from prudence, as far as relates to exposure to weather. This will sometimes make the patient uneasy; and I believe that the habitual use of astringent gargles, of which the tincture of capsicum shall form an ingredient, or the employment of brandy and water for the same purpose, will tend much to restore these parts to a natural condition.

A third very formidable ulceration of the parts within the mouth remains to be mentioned: this generally commences as a small aphthous spot upon the soft palate, surrounded with a deep and erysipelatous kind of inflammation, and proceeds rapidly to involve all the neighbouring parts, until uvula, the palatine arch, and the tonsils, become involved in one mass of slough. In this affection the symptomatic fever is very severe, the pain in swallowing is great even from the commencement, and hot

fluids excite violent uneasiness in passing over the surface; the pulse is frequent and hard, the tongue furred, the thirst intense, and sleep unattainable. This is the most aggravated form of the complaint, and it is often met with much milder in degree; but still the distinctive characters of constitutional disturbance, of deep coloured inflammation, of great local pain, will sufficiently characterize and discriminate it from either of the sore throats before described. In the few cases of this kind which have fallen to my lot to treat, I have twice distinctly traced the symptoms to virulent gonorrhœa; though it is generally the consequence of the small aphthous sore, and is connected, I believe, with a peculiar habit of body in the person who is the subject of the attack. It requires prompt and vigorous treatment; for sloughing (the result of high inflammatory action) proceeds so fast that if the thin bones of the palate or nose become affected by the contiguity of the disease, whatever course may be afterwards pursued, exfoliation, and consequently some degree of deformity, can hardly be prevented. The efficient means of safety in these cases is the vigorous employment of antiphlogistic measures: blood must be taken from the system generally, or by large quantities of leeches from the external fauces; the patient must be freely purged, and the tartarized antimony exhibited so as to produce and sustain a state of nausea. As a local application to the throat, I have found inhaling the steam of hot vinegar and water one of the most powerful remedies; though a gargle of the acetate of lead, in the proportion of a scruple to half a pint of water, taking care that it be not swallowed, will also, in many instances, be of material service. The extent to which these means must be carried will, of course, depend upon the violence of the symptoms: but I can with confidence assert that the result of this line of practice will be most satisfactory; the pain, in the course of two or three days, will subside, the tumefaction and redness of the throat vanish rapidly, and the ulceration casting off its slough assume a healthy aspect; the pulse becomes calm, and the appetite revives. Now, in this state, there is no doubt but that the throat may be cured without the exhibition of one particle of mercury; but I cannot advise you to permit this, or to suppose that this will be the positive termination of the malady, for too often it is only smothered, and, after the lapse of a few months, will become re-established upon the very spot where it originally appeared; and will thus continue to get well and break out again until bone becomes implicated in the disease, and then, whatever mode of cure you adopt, the bone must come away; and you may be blamed, and justly blamed, for having neglected to adopt that only safe line of conduct which will ensure your patient from the renewed visitations of the malady. When, therefore, the parts are healing, and the system is perfectly tranquillized, have recourse to mercury, in the form of the compound calomel pill, every night, with a pint of the decoction of sarsaparilla in the day; and in proportion as you find the remedy agrees with the constitution, which it will in all probability now do, increase the quantity of mercury, keep up an affection of the mouth for six or eight weeks, let the course be finished by mercurial inunction, and do not permit your patient to stir from his house, unless this process is going on at a season of the year, or under other circumstances, that will not forbid gentle exercise. I am so sure that the above plan is the only secure one for your patient, that I do not hesitare strongly to recommend it to your consideration. You will, I am sorry to say, find very different doctrines in some other publications, but there is nothing that I am more thoroughly convinced of than the propriety of the directions I have given above.

The unfortunate objects which are occasionally met with, more especially in the humble ranks of life, where the palatine bones, or the vomer, or the nasal bones, are destroyed, will in general, if closely examined into, prove to have been the consequences of this kind of ulceration, in which mercury has been rashly and injudiciously given in the inflammatory condition of the sore, or where mercurial irritation has been produced originally, and the remedy has continued to be pushed in increased doses, in spite of the obvious aggravation of the symptoms: and here I must call to your recollection that, in treating ulcers of the palate and affections of the nose, that it will be peculiarly incumbent upon you to dis-

criminate those which are the result of the syphilitic poison from strumous œzena, a complaint described accurately by Celsus, and which is, though not a very common occurrence, capable of being rendered much worse by the exhibition of mercury. Independently, then, of the history of the case, the strumous œzena will be found to be situated in the anterior nostrils, accompanied with a purulent discharge, at first without fœtor, and not in conjunction with any other form of syphilis, or any other symptom of disease. The strumous habit of the patient, his having been previously subject to other scrofulous symptoms, will contribute to render the diagnosis more certain. You will occasionally meet with a sore throat answering very much to the sloughing ulcer above described, but occurring in those broken-down constitutions where disease, poverty, and intemperance, have produced their most lamentable train of consequences: such cases are most commonly seen only in public institutions, for among the better classes these miserable instances are seldom met with. Here, however, the state of the pulse, the cadaverous and wan aspect of the patient, will shew you at once, that even though there is some local pain in the throat, the depletory measures advocated in the former instance are wholly inapplicable. Here, the free internal exhibition of opium, conjoined with bark or nitrous acid, with sarsaparilla, will be found the most efficacious remedies: and if it be desirable to arrest the progress of the sloughing immediately, the fumigation of the parts with half a drachm, or a drachm, of the red sulphuret of mercury, will answer that intention in a very short time. When a check is put to the progress of the disease, there is no occasion, I think, to pursue the process of fumigation; and the administration of the compound decoction of sarsaparilla, to the extent of a pint, or a pint and a half in the day, will usually restore the patient to a vigorous state of general health. Where economy is an object with the patient, an excellent diet drink may be made by dissolving the extract of sarsaparilla in milk, in the proportion of half an ounce to a pint: in these cachectic and broken-down habits this preparation is at once food and medicine. The inhalation of the steams of an infusion of the hemlock leaves has been sometimes recommended in this condition of the parts; and it has been often found of advantage, particularly when there is much accompanying pain. Ulcerations of the larynx, or the neighbouring parts, are not met with merely as secondary syphilitic symptoms, and are extremely rare under any circumstances; but when they occur, are the consequences of the spreading of the disease from the back of the fauces and the palatine arch. When the epiglottis, but especially when the larynx is the seat of ulceration, the symptoms are truly distressing; and if the cartilages become included in the disease, death is the only result to be expected. The symptoms of this affection are, loss of voice, great pain in inspiration, a sense of suffocation, great restlessness, and general irritation; sometimes the edge of the ulcerated surface is visible at the back of the fauces; although, should that not be the case, the above-mentioned symptoms, in conjunction with the previous history, will lead you at once to a knowledge of the disease. I am inclined to lay much stress upon the employment of local bleeding by leeches and blistering in this affection; although it may be very true that the sense of suffocation produced by this symptom arises more especially from a spasmodic action of the muscles of the glottis, produced from the neighbouring ulcers. This gives rise to the appearance of great debility in the patient, by the inefficient supply of arterial blood, or rather, by the blood not being properly decarbonized, from the impossibility of making a full inspiration. Now, although the abstraction of blood in these cases is necessary, on account of the inflamed condition of the ulcers, still I am aware that other measures may be resorted to with a prospect of affording, if not more efficient, at least more immediate relief. Such is the inhaling the fumigations of the red sulphuret of mercury, or the vapour of an infusion of conium or opium, or vinegar and water: the latter forms of prescription are, indeed, greatly to be preferred to the mercurial fumigation when the inflammatory action runs high. When the symptoms, by the adoption of these means, become mitigated, the cure will be completed by the employment of sarsaparilla, conjoined with the Plummer's pill, given in alternate doses; but it is not unusual to find this formidable dis-

ease baffling all our efforts, and the patient falling a victim apparently to pulmonary symptoms, and dying hectic.

[To be continued.]

VACCINATION.

To the Editor of the London Medical Gazette.

Sir,

The subject of vaccination is one of such vital importance to the community, as to render every practical suggestion worthy of attentive consideration. The investigations of Professor Miller, of Washington College, Baltimore, relative to the vaccine and variolous cicatrices, materially involve the question of permanent security, and therefore demand a very careful scrutiny, and an appeal to a more extended sphere of observation*.

Dr. Miller professes to have ascertained—

1st. That the vaccine cicatrix, and that produced after variolous inoculation, have peculiar and distinctive characters; the *vaccine* cicatrix having within its circumference several little pits or depressions, while the *variolous* cicatrix is marked with *sulci* or grooves, disposed in a distinctly radiated form.

2d. That in some individuals these characteristic marks become less evident as life advances, and are at length totally obliterated, the period of obliteration varying from 5 to 7, 8, 9, or even 30 years.

3d. That while the vaccine cicatrix retains every one distinct *fovea* or depression, the individual continues unsusceptible both of small pox and of re-vaccination; but that should *all* the foveæ become effaced, the system will be found susceptible of either. The same may be said of the radiated *sulci* of the variolous cicatrix.

The above results of the Professor's investigations obviously suggest two or three specific inquiries:—

1st. Does the vaccine cicatrix *usually* become less distinct as life advances? Especially, do the little *foveæ*, upon which Dr. Miller so much relies, *uniformly* become more superficial as the distance of time increases, or is the obliteration only an *occasional* occurrence?

2d. In the cases of small pox after perfect vaccination, has there uniformly been a previous obliteration of these foveæ?

3d. Are the individuals in whom this obliteration takes place always susceptible of re-vaccination?

4th. Can any instances be adduced in which, after perfect vaccination, persons have been much and repeatedly exposed to small pox contagion, to small pox inoculation, or to re-vaccination, but without effect, although the vaccine cicatrix had previously *lost* the alleged distinctive marks of security?

Should Dr. Miller's conclusions be confirmed by further and more extended observation, two very important results would be obtained. The state of the cicatrix would then be recognised as the criterion of security, and whenever such a test of security ceases to exist, the necessity of submitting to re-vaccination would be obvious and indisputable.

I am, Sir,
Yours, &c.
Thos. H. Burder, M.D.

Brunswick-square, Dec. 3, 1828.

* It may be proper to mention that Dr. Miller's communication was made in a letter to his friend (an American clergyman then staying in London), with a request that he would show it to any Physicians here to whom he might be introduced. From that letter I made an extract, the substance of which was submitted a few weeks ago to the Westminster Medical Society.

PRESERVATION OF ANATOMICAL PREPARATIONS.

To the Editors of the London Medical Gazette.

Gentlemen,

I have ever considered it one of the greatest desiderata to the Museum of "Morbid Anatomy," the preservation of those appearances of diseased parts of the human body which they possessed when removed from their natural situations; for it is impossible the ablest pathologist can otherwise estimate the degree of variation from health: and to the student it is a perfect enigma to be told that such a part was highly inflamed, and such a preparation was greatly congested with blood, when he is shewn one of the bloodless, pale, nay almost white portions of the body, suspended

in spirits for its demonstration. Injections, too, are inadequate to their exemplification, and principally useful for anatomical purposes only.

I have endeavoured to supply this desideratum, and, I think, have in a great measure succeeded. In the endeavour, I have depended solely on actual experiments; and the result, as far as I have gone, should you consider the subject of as much importance as I do, you will give a place to in your Gazette as early as convenient. I must premise that it yet wants the experience of years to enable me to say the colours (at present retained in the preparation by its use) will stand the test of time, although I have many reasons to believe they will. I must also observe that the solution will not preserve the colours of diseased livers; the result, however, of my inquiries on that viscus I shall willingly forward to your Gazette; and shall be glad if, while I prosecute the pursuit, this should call the attention of others to this important subject.

It is foreign to my intention to discuss the comparative merits of saline or other solutions, in the preservation of morbid parts: meaning to confine myself to the consideration of that which I have found most successful, I shall proceed to detail the best manner that I am acquainted with for its employment.

Having removed the diseased part from the body, it should be as little handled or dissected as possible, especially when the effects of inflammation, congestion, &c. are to be preserved, as the blood may be pressed from, or disturbed in, the minute vessels. Let the blood which may have escaped from cut vessels, be gently washed off from the surface by a solution of the *muriate of ammonia*, or be absorbed by a soft sponge, lightly applied. The part should then be wrapped with care in old linen, and be so immersed in *one part of a saturated solution of the muriate of ammonia*, (sal-ammonia of commerce,) *and two of rectified spirit of wine*. After two or three days the linen may be removed, and the part restored to the fluid.

Should the preparation be large, or, from the nature of the disease, contain a large quantity of aqueous fluid, then an additional portion of the muriate of ammonia in powder should be added, to meet the excess of aqueous menstruum.

The time necessary for maceration will mainly depend upon the size of the part to be preserved; but, generally, from ten to fifteen days will be found to be sufficient, although nothing can be lost by an extension of that time. Being taken from the macerating fluid, it should be again washed in a solution of the muriate of ammonia, then dissected as much as requisite, and be "put up" at once, *in equal quantities of a saturated solution of the above salt in distilled water and rectified spirit of wine*. I should observe that, in these proportions, the part is somewhat corrugated, which is not the case if *one third* of the saline solution be used with two of the spirit; yet, in the former quantities, I have some reason to think the appearances of disease may be more securely preserved.

It is remarkable the little colour imparted to the fluid, by morbid parts macerated in it, and also the singularly small quantity of the preparation which is precipitated during the process of maceration—greatly less than when highly rectified spirit only is employed, and which very considerably destroys or removes the redness of vascularity. It would seem that this solution has the property of fixing the blood in the extreme ramifications, without constringing the vessels themselves; while rectified spirit corrugating the delicate membranes of the minutest vessels, repels their contents into the larger, the thicker coats of which are less easily acted on; and thus reduces the appearances of inflammation, &c.

My sole object in publishing this so early being the wish to have preserved as much as possible, in the various collections, the effects of diseased action on the human frame, I claim to be excused, although that perfection which eventually others or I may attain in the art may not yet have been arrived at.

I have the honour to be
Your obedient servant,
JOHN S. GASKOIN.

32, Clarges-Street, 21st Nov. 1828.

CARIES OF THE JAW.

To the Editor of the London Medical Gazette.

SIR,

THE liberality and zeal with which you endeavour to promote medical science, and to correct such errors as must be

injurious to practice, induce me to request the insertion of the following remarks in your excellent Journal.

In the Medical Gazette, No. 52, p. 831, I observe a case (copied from the "Journ. von Graefe,") entitled "Caries of the maxillary bone and reproduction of the teeth."

This case, like many others that might be stated, is one of the most striking proofs of the principles which I have attempted to establish in my "Essay on the Diseases of the Jaws, and their Treatment," &c.: but while its facts in every respect prove the importance of the practice I have recommended, and in particular that amputation of a part or the whole of the jaw is by no means proper or necessary in such diseases, the logical and practical deductions which have been drawn from the case are entirely at variance with good judgment and truth; and as, in the present state of dental surgery, even the medical reader must be misled by such erroneous statements and conclusions, I would beg to offer the following observations.

Dr. Krimer has designated the case as "Caries of the maxillary bone and reproduction of the teeth." Now the fact is, that there was no reproduction of the teeth at all, but great reproduction of osseous structure of the maxillary bone, followed by the protrusion of the permanent teeth, which had been formed from six to eight years previously; for, at the age of eleven years, every tooth (the dentes sapientiæ excepted) is perfectly formed in the interior of the jaw.

Dr. K. says further, that he "declined any operation, and left the case to nature, limiting himself to the removal of the teeth and some incisions to facilitate the escape of pus," &c. Surely these are contradictions which I should hardly have expected from the doctor when I view his judicious treatment. Did he not remove a considerable number of temporary teeth? and probably also some of the permanent set, which were carious, and all of which, in the first instance, had produced inflammation and mortification of the surrounding structures, and were subsequently preventing the exfoliation and absorption of the parts, the destruction of which had been previously occasioned by their irritation? Did he not assist the process of exfoliation by giving proper facility to the escape of pus, &c.? Did he not, by this treatment, excite the most rapid exfoliation of all the dead osseous structures, so that, in the course of two months, not less than seventy-two pieces of bone came away? Was it not by this treatment that the disease was perfectly cured? Was not even the whole mouth restored to such perfect health that the recovered parts, after the short period of eight months, were again capable of performing the natural functions of protruding the permanent teeth, a process of nature which had been retarded, and perhaps almost suspended, during the morbid state of the affected parts? And, lastly, did he not assist the penetration of these permanent teeth through the gums, when obstructed by the reproduced bony structure?

I would beg to inquire what has been omitted in the above treatment, or what could have been added to it, without injury or aggravation to the case? Indeed, if the practice adopted was merely leaving "the case to nature," nothing short of actual amputation of the jaw could have been deemed deserving of the name of treatment. In short, it appears to me that the doctor has not done himself justice, as his treatment was most judicious; for he effected every thing which the case required, without having aggravated the disease either by unnecessary operations or by any omission of proper treatment.

The doctor concludes this case with the following remark:—"This is a curious physiological fact, for it is extremely rare to see the teeth developed in a jaw which has been almost entirely destroyed, and after the period of life at which the eruption of teeth takes place." This deduction is erroneous. The disease could not have interfered with the development of the permanent teeth, unless it had been of a very long standing, for they had been almost perfectly formed some years previous to their penetrating the gums. Nor is the age of eleven an unusual period at which the permanent cuspidati and some of the small and large molares are protruded. I remain, Mr. Editor,

Your most obedient servant,

LEONARD KOECKER.

29, Old Burlington Street, Nov. 28.

PERFORATION OF THE DUODENUM,

With discharge of the contents of the Stomach, between the 7th and 8th Ribs.

By Dr. Streeton.

M. A. W. aged 39, a widow, residing in Carden-street, Worcester, was admitted a patient of the Worcester Dispensary, March 6th, 1828. At the time of admission, she complained of great pain in the epigastrium and right hypochondrium, aggravated by pressure; the pulse was quick; the bowels irregular; and the stools dark-coloured; the tongue furred. She had also cough, with muco-purulent expectoration, and hurried breathing. There was a hard painful tumor under the right scapula. The catamenia were irregular, and she was much emaciated.

She is reported to have enjoyed pretty good health till about four years ago, when she was attacked with severe pain in the right side, shooting through to the shoulder; for which she was bled and had leeches to the side, and took purgative medicines with partial relief. A short time afterwards, in January 1825, she became a patient at the dispensary; and was then repeatedly bled, leeched, and blistered, for the pain of the side; which, however, continued with variable severity during five months; at the end of which period she was discharged, considerably relieved, but has never been quite well since.

In March last she again became a patient of the dispensary, with similar symptoms. At the commencement of the month, a few days before her admission, a small tumor was first perceived immediately below the right scapula, which increased in size, at first gradually, but afterwards more rapidly, till it formed a swelling about the size of an orange. Leeches were applied to the tumor, and afterwards a poultice. In the course of a few days it broke, and discharged a large quantity of purulent matter, occasionally bloody and fœtid. The strength was supported by nourishing diet and port wine, while anodynes were given to procure sleep and allay pain. She took also the sulphate of quinine. Under this treatment an evident improvement took place, and she appeared to gain strength; the acute pain was relieved, but the side, she said, felt as if raw internally. The wound was dressed with simple cerate and bandages, and on the 10th of June the discharge had nearly ceased.

On the 16th of June a small painful swelling appeared beneath the skin, situated between the 7th and 8th ribs, about an inch and a half anterior to the angle of the ribs. This gradually increased in size till the evening of the 26th. The skin then gave way, and a large quantity of very offensive dark-coloured bloody matter was discharged. Matter and congealed blood, of a very fœtid smell, continued to come away at intervals till the 1st of July; since which period the discharge has been in greater quantity, thinner, and, it is reported, of the same nature as the food which she has taken.

On the 4th of July (the day on which I first saw her) she had considerable pain in the right side, and soreness between the two orifices. The appetite was pretty good; the tongue clean and moist; and the bowels regular. She had, at times, alternations of heat and chilliness, with perspirations, especially during sleep. The pulse was 120, and feeble. She was exceedingly emaciated, and appeared very weak. The cough was very troublesome. On the following morning a cup of coffee was given her, and almost immediately after a quantity of fluid came from the orifice below the mamma. This was caught in a clean cup; it was clear, of a light brown colour, and had a decided smell of coffee. There was no uneasiness whatever in the left hypochondrium, but she said she felt occasionally as if the drink which she took went towards the back, and up to the right axilla. None has been observed to escape from the wound below the scapula.

On the 26th Dr. Hastings saw her with me. The emaciation and debility were then extreme; the pulse was quick and feeble; the appetite had failed; the bowels were rather costive; the cough was extremely troublesome. She took a little water at the visit, which almost immediately came out at the wound; it had a sour smell. Some milk and water was then given her; this was passed through the external orifice five minutes after it had been taken, perfectly curdled. The abdominal muscles were thrown into action previous to the passage of the milk. She died in the course of the night.

Sectio Cadaveris, 16 *hours after death*.—Body reduced to the extreme of emaciation. Between the 7th and 8th ribs, about an inch and a half from the angle, were two openings; the larger about an inch in length, the smaller large enough to admit a horse bean. The wound looked dark and sloughy. The lower edge of the 7th, and the upper edge of the 8th ribs, were carious, for about an inch in the site of the wound.

Abdomen.—The left lobe of the liver was greatly enlarged, and of a pale colour, extending across the epigastrium into the left hypochondrium, and displacing the stomach. The right lobe was of a globular, ovoid shape, about the size of a large heart; its inferior edge was tumid and rounded. It was closely applied to the left lobe, and at the superior and anterior part firmly connected with the cartilages of the 7th and 8th ribs by a strong fibro-cartilaginous structure, in some places upwards of a quarter of an inch in thickness.

The stomach was displaced by the enlarged liver, the larger curvature being situated a little below the umbilicus, and the smaller curvature being applied to, and lying under the thin convex edge of the left lobe. The cardiac and pyloric portions were elongated and narrowed by the stretching arising from the displacement and depression of the central parts. The pyloric portion of the stomach ascended from the great curvature below the umbilicus, merging beneath the edge of the left lobe of the liver, and then passing between the right and left lobes, by which it was strongly compressed, was attached at and around the pylorus, upon the upper or convex surface of the liver, and in close and intimate connexion with the cartilages of the eighth and ninth ribs. Immediately beyond the pyloric orifice, the duodenum curved downwards from this point of attachment, and passed between the right and left lobes of the liver, through the same channel, and behind the ascending or pyloric portion of the stomach. Beyond this point the duodenum was much contracted, and contained a small quantity of yellow mucus. Exactly at the point where the curve of the duodenum occurred, there was an opening in its coats, which was about two inches and a half from the external orifice, and communicated with it, by a channel running obliquely upwards and outwards. This channel proceeded along the inner surface of the cartilages of the eighth and ninth ribs, crossing the intercostal space, and was then continued along the body of the seventh rib, where it terminated in a deep groove in the lower edge of this rib, just before it unites with its cartilage. The channel was formed anteriorly, by a superficial excavation, or rather smooth depression in the thickened cellular structure, lining the cartilages of the ribs; its posterior surface was formed by the tough fibro-cartilaginous substance, which connected the liver with the inner surface of the ribs.

The mucous membrane of the stomach was perfectly healthy.

Below the stomach was situated the arch of the colon, with the omentum lying across the small intestines, midway between the umbilicus and the pubes.

Thorax.—There were strong adhesions between the pleura pulmonalis and costalis, on the right side of the chest. Between the seventh and eighth ribs, immediately below the right scapula, was a communication between the cavity of the thorax and the exterior of the body: and the eighth rib, at this part, was found to be carious. This was the site of the wound in the back, mentioned in the account of the case. There was no appearance of disease on the surface of the pleura pulmonalis, corresponding with this opening. The right lung, at its inferior part, was resting upon, and inseparably connected with, the superior edge of the right lobe of the liver, through the medium of fibro-cartilaginous substance; all traces of the diaphragm in this part being lost. Both lungs were extensively diseased, containing small, firm, white tubercles; some of them advancing to the suppurative stage. The head was not examined.

Midland Reporter, Nov. 1823.

PASSAGE OF WORMS THROUGH THE ABDOMINAL PARIETES.

To the Editor of the London Medical Gazette.

Sir,

Should you deem the following case sufficiently interesting to deserve a place

in your most useful Gazette, I shall feel obliged by your giving it a place.

I am, Sir,
Your obedient humble servant,
WILLIAM DIX.

Long Buckby, Nov. 14th, 1828.

Sarah Buntin, aged eleven years, swallowed a pin, which, after a lapse of some weeks, made its way through the abdomen, at the point about half way between the umbilicus and the crest of the ilium. The child laboured under no further inconvenience than the external ulceration occasioned by the exit of the pin; but that part of the case which more particularly claims our attention, and which is certainly a singular fact, is that, through the ulcerated aperture produced by the pin have escaped, at intervals of a week, and sometimes a fortnight, eight worms (Teres), some five inches in length, and alive. The patient's health is good. There is considerable circumscribed hardness round the aperture, which is covered with a scab.

REGULATIONS OF THE APOTHECARIES AS AFFECTING GRADUATES IN MEDICINE.

To the Editor of the London Medical Gazette.

SIR,

As your Gazette has been the medium of communication between the profession at large and the Company of Apothecaries, might I venture, through its channel, to ask one question with respect to the bearing of the new regulations on the Edinburgh M.D.

Are graduates of that University to be compelled to undergo an examination at Apothecaries' Hall, before they can become qualified to practise legally as general practitioners in England and Wales?

The intention with which the original charter was granted being explicitly to ensure a due knowledge of chemistry, pharmacy, and materia medica, and to fill up that hiatus in medical education which is often so apparent in the mere London student—reading for anatomical and surgical examination alone—such having been the sole grounds of the grant, I conceive its power should not extend beyond the suspected regions of chemical and pharmaceutical ignorance, or its right of search-warranty encroach upon the higher jurisdiction of an Edinburgh Senatus. The object is already attained, the competence of the candidate in all the requisitions of the Apothecaries' Company already secured, and the public health effectually preserved from jeopardy or professional incapacity.

The efficiency of the ordeal to which an Edinburgh student is subjected in the above mentioned departments is, I presume, not to be questioned; or its decision to be set aside by what, with all due deference, I may call a lower court. Why then should the graduate be necessitated (as he now is) to sink his "gradus doctoris," together "summisque in medicinâ honoribus ac privilegiis," and bow before an inferior tribunal, to get those well accredited testimonials ratified?

Is it not a vain or needless work of supererogation, as inconsistent with the spirit of the Company's charter as it is derogatory to the honour of the senatus?

The candid and reasonable manner in which Mr. Watson has noticed the many appeals to him, and the satisfactory answers he has communicated in reply, encourages me to hope that he will favour you with some information as to the intentions of the Hall on this point.

M. D.

Richmond, Nov. 28.

[The question has already been decided. The Apothecaries do require all doctors in medicine, of whatever University, who may practise pharmacy, to take out their licence. Should any change in this respect take place (which, however, we do not think likely) we shall not fail to mention it.—ED. G.]

AN IMPROMPTU.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IN a late Number of the Gazette your correspondent who has commented on the cure of consumption alludes to

Dr. Duncan's division of the disease into three distinct species. This mention of the venerable professor, and this allusion to the triple form of the disease, recals to my memory an *impromptu* of an excellent fellow, who was a deserved favourite of many of the medical students of Edinburgh, of the years 1805, 6, and 7, and who afterwards settled as a physician at Halifax, where he soon fell a victim to fever.

Many men fall unconsciously into a habit of using, on all occasions, certain words or phrases—and such was the case with our ancient friend Andrew, who never gave the prognostic portion of a clinical lecture without much reiteration of—"*the probability is,*" "*and likewise the presumption.*"

Coming one evening from the doctor's lecture on consumption, the following impromptu escaped from my lamented friend:—

While Andrew is lecturing on triple consumption,
"*The probability is, and likewise the presumption,*"
That his lecture affords an instance sublime,
Of consumption of lungs and consumption of time.

The insertion of these lines in the Gazette will recal to the memory of many an excellent young man, who frequently amused them by his wit, and informed them by his conversation.

I am, Gentlemen,
A STUDENT OF 1805 AND 6.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Practical Treatise on Parturition, comprising the attendant circumstances and Diseases of the Pregnant and Puerperal states. By SAMUEL ASHWELL. 8vo 1828.

THE author of this work professes his design in its composition to have been to steer a middle course between the large comprehensive systems of midwifery, and the mere manuals and outlines upon the obstetric art; and while he retained the useful results of ancient research, to simplify and improve them by an association with the more certain and correct practices of modern times.

The title of the work led us to expect a practical treatise, containing the results of the author's personal observations on the varieties and treatment of human parturition; but instead of this, he has embraced every subject in midwifery, and has in every page quoted, with or without acknowledgment, the opinions of others, while he has drawn little or nothing from his own resources. As far as paper, printing, and engravings go, it is a handsome volume; but in point of originality and research, it is lamentably defective throughout, and will completely fail in the great object for which every work of this kind should be undertaken,—viz. the diffusion of practical knowledge among the members of the profession at large.

In the history of midwifery, which forms the introduction to the work, the author has dwelt at considerable length on the uninteresting details of its early periods, while he has passed in almost total silence the important circumstances which have mainly contributed to raise it to its present rank as a branch of medical science.

The anatomical and physiological details relative to the pelvis and uterine system, present nothing interesting; and the same observation applies to the portion of the work devoted to the consideration of human labour, and the occurrences of the puerperal state.

We shall not attempt an analysis of a work comprehending such a vast variety of topics, nor offer any extended criticism of the opinions delivered by the author, as in general they are those of the standard writers on midwifery in this country, and must be familiar to every one who has made even the smallest progress in the study.

There are, however, two subjects relating to difficult and instrumental labours on which the author has offered some observations which appear to us of a dangerous practical tendency, and which we shall, therefore, briefly notice. The first refers to the use of the long forceps, where the head has not entered the brim of the pelvis. Respecting the long forceps, he has stated, at p. 368, "This instrument we consider extreme-

ly valuable, and although capable of great and dangerous abuse where the power it bestows is ignorantly employed, we think it will ultimately entirely supersede the short forceps, and, to a great extent, the lever."—And at p. 371, "The long forceps is peculiarly applicable to those deformities of the brim of the pelvis which are produced by contraction of its antero-posterior diameter. In these cases the deficiency of space, although oftentimes inconsiderable, may yet oppose insurmountable obstacles to natural labour, and but for the timely assistance which may be afforded by this instrument, the life of the child will almost certainly be sacrificed."

Again, at p. 373, he observes, "Some practitioners prefer this instrument with a curvature, by which the handles are thrown forward, and the perineum perhaps rendered more secure. We do not think this a matter of importance, as, after all, the protection of the perineum will mainly depend on the address and gentleness of the accoucheur."

The latter part of the preceding passage is, in our opinion, so fraught with error, that we can only suppose it to have escaped the author's notice by some inadvertence. We deny the possibility of applying a pair of long straight forceps over the face and occiput of a child above the brim of the pelvis, and extracting it, without inflicting irreparable injury upon the structures of the mother. Had the author duly considered the great danger of the long forceps employed in the most dexterous manner, and in the most favourable circumstances, as stated by Smellie, their inventor, we are convinced that he would have expressed himself in more guarded language on this subject than he has done.

In the directions given by the author respecting the manner of using the perforator in cases of deformed pelvis, we conceive also that he has recommended a most dangerous practice. He observes, p. 400, "The perforator must be cautiously introduced into the vagina, directed by the hand of the accoucheur; its points must be carefully guarded till they press against the cranium of the child, which they must be made to perforate, till they are pushed on as far as the rests; they must then be opened fully, carefully reshut, half turned, and again widely opened, so as to make a sufficient aperture in the cranium; they must afterwards be pushed beyond the rests, opened diagonally again and again, in such a manner as *to tear and break* to pieces the bones of the cranium; they must then be shut with great care, and withdrawn along the hand."

To "tear and break to pieces" the bones of the skull with the perforator is a novel proposal, and we should like to have been informed how often the author had really succeeded in the attempt.

There is an appendix to the work, consisting of fifty closely-printed pages, which is acknowledged to be "in some measure" extracted from a small volume of Dr. Blundell's, on Abdominal Surgery and Transfusion.

The work is ornamented with twelve engravings from Smellie's plates, the last nine of which have been taken from the original, without any proper acknowledgment, that we have been able to discover.

Dr. Blundell on Transfusion.

The work of Mr. Ashwell has appended to it Dr. Blundell's papers "On the Surgery of the Abdomen," and "Some Remarks on the Operation of Transfusion." The former relates chiefly to extirpation of the uterus and ovaries, a subject on which we have frequently had occasion to express our opinion, while we have made our readers acquainted with the various cases as they occurred. We shall now, therefore, confine ourselves to a *digest* of the most important parts of the second paper, giving the matter as nearly in the author's words as may be consistent with the necessary condensation.

Of the kinds of Blood proper for the operation of Transfusion when performed on the human body.

When the blood of one genus of animals is added, in small quantities, to that of another genus by transfusion, we have reason to believe that no dangerous consequences will ensue. Now, if further experiments should confirm this principle, we may hope to find that the blood of animals may be safely thrown into the human vessels in small quantities daily, for the purposes of nourishment.

Although, however, the blood of one genus of animals may, perhaps, without fatal consequences, be sparingly mixed with large quantities of the blood of another genus, all the facts which have come to Dr. Blundell's knowledge go to prove that if an animal be drained of the blood in its larger vessels, and replenished with blood derived indifferently from another genus, great danger, and in general death itself, will ensue.

Provided the blood be derived from an animal of the same species with that which receives it, it seems to matter but little whether it be arterial or venous. To ascertain this and other points, Dr. B. performed various experiments, from which he concludes—

1st. That in transfusion venous blood may be successfully used, although, perhaps, arterial blood is preferable.

2dly. That an animal may be saved from the death of hemorrhagy by the transfusion of a much smaller quantity of blood than that which it has lost.

3dly. That the blood of one genus of animals cannot be indifferently substituted, in large quantities, with impunity, for that of another genus; and, therefore, that if an operation be performed upon the human body, human blood only should be employed, until some other blood be found which is equally congenial to the vessels.

In performing transfusion there can be no doubt that blood ought to be transmitted by the tubule merely, when this method is practicable; but as we should probably meet with obstructions in operating in this way on the human body, Dr. Blundell made experiments with a view of ascertaining whether blood may not be propelled by a syringe, without becoming unfit for the purposes of life.

The following are the inferences drawn:—

1st. That blood, although it have passed through the syringe, and repeatedly, is still capable of supporting the life and health of the body.

2dly. That although blood which has passed the syringe retain its fitness for the animal purpose, it probably becomes deteriorated by this operation, especially if it lie for a few seconds out of the vessels, and be slightly inspissated in consequence.

3dly. That the deteriorated blood, after it has been thrown into the vessels, undergoes a sanative process, by which it again becomes thoroughly congenial to the functions of the animal; for most of the dogs on which experiments were performed, though languid for some two or three days subsequently to the operation, became very lively and well a few days afterwards.

The mode of transfusion from the arteries of one man to the veins of another is next spoken of; but it is so very seldom that such an operation can be practised, that we omit the details as superfluous, and proceed to

The Transfusion of Venous Blood by means of the Impellor.

In operating with this instrument, the vice of the apparatus is to be very firmly screwed into the back of a chair, at its outside. By means of the stem which projects from its apex, the cup is to be fixed erect in the gripe of the vice, and the large outer cup, containing the impelling part of the instrument, is to be filled with tepid (96°) water, so that the whole of this part of the apparatus, inclusive of the syringe, may be covered in completely by the water. The apparatus being thus far prepared, the inner cup is to be put on, care being taken to fit the tube which projects below from the apex of this inner cup, to the corresponding tube which springs up from the cylinder with which the syringe is connected, and which lies in the bottom of the larger cup; because, if the exact apposition of one tube to the other be neglected, a difficulty may needlessly arise in putting the inner cup into its place, in consequence of the two tubes interfering in an obstructive manner with each other. Some water is then to be poured into the inner cup and pumped briskly through the instrument, so that the air may be expelled thoroughly, the water taking its place; and the extremity of the flexible tube which springs from the instrument is, towards the end of the operation, to be bent down into water contained in a tumbler, the pumping being continued, and this with a view of ascertaining, by the appearance of bubbles, whether there be any fissure at which air enters. The apparatus being thus prepared, the operator with his lancet may lay bare a vein on the fore-arm of the patient, to the extent of an inch at least, taking care to cut down completely through the cellular web, and then make a longitudinal incision at least a line in length, and large enough to allow of the

ready entrance of the venous tubule to be introduced to the extent of two or three lines thoroughly, but with the utmost gentleness, with its extremity towards the heart. A ligature should not be used. The tubule should be retained in its place by the finger of the assistant who holds the arm. The orifice of the tubule should not have a cutting edge.

After the apparatus has been fitted together, the person who is to supply the blood takes his seat on the chair, his arm is opened by the lancet as in ordinary venesection, and the blood, instead of being received into a basin in the usual manner, is directed into the cup of the transfusing instrument, and by the play of the syringe impelled direct into the vein of the patient, without being suffered at any time to accumulate largely in the apex of the cup. As the object of the syringe is merely to give impulse, it ought not to be worked by long strokes, but by a short and sharp movement, care being taken that the plug be every time pushed home, so as to bear down upon the nozzle plate, and prevent any accumulation in the barrel of the instrument.

For supplying blood, men are preferable to women, as they bleed more freely and are less liable to faint. If blood can be procured from the arms of two persons at once, it would sometimes perhaps be desirable. Stimuli sufficient to exhilarate and rouse the circulation may be advantageously given to those who are to furnish the blood before the operation is begun.

The minute dexterity required in managing this instrument may be easily acquired by any person who will accustom himself to pump blood, or even water, through it; and those who are frequently performing the operation of venesection must have many opportunities of doing this. Laundy, of St. Thomas's-Street, Southwark, now manufactures these instruments.

Of Transfusion by the Syringe.

Should it be found hereafter, by numerous decisive experiments, that human blood may lie in the cup for several seconds, without becoming thereby unfit for the vital purposes, there is yet another mode in which transfusion may be accomplished. In this method of operating a good syringe is required, capable of containing two or three ounces, and furnished with a pipe for the vein (like that used in the former instrument), about two inches long, and made to fit by plugging, and a semi-rotatory movement, into the nozzle of the syringe.

The blood is to be drawn into a conical vessel (for example a tumbler), and while flowing into this vessel, held by an assistant, it is to be absorbed into the syringe. When charged, the syringe is to be held with its tubular nozzle upwards, and the piston is to be pushed slowly onward till the blood begins to issue, in order that the air, which, from its greater specific levity, will rise to the upper part of the instrument, may be thoroughly expelled. The syringe, together with the tubule springing from it, now charged with blood only, is to be slid into the vein of the patient, properly laid open for the purpose, and without delay or hurry the blood is to be injected in an equable stream; the operation being repeated as often as the quantity of the blood to be injected may require: the syringe being of a known capacity will measure the blood.

We have given these details that any of our readers may be able to set about the operation methodically, should they have occasion to practise it. The extent to which it is capable of preserving human life we regard as still *sub-judice*; but some very interesting cases have already been published, particularly by Mr. Waller, to whom, as well as to Dr. Blundell, the profession is indebted for the zeal they have displayed in this branch of obstetric surgery.

MEDICAL GAZETTE*.

Saturday, December 13, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

COOPER *v.* WAKLEY.

BEFORE the present number shall have been published, the fate of this cause will be decided. What the result would

* For some errata in our preceding leading article see last page.

be, if the jury were to consist of men capable of appreciating fully all the circumstances of the case, it is not difficult to determine; what the result may be, as juries are actually constituted, we venture not so confidently to predict. We have always looked upon trial by jury as a bulwark against political innovation rather than as the most desirable method of dispensing justice between man and man. This object, we conceive, would be much better attained by referring the matters at issue to the decision of one intelligent and cultivated mind, accustomed to view such cases in all their bearings; and too acute in estimating the value of arguments, to be misled by the special pleading of the counsel on either side. We mentioned before, as an illustration, that an eminent equity judge had said in our hearing, "I think I had better decide, *rather than send the question to the toss up of a jury.*" The result of Mr. Stanley's case afforded abundant confirmation of the same principle. We therefore look upon the cause now pending as one the issue of which is by no means so certain as many whom we have heard speak of it are inclined to think, simply because it will be referred to the decision of men whose pursuits and habits render them incapable of fully understanding the difficulties of such a case. One thing is greatly in Mr. Cooper's favour; we mean, that the defendant is to conduct the cause himself. We suspected this would be the case. Speaking of Mr. Brougham, so long ago as our Number for March the 1st, we said, "he has miserably disappointed his client, (the present defendant), but he has entitled himself to the gratitude of all respectable men, by proving, that though obliged, by the usages of the bar, to appear for the defendant, from whom he has the misfortune to have received a general retainer, still that he disdained the unworthy task which had been assigned him." We heard, a fortnight ago, that there were differences between the counsel and his client as to the mode of conducting the defence; and Wakley informs us, in his last number, that he has communicated to Mr. Brougham his reasons for declining his services! Thus, like Carlisle and Cobbett, the defendant on this occasion is to conduct his own cause; and one of his avowed objects, announced again and again, with a view to intimidate his opponent, is to examine Mr. Benjamin Harrison, the treasurer of Guy's hospital. This gentleman, it appears, is extremely sensitive; and, indeed, his conduct, when examined before the anatomical committee, sufficiently manifested a disposition to concealment. The object of the defendant distinctly was, to frighten him; and thus induce him to use his influence with Mr. Cooper to drop the prosecution—rather a strong symptom, by the bye, that he is not quite comfortable upon the subject. What connexion can exist between Mr. Harrison's management of the affairs of Guy's hospital and the manner in which Mr. B. Cooper performed an operation of lithotomy, is not very obvious; and we think it probable that the defendant will not be allowed to enter upon such an examination. In this case he will no doubt endeavour to persuade the jury that there is something to conceal, which, by mere technical formalities, he is prevented from disclosing. But it is unnecessary to conjecture farther, for by the time this meets the eye of our readers all conjecture will have passed into certainty.

HOAX UPON THE LANCET.

It is now a month since a case which was wholly fictitious, and contained the grossest attack upon the surgeons to the Infirmary of Glasgow, was published in the Lancet. Having exposed the in-

famy of the transaction at the time, and denounced the Editor of that publication, as, by his own confession, "a wilful traducer," we should not have thought it necessary to recur to the subject had not the impudent reiteration, by our contemporary, of *what he knows to be false*, obliged us to trespass once more on the patience of our readers.

A series of falsified cases, purporting to have been treated in the Infirmary of Glasgow, having been published in the Lancet during the last few months, and libels of the grossest nature having appeared against the surgeons, some one seems to have resolved to ascertain whether the Editor of the Lancet was himself deceived by certain correspondents, whom he believed to be trustworthy, or whether it was his custom to publish every calumny indiscriminately, without minding whence it came, or by whom it was transmitted. For this purpose he wrote a fictitious case, clothing it in the slang of the Lancet; introduced a few compliments to the Editor, and a tolerable dash of abuse against the "functionaries" at Glasgow. So complete was the *finesse*, that Wakley was taken in, and gave instant insertion to the paper. True, he knew not from whom it came, but he saw that it was abusive: true, he knew nothing of those slandered, but then they were hospital surgeons: true, it was a libel, but it suited all the better with his Journal.

The number of the Lancet which contained this enormity no sooner arrived in Glasgow than every one saw that the Editor had been hoaxed; and those who condemned the principle laughed at the joke. Among others, a gentleman, with whom we had established a correspondence, immediately wrote to us, mentioning the circumstance, which we communicated to the public in our following number; expressing, in the strongest terms, our detestation of the editorial depravity which led to the insertion of a malignant attack on respectable men, without knowing any thing of the quarter from whence it came. But while we spoke of the author as one whose "wit exceeded his morality," we at the same time admitted that the trick was "well conceived, and cleverly executed;" and we repeat it—well conceived, because by no other means could Wakley have been placed in a situation so absolutely ridiculous; and cleverly executed, because he was completely taken in by it. The trick, indeed, is the natural result of the indiscriminate insertion of whatever is abusive; and so far from being astonished that it has been practised on him now, we are only surprised that he has not been served so before.

The Lancet, writhing under the smart at once of ridicule and castigation, has written a leading article in his defence in every number which has since been published; and feeling the full extent to which his reputation has suffered, he has endeavoured to throw upon us the stigma of being parties to the deception. We rebut the charge with contempt: our Journal needs not the assistance of trickery to crush a sinking rival. That a man, who has run such a career as our opponent, should attribute to us feelings and actions of a disgraceful kind, is but in keeping with the general principle in human nature, which leads men to measure the morality of others by their own.

But for his frequent recurrence to the subject, we should not have been aware that he either felt or feared the exposure so much as he has done. The hoax of the "Scotch miscreant," as he calls him, seems to have troubled his reason, for he has written no fewer than three leading articles about it; in each of which he gives a different account of the

extent to which he knew, or suspected, the case to be false, as well as of the motives of his conduct.

First, he says, he published the letter, though he suspected it was false, because it "contained matter calculated to throw light on the disgraceful system pursued at the Glasgow Infirmary;" that is, he published what he believed to be a fabrication because it contained abuse of the hospital surgeons*. Secondly, he states that the publication of the falsehood was not his fault, for he knew no better. He points out "the liability of Journalists to be deceived;" and imploringly asks, if it is possible "that an Editor would, with his eyes open, adopt a course which must necessarily destroy the credit of his Journal†?" According to this version, he would have us believe that he does not publish any case which he knows to be false!! Thirdly, having had the benefit of another week's reflection, he endeavours to make it appear that he had not been hoaxed at all, but that the publication of the fictitious case was merely a ruse of his own. "*Our exposure*," says he, "of the fraud committed at Glasgow, at the very moment when it was supposed to have been not only successful, but undetected, has of course covered its perpetrators with disgrace and confusion!!" And again, "would it have been possible, by any course different from that which was adopted, to *place* the fabricators in so disgraceful a position as they are now *placed?*" From these statements, each of which is so contrived as to contradict the other, all that can be gathered is, that the Editor has been excessively annoyed, and not a little puzzled, as to the best mode of extricating himself from the dilemma. The real extent of his information, and the motives which dictated each separate explanation, are however very easily detected.

When he received the letter, signed Maxwell C. Calder, he saw that it was an attack upon the hospital surgeons, in keeping with the libels he had already published, and that it was written in that peculiar strain of insolent sarcasm which his correspondents from that quarter had already adopted:—this was enough:

"He blights a fair fame without hinting at proof;"

and inserted it, certainly not knowing, and we believe not caring, whether it was true or false. But his correspondent, seeing in a moment the discredit which such an absurd story would bring on all his previous cases, and in no wise relishing the manner in which he himself was spoken of, as distinguished "by the rotundity of his figure, and the obscenity of his speech," forthwith informs the worthy Editor of the hoax that had been played upon him. Never was our ingenuous contemporary more puzzled than on this occasion: but at length he determined to say, that he had suspected the trick—"we had some reason to doubt the genuineness of the case." Such was his rash admission: by which, with the proflicacy of a practised libeller, he avows his disbelief of the slander at the moment that he gave it the sanction of his authority; thus enabling his readers to judge of the honesty of an Editor who thinks it better to plead guilty to an act of knavery rather than confess that he had been outwitted. The avowal, as might be supposed, was received with indignation; and the following week he protests that he had sinned in ignorance: and feeling, with the instinct of the cunning, that an appeal to his honour, or a reference to his established character, to bear out his assertion, would prove as futile as Glendower's boast, "that he could call spirits from the vasty deep," he limits his appeal to a more tangible object—his own interest. "Is it," he inquires, "the

* See Lancet, November 22, page 244.
† Ibid. November 29, pages 274, 276.

interest of the Editor of a medical Journal to give true or false accounts of medical cases to the profession?" But having conned over the subject yet a little longer, and goaded by our exposure of his infamy, he makes up his mind to a few good round lies, and says that we forged the false case—that we admit we did so, and that we boast of having done it. Nay, he affects to have known it all along; and, like Falstaff, when pushed to give a reason for his lying, and his cowardice, he cries, "by the Lord I knew you!" Pity that with these two qualities of the fat knight he had not a little of his wit.

EPIDEMIC OF GIBRALTAR.

M. Moureau de Jonnes lately read, at the Royal Academy of Sciences in Paris, a paper on the yellow fever, which prevails at present at Gibraltar. According to the statements of this gentleman, the disease has been imported by a Swedish vessel, admitted after quarantine to discharge its cargo, although it had been refused admittance into the Southern parts of Spain. This vessel arrived in August, but the fever was only communicated in September; and it was about the 6th of the month that the Governor decided upon making known the infectious nature of the disease. From that period the usual senatory measures employed in such cases were taken throughout all Andalusia. This explanation of course assumes the contagious nature of the disease itself, which we should be inclined to doubt. We perceive, also, that a commission, consisting of three physicians, MM. Chervin, Trousseaux, and Louis, has been sent from Paris for the purpose of studying and reporting upon the nature of the disease.

We are happy to learn, that by the latest accounts, (dated Nov. 30), a favourable change had occurred in the weather, and brought with it a mitigation of the epidemic.

No doubt is entertained of its being the same kind of epidemic as that which prevailed in 1803 and 1813-14. The symptoms are fever; severe pain across the loins; tenderness in the epigastrium; head-ache; great prostration of strength; suffusion of the eye; yellow tinge of the skin, and black vomit. The disease generally runs its course in from three to five days.

HOSPITAL REPORTS.

Injury of the Hip Joint.

Glasgow, Dec. 1, 1828.

Some statements having recently appeared in the Lancet, bearing the signature "T. Carter," regarding a case of "Supposed Dislocation of the Head of the Femur into the Foramen Ovale," which occurred in the Glasgow Royal Infirmary, and which statements are at once erroneous, illiberal, and unjust, the following detail is forwarded for insertion in the Medical Gazette, for the purpose of correcting their malicious tendency.

Sept. 10, 1828.—Nancy Simpson, æt. 33, has been for several days confined to bed by an attack of erysipelas of the arm. Last night, in coming out of bed, the right foot became entangled in the bed clothes, when she fell violently on the floor, with the face downwards, and the knees widely apart; at the same time she felt as if something had snapped or given way, accompanied by great pain in the right hip. With much difficulty she got into bed. She had leeches and fomentations, and as these afforded but little relief, a more minute examination was instituted, when the following were the appearances observed:—Right thigh half bent on the pelvis; abduction of knee; considerable tumefaction around hip joint; excruciating pain on attempting to ad-

duet the knee, which joint appeared to project an inch and a half more than the left. On taking her out of bed, she stood with the body bent forwards on the thigh, the knee advanced, the toes slightly everted, and the heel raised; the limb was lengthened about an inch and a half, and an evident depression was observable in situation of trochanter major. On pressing in the direction of the foramen ovale, a degree of resistance was encountered, greater than on the opposite side, and she complained of great pain at this part. Over patella an inflamed spot was seen, being the point on which she had fallen. Here, then, was a collection of symptoms so distinctly indicating dislocation into the foramen ovale, that scarcely any thing was wanting to complete them. Two different attempts were therefore made at reduction, but without any permanent change in the appearances, unless a diminution of the flatness of the hip. On the 15th a consultation was held on her case, in which a further trial at reduction was recommended for the following day, as she was then much fatigued by the lengthened examination. It was not, however, put in force, as she had much fever and was otherwise indisposed. A second consultation was held on the 17th, when it was decided that, in consequence of her febrile state, the tumefaction around the joint, and some doubts having arisen as to the nature of the accident, a week's rest should be given, along with leeching, cupping, fomentations, &c. At the end of the week the swelling and pain, in place of being diminished, were increased; the limb continued lengthened; the thigh bent and abducted, and only easy when leaning against the wall at the back part of the bed. The febrile state continued, with frequent attacks of bilious vomiting, and latterly almost constant diarrhœa. After a month the swelling around the joint was undiminished, the pain very severe on the slightest motion, but no fluctuation could at any time be felt. She lingered until the 14th Nov. when she sunk exhausted by diarrhœa, and the irritation of bed sores.

On dissection, a large abscess was found surrounding the hip joint, and extending upwards along the psoas muscle as far as the diaphragm, and downwards along the course of the great vessels of the thigh; the head of the bone was in the socket; the capsular ligament, the synovial membrane, the cartilaginous brim of the acetabulum, as also the cartilaginous lining of that cavity, were entirely absorbed, the cavity, and for an inch around its brim, being quite black and rough. The ligamentum teres was still attached to the head of the femur, but had separated from the acetabulum; several ulcerations were found in the colon.

This case may be viewed in three ways—first, dislocation with abduction, and subsequent inflammation; second, dislocation with fracture of brim of acetabulum, reduction, and subsequent inflammation; third, simply inflammation.

These details are taken from the only authentic source—the notes kept of the case by the house-surgeon, under whose immediate charge she was placed. It is necessary to add that the nurses or servants of the Glasgow Royal Infirmary have always been considered, when unwell, as private patients; and, consequently, not entered in the case books of the hospital, or subject to the view of the pupils; and in the event of death the inspection of the body has been either dispensed with or done privately. These remarks are introduced to obviate the charge of any unusual privacy being observed in this case.

PARIS HOSPITALS.

Singular Contraction of the Aorta.

A MAN, aged 92, a shoemaker, was admitted into La Charité, the 19th June, 1817. He was of small stature, with a small bald head, and a retiring forehead. His legs were very much bowed; his intellects, greatly weakened, scarcely permitted him to give any satisfactory account of his previous history. He, however, said that he had suffered from a paralysis of the right arm, and that his mouth had been drawn on one side. At the period of his admission he could use both arms equally well, though his right hand was slightly bent. The temporal arteries beat forcibly; the pulse was hard, frequent, and regular; the skin hot, the tongue hard and dry; but notwithstanding this he demanded food continually. He was at first constipated, and afterwards purged. With respect to the chest nothing particular

was observed, excepting that percussion below the right clavicle produced a more obscure sound than on the other side at the same spot. As he continued always in the horizontal posture, a gangrenous eschar formed on the sacrum. After a long residence in the hospital, he died without any remarkable symptom. The examination of his body took place 24 hours after death. There was slight effusion beneath the arachnoid membrane; and in the two hemispheres of the brain, particularly on the left side, were many traces of previous apoplectic effusions of small extent: the most considerable was found in the substance of the left corpus striatum. The heart was of the ordinary size; the sigmoid valves exhibited some points encrusted with osteo-calcareous particles. The aorta, at its origin, was nearly of its ordinary size: it soon gave off the innominata, the calibre of which was much greater than natural. After having given off this branch, the aorta, much diminished, proceeded upwards and to the left, in the direction of the carotid of that side, and then turning at an acute angle it descended, presenting a slight enlargement at the point where the arterial ligament united with it. Near this spot the left subclavian was given off, which, very much dilated at its origin, passed almost directly upwards, diminishing sensibly in size, without having furnished any other branch. The aorta immediately afterwards presented a very considerable circular contraction, such as would be produced by a ligature drawn very tight; then resuming its size, it presented a slight enlargement, which was more evident on the left than on the right side. The aorta then continued to descend in the abdominal cavity, where its calibre appeared to be smaller than natural. This difference was more perceptible towards its lower portion, and the external iliacs did not seem to be in proportion to the size of the lower extremities. From the termination of the right subclavian, which was remarkable from the increase of its volume, several arteries of a large size arose: the transverse cervical and the deep cervical, each of them equal to the humeral artery, followed their usual course, and were remarkable for the thickness of their coats and the great number of their bendings. The first of these arteries, after having arrived (without diminution) towards the angle of the fourth and fifth rib, penetrated between their interval, furnished the corresponding anterior and posterior intercostals, passed a short space upon the pleura, and then continuing its course with one of the intercostal arteries, emptied itself into the aorta half an inch below its contracted portion. The deep cervical presented this peculiarity—that running a shorter course, and descending more directly along the posterior and superior part of the back, it divided into three large branches, which, penetrating separately into the chest, between the intervals of the four first ribs, and equally furnishing the corresponding intercostals, arrived at the aorta, into which they emptied themselves by as many large openings. The same disposition was observed on the left side; but, besides, on that side the superior intercostal was remarkable, which arising from the subclavian, became confounded with the trunk of the second aortic intercostal.

The right and left internal mammary arteries were remarkable from their considerable size: they were larger than the humeral arteries; both of them, after running their usual course, lessening somewhat towards the inferior thorax, again increased sensibly in calibre, and became very tortuous; then continuing their course with the epigastric, and forming with it one trunk exceeding in size that of the external iliac, terminated in the crural artery, which became somewhat enlarged. Before giving rise to the profunda, the crural artery gave off a pretty large branch, which was traced to the external obturator muscle. The right epigastric artery was a little larger than the left. The coats of the aorta were not changed in structure, excepting in a few points, where they were a little thickened. Near to the contracted portion the membranes appeared to be also in a state of integrity: seen from within, the contracted portion was exceedingly regular, and in diameter was that of a crow quill.—*Journal Hebdom.*

The above are all the important particulars of this curious case, which, in the original, is extended through nearly twenty pages!

Epilepsy of fourteen Years' Duration—Recovery.

A woman, aged 55, was admitted in

the month of September at La Charité, who had laboured under daily attacks of epilepsy since the year 1814. When brought to the hospital she had two fits daily. During several years she had suffered from occasional attacks of hematemesis and uterine hæmorrhage. She was in good condition, her strength and digestion unimpaired, and no disease about the uterus to be detected by examination. Copious bloodletting was tried without benefit. Ten days after admission she was taken with the epidemic prevalent in Paris, and the epilepsy disappeared. The symptoms of the epidemy continued twelve days, after which a new series of phenomena presented themselves—namely, hæmorrhages from the different mucous membranes. Copious bleeding occurred from the nose, stomach, bronchi, vagina, and rectum; but these organs, except merely the discharge, shewed no sign of disease. The epidemic complaint diminished during this time, and then disappeared. After this the hæmorrhages ceased; and, lastly, the patient quitted the hospital cured of the epilepsy and in good health.—*Ibid.*

ST. THOMAS'S HOSPITAL.

Injuries of the Head.

CASE I.—*Violent Concussion, with arterial bleeding from the Ear.*

J. S. aged 40, a servant, under the care of Mr. Travers.

Oct. 12.—He fell from a horse upon his head, about noon. At one he was brought to the Hospital, with symptoms of concussion, viz. insensibility, contraction of the pupils, vomiting, a weak pulse, 104 in the minute, strabismus, and stertorous breathing. There was a general convulsion of his whole muscular system shortly before his admission, and one immediately after. There was also considerable *arterial* hæmorrhage from the right ear and nose. He had been bled immediately after the accident. The head was shaved, and carefully examined, but no fracture was discovered. Spirit-wash was applied to the scalp, so as to produce evaporation.

At 2 P.M. he was still insensible, passing his stools involuntarily, and vomiting occasionally, which action caused the blood to flow afresh from his ear. The strabismus and stertorous breathing were no longer observable. The pulse had fallen to 84, and continued weak.

6 P.M. Re-action taking place; pulse 94, and fuller; slight sensibility—great restlessness—another involuntary motion—matter vomited slightly tinged with blood. From this time to 9 P.M. the pulse became gradually fuller.

At 10 P.M. Mr. Travers ordered—

V. S. ad ℥x. Hirudines xx. occipiti. Emp. Lyttæ nuchæ. Cont. lot. spirituos.

2 A.M.—Pulse 84, soft; sleeping quietly; respiration easy; skin cool and moist; had made water easily; had been slightly convulsed.

13th.—Has been restless since 5 o'clock, vomiting frequently. Is more sensible, and complains of pain in the forehead and occiput; pulse 80, and soft; pupils contracted; twitching of the mouth and limbs when asleep.

Pulv. Scam. c. Cal. gr. x. C. C. occipiti ad ℥ xii. Ol. Ricini, p. r. n.

Vespere.—Head somewhat relieved, but still in great pain; pulse 76, soft.

14th.—Slept well until 3 o'clock, since which has been very restless; answers incoherently; says he is blind; pupils contracted, and quite insensible to light; three stools; pulse 80, and fuller.

V. S. e venâ jugulari ad ℥xiv. Cont. lot. spirit.

Pulse rendered softer and a little quicker by the bleeding.

Vespere.—Sensible, and disposed to sleep.

15th.—Was very restless during a part of the night: passes his water freely, but has had no motion since yesterday morning; is sensible, and replies to questions put to him; pulse 70, and soft; pupils somewhat more dilated, but they do not contract when the light is suddenly increased. The blindness of which he complained yesterday has gone off—he says that he can see: no return of the vomiting; occasional twitchings of the limbs, with great pain in the head.

Ol. Ricini statim.

12 P.M.—Pulse 60, and full and hard; very restless; bowels moved twice.

Vs. ad ℥xvi.

After the bleeding the pulse increased ten beats in the minute, and became softer.

16th.—Slept well since the bleeding; is sensible, and appears to see; pupils

inactive; great pain and soreness of the head; bowels moved twice in the night; gets out of bed to make water; pulse 72, and weak; skin dry.

Pil. Hyd. Submur. c. Colocynth gr. x. hâc nocte. Mist. Salin. Cathart. mane.

17th.—A quiet night; head very painful; pupils act slightly; tongue white; bowels moved three times.

Hirudines xx. occipiti. Pulv Scammon. c. Cal. gr. x.

8 P.M.—Pulse 74; pupils more sensible to light, but does not appear on the whole better: he moans much.

Hirudines xxx. occipiti.

18th.—Slept well until 2 A.M., when he was seized with a general convulsion, which returned five times before six o'clock. When he was seen after the convulsions had ceased, his pulse was 112, and small; countenance anxious; skin hot; tongue white; moaned much, as if in pain; pupils sluggish; bowels freely opened.

From the date of this report he gradually improved. On the 8th of last month he had some giddiness, and was cupped to ℥viii.

Dec. 10th.—He now walks about his ward, but with the caution of a person who is afraid of at all shaking his head; says that he feels giddy if he turns round suddenly, and is sure that if he were to attempt to run he should fall forward. Pulse 90, small, and compressible; bowels sluggish. All the senses are as perfect as before the accident. He takes a purgative three times a week.

Was the above a case of fracture through the base? If the hæmorrhage from the ear had been venous instead of arterial, perhaps little doubt would have been entertained on the subject: yet, in the following case, in which the symptoms were very slight, the blood appeared to be venous. But perhaps it is going too far, to found an opinion on a difference so slight, and so easily mistaken, as that between arterial and venous blood.

Case II.—*Slight Concussion of Brain, with venous bleeding from one Ear.*

J. L. æt. 61, admitted under Mr. Green Nov. 6th. Is keeper of the gates at one of the bridges, and was attempting to stop a horse which had run away by closing the gate, when the animal ran against him, and threw him down. He was taken up insensible, and vomited several times. When brought to the Hospital, an hour after the accident, he was still insensible, but soon began to recover his consciousness, and was in half an hour able to answer questions. A lacerated wound, two inches in length, was discovered on the occiput, but no fracture was perceptible there. There was fracture of the radius and ulna of one arm. Bleeding from one ear was observed soon after his admission; and during the remainder of the day three or four ounces of *venous* blood slowly oozed out. The pulse, which was very weak on his admission, rose soon after; but the breathing continued laborious the whole evening, and he occasionally rambled in his conversation.

Mist. Cathart. Splints to the arm.

7th.—Slept little, but no bad symptoms this day.

8th.—Went out well, as far as the head was concerned.

Case III.—*Fracture of the Cranium, followed by Depositions of Lymph in the Lung and on the Pleura.*

A. B. aged 45, a distiller's collecting clerk, in the habit of drinking great quantities of spirits.

This patient was brought in with a comminuted fracture of the patella, and a punctured wound on the forehead, which were stated to be the consequences of a fall from some height. The symptoms of any injury to the brain or its coverings were so slight, that none was suspected; he was, however, bled to twelve ounces, as a measure of precaution.

The following day, his pulse being rather hard and quick, he was again bled, and some purgative administered.

There being no evidence to the contrary, he was believed to be doing well until Nov. 19th, the fractured patella obtaining the chief share of attention in the interval; on that day, however, Mr. Travers found him complaining of pain in the head, and discovered that fungous granulations were sprouting up out of the wound on the forehead. He put in a probe, and felt the cranium denuded to some extent; and having dilated the wound, he found that a portion of the cranium, containing nearly two square inches, was bare, indicating a separation of the dura mater, and probably suppuration be-

tween the two. Mr. Travers would have trephined, but, in the first place, there was nothing to lead to a belief that pus, if any existed, was producing compression of the brain; and from the patient's previous habits, and the probability that the brain itself was implicated seriously, little hope was felt of a successful termination, whatever treatment was adopted. The only other symptom in addition to the wound in the head, was a purulent discharge from one of the nostrils.

C. C. ad ℥xij. Rep. Pil. purg.

Nov. 20.—The patient being much worse, Dr. Williams saw him, and found him suffering from a violent pain in the right hypochondrium, similar to that produced by the passing of a gall-stone, and unattended by any decisive symptoms of inflammation of either liver or lungs. He ordered

C. C. Hypochondrio dextro.
Magnes Sulph. ℥j. ex Mist. Camph. 6tis horis.

21.—Complains of pain in side, but none in the head; delirious.

22.—No alteration, except that he is sensible, and when asked where his pain is, complains of his side.

23.—Died this day; was delirious before his death.

Sectio Cadaveris.—The denuded portion of the cranium appeared roughened and bloodless; a very minute fissure, unobserved before death, extended vertically through it as far as the orbit. After the brain had been removed, a continuation of the same fissure was traced upon the orbitar plate of the frontal bone, where it soon became divided into two, one of which ran along the cribriform plate of the æthmoid bone, close to the crista galli, and terminated in the processus olivaris, which was broken into several portions; while the other, taking a direction outward for a short distance, again turned inward, and met the first near its termination. A considerable portion of the orbitar plate was thus detached and slightly depressed upon the parts below; a portion of the cribriform plate was also separated. Further back than the sella tursica the fracture could not be traced; but it was very evident that it extended downwards deeply through the bodies of the æthmoid and sphenoid bones. The internal surface of the frontal bone, where the fissure commenced, was, like the external, denuded of its periosteum; the dura mater roughened from absorption, and bloodless. Between it and the dura mater there was a small collection of pus, the membrane was softened, as if beginning to slough, and in the anterior lobe of the cerebrum behind it were seen what appeared to be the effects of acute inflammation following laceration, viz. a breaking up of the cerebral substance, and conversion of a part of it into an imperfect pus. Pus was also found lying on the cribriform plate over the fissure, and the dura mater there was sloughy: thus the discharge of pus through the nostril was accounted for. The cavity of the right pleura contained a pint or two of lemon-coloured transparent serum; the surface of the pleura covering the lung was covered with a layer of apparently recently effused lymph. Entering into the substance of the same lung, to a depth of about an inch, were several finger-shaped deposits of white and tolerably firm lymph; none of these had proceeded so far as to be softened or converted into pus. The left lung was healthy. The liver was very large, but healthy in its structure. G.

ST. GEORGE'S HOSPITAL.

Injury of the Head—Disease of the Bone.

In the 47th Number of this Journal will be found the following note of an operation:—

"On Thursday, the 16th, the operation of trephining was performed by Mr. Brodie, in consequence of symptoms following an injury inflicted many months before. Some coagulable lymph was found upon the dura mater. As the case is important we shall take an early opportunity of detailing it, as soon as the result of the operation is known."

The result *is* known, and we hasten to redeem our pledge.

Thomas Price, a post-boy, then thirty-two or thirty-three years of age, was riding a vicious horse in the month of July, 1827, when the animal began to kick, and threw him with considerable force upon his head. He was stunned for some minutes by the fall, but no wound of the scalp was

produced, and after the immediate effects of the injury had passed, he was able to return to his usual employment. In the course of a few weeks there succeeded such pain in the forehead that he could not endure the exertion of riding; his "occupation was gone," and he never afterwards was able to resume it. Some months had now elapsed since the infliction of the injury, when an abscess formed upon the vertex, and was opened at the commencement of the present year. Such were the main points of the history he gave—the remainder was uncertain, confused, and contradictory.

On admission, the 8th of last October, he presented these symptoms. There was constant, often violent, pain in the forehead, giddiness, and indistinct vision. The iris of both eyes was very irregular in its action, but the pupil of the right was mostly dilated, that of the left being natural in size. Near the crown of the head was a small and nearly circular ulcerated opening of the soft parts, through which the probe passed down to exposed and carious bone. The man was emaciated; his aspect was pallid; his expression somewhat vacant. The tongue was clean; the pulse was always quick; he said that his memory was impaired.

On the 10th, Mr. Brodie enlarged the opening leading to the bone, but found the diseased portion too firm to be removed by any thing short of the trephine. Accordingly, on the 16th, having previously obtained the advice and concurrence of his colleague, Mr. Keate, a crucial incision was made by Mr. Brodie in the scalp, and a small trephine applied at the spot where the dead bone was felt. The portion embraced within the circle of the instrument having been removed, and a very copious bleeding which occurred from the scalp and substance of the bone being checked, or commanded by the pressure of Mr. Keate's finger, the dura mater was examined, and found to present on its surface a little coagulable lymph, without any purulent matter. On inspecting the bone, the caries was seen to have stopped at the diploë, the tabula vitrea continuing sound. Two or three of the bleeding vessels were secured, and the flaps of the scalp brought together with a suture.

No unfavourable symptoms followed the operation, nor was it succeeded by any very marked immediate relief. Some œdematous swelling took place about the occiput, and he suffered on the 17th from head-ache and soreness of the scalp. The pulse at this time was 100; the tongue clean and moist; the bowels not open since the operation. He was bled to twelve ounces, and ordered the following:—

Haustûs Sennæ, ℥ij. statim. Haust. Salin. c. Vin. Ant. Tart. ℿxv. M. 6tis horis.

He vomited that night, and again on the 18th, when, however, he was better. The pulse was 124, the tongue moist, the bowels open, and his head, he said, was easier than it had been for months. Six ounces only of blood had been taken, and that was not buffed.

Rep. H. Salin. sine Liq. Ant. Tart. Cucurbit. Cruent. inter Scapulas. V. S. ad ℥x.

Next day the pain of the head was worse; the pulse 108, tongue moist, the right pupil more dilated than the left. By the 20th the pain had entirely disappeared; the tongue was clean; the pulse ranging from 100 to 108. From this to the 1st of November no change of any moment in the symptoms was observed. The pain of the head had disappeared; and thus he had got rid of the worst, or at any rate the most disagreeable symptom, of those he had presented before the operation. This, however, was all, or nearly all, the trephine had accomplished. The pulse was still 100, or higher; the right pupil mostly more dilated than the left, though both were liable to many variations; and his vision was nearly as weak as before. Some sloughy shreds of membrane were taken from the wound, and pale granulations arose from the dura mater. No dead bone came away.

Thus he continued, with very little change for better or worse, till the 18th Nov. On the 17th he had taken a dose of haustus sennæ, and next day he was seized with sickness, succeeded by headache and pain in the forehead, infinitely worse than ever it had been before. The pulse, which for some days had been as low as 80, rose and was fuller. The wound had nearly closed, but a free passage still remained for the exit of matter.

Cuc. cr. nuch. ad ℥x.
H. Sal. ℥iss. Mag. Sulph. 3j. 6tis horis.

On the 19th, being no better, he was bled once more to ten ounces, and a blister applied to the neck. He vomited several times that evening, and the 20th brought no relief, at least to the pain in the head. On the 21st the pain in the forehead was excruciating, and the head was seen to move at every pulsation of the heart. The pulse was 90, and full; the thirst was great; the countenance anxious, and depressed in the highest degree. The integuments covering the opening in the bone were forcibly raised by the pulsations of the brain, but an opening sufficient to allow the escape of matter was present still. We should mention that vomiting was frequently and easily excited. He was bled to ten ounces, and obtained a momentary ease from the measure. The pain in the forehead soon returned, and acquired the character of being paroxysmal. At one time the patient would be calm—in a very few minutes rolling in his bed in absolute agony. Small bleedings were repeated on the 22d and the 23d, but the blood was buffed on one occasion only; and the general disposition in the pulse to extreme weakness and irritability checked the surgeon's hand, and forbad any active depletion, in characters too plain to be misunderstood.

On the 24th the termination of the case was perceptibly approaching. The pain was dreadful; the pulse very weak; the tongue becoming brown; the manner even more than half delirious. An increased discharge had taken place from the wound in the night, and to-day Messrs. Brodie and Keate divided the cicatrix and freely enlarged the small opening that remained. No matter, however, was found, or escaped.

Pulv. Ipec. c. grs. x. H. Salin statim, et h. s. repetend. si opus sit.

The 25th brought no relief whatever; the patient, indeed, seemed going fast. The tongue was brown and dry; the pulse quick and feeble, and something like brain mixed up in coagulum was found upon the wound. In this condition the patient was removed from the house by his friends, to a distance of one or two miles, presenting a most melancholy spectacle indeed. The removal no doubt gave a fillip to the destructive process going on, for on the evening afterwards he died at home. No dissection could be made (on that account he had left the hospital), but the brain, we are told, "came out" before his death: in fact, a hernia cerebri took place.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Nov. 25, 1828.

A PAPER was read on the use and due administration of blood-letting, by Dr. Marshall Hall.

The object of this paper was two-fold—first, to make some observations in regard to the effects of certain diseases in rendering the system more or less susceptible of the effects of loss of blood than in health; and, secondly, to apply these observations to the question of the institution and repetition of blood-letting in those diseases respectively.

In inflammation, generally, the system is less susceptible of the effects, both immediate and remote, of loss of blood, than in health. This disease exerts a protective power against the effects of depletion. This is especially true in regard to inflammation of the encephalon, and of the serous membranes generally: it is less observed in regard to inflammation of the mucous membranes.

The very reverse of this is observed in cases which the author denominates intestinal irritation, in which there are frequently all the *symptoms* of arachnitis or of peritonitis.

The author detailed and contrasted two very interesting cases in point. In the first there were not very violent symptoms of inflammation of the encephalon, or deep-seated pain, slight alteration of manner, slight intolerance of light, a natural pulse, a natural skin. In this case, besides the administration of other appropriate remedies, the patient was placed upright, and bled to slight syncope, on four successive days. The quantities of blood taken were 18, 26, 24, and 22 ounces respectively. Even on the last blood-letting the flow of blood was stopped, short of inducing any appearance of syncope. The patient recovered favourably. In the second case there were more violent symptoms, resembling those of arachnitis: violent throbbing pain, the ut-

most intolerance of light, a very frequent pulse, heat of skin, &c. The patient was a stout person, yet on bleeding in the erect position, complete syncope followed the single abstraction of ten ounces of blood merely. The recovery was slow, and marked by much exhaustion.

These simple facts prove the existence of two kinds of cases, similar in their symptoms, but altogether dissimilar in their nature, and in their relation to the effects of blood-letting. The first cases are well known, being those of inflammation. The second, the author contends, are still little understood, and seldom discriminated from the former.

Similar remarks were made in regard to peritonitis and pleuritis, and affections arising from intestinal irritation resembling them. The first protect the system from the loss of blood—the second render it more susceptible of its influence than in health. These very facts, well substantiated, throw much light upon the nature of these diseases, and upon the use of the remedy.

There is a third case, consisting in re-action, in circumstances of exhaustion from loss of blood. In this case, the symptoms of which are described in a former paper in the Transactions of the Society (vol. xiii. p. 121), there are frequently affections resembling the symptoms of phrenitis, or of disease of the heart. The susceptibility to syncope from blood-letting is still greater than in the case of intestinal irritation.

A reference is made in the fourth place to the state of sinking of the vital powers under various circumstances of exhaustion and of disease. In such cases an oppression in the breathing sometimes suggests the necessity for blood letting. This measure is attended, however, with the utmost danger—the most disastrous consequences. The object of the author in noticing this subject was to urge the obvious necessity of caution in regard to this remedy in such a case, and in regard to the prognosis; for it frequently leads to unexpected dissolution, either by the progressive failure of the powers of life, or by a more sudden extinction of them.

In the second part of the paper Dr. Hall treated of blood-letting itself; and taking into consideration the protective influence of inflammation, and the superinduced susceptibility in intestinal irritation, in regard to loss of blood, he proposes the following rule for the administration of blood-letting: — The patient, in every case in which the full effect of this remedy is required, is to be placed perfectly erect, perhaps sustaining himself by his own muscular power, and the blood is then to be allowed to flow from a moderate-sized orifice, until incipient syncope is observed. This mode of proceeding determines—1, the *due quantity* of blood which should be taken; 2, the nature of the disease itself, and the powers of the patient; 3, the time when the blood-letting should be repeated; or, 4, the necessity for other remedies.

If the case be inflammation, much blood will flow, cæteris paribus, before syncope takes place; and such is precisely what the case requires. If it be intestinal irritation, there is early syncope, and therefore little blood will be taken; and such is precisely what the case demands, and the system would bear. These last facts are still more distinctly observed in the case of exhaustion with re-action.

On the other hand, if much blood have flowed, the case is inflammatory; if little, it is intestinal irritation; if less still, it is exhaustion with re-action.

Again, if much blood have flowed, we must revisit and bleed our patient again, after a short interval; if little, such early repetition of blood-letting cannot be required, but other modes of treatment must be adopted.

To these observations were added others upon the use of local blood-letting.

Several remarks were made in the course of a very short discussion, by Dr. Copland, Dr Seymour, Mr. Powell, and Dr. Bright; but the author himself did not think them relevant to the defined objects and views of his paper. According to Dr. Hall, this mode of blood-letting is proposed, not merely with the view of producing syncope, but with the distinct objects of determining the quantity of blood which should be taken, the due time of the repetition of the blood-letting, the diagnosis of the disease, and the call for other remedies; but, above all, as a guide and guard to the use of the lancet, insuring the abstraction of a large quantity of blood when the case requires it, and of a small quantity only, when the constitution would sink under the abstraction of a larger.

December 9th, 1828.

Mr. Travers in the Chair.

A paper by Mr. Baynham, of Birmingham, was read, in which he described a case of retroversion of the uterus about the sixth month, attended with great difficulty in restoring the parts to their natural situation. The symptoms, from pressure on the bladder and neighbouring parts, being extremely violent, Mr. Baynham at length, all other means having failed, introduced a trochar into the vagina, and punctured the uterus twice. It appears that both apertures were made through the placenta, a portion of the liquor amnii was evacuated, and the womb replaced in its proper position. The author stated, that in his attempts at reduction, he introduced the whole hand into the rectum; and alluded to a case in which the practitioner had introduced the whole hand into the gut, while an assistant *simultaneously* introduced his into the vagina! The author referred to several cases in corroboration of his proposal to puncture the uterus, when it cannot otherwise be restored; but cases in which any danger occurs from retroversion are so extremely rare, that the practice, even if good, can scarcely ever be necessary.

A paper by Dr. M. Hall was then read, on a morbid affection of children resembling hydrocephalus, but arising from circumstances of exhaustion.

WESTMINSTER MEDICAL SOCIETY.

To the Editor of the London Medical Gazette.

Sir,

If there is any one thing more calculated than another to excite disgust in the minds of the members of the medical profession against the Lancet, it is the continual exposure of the false reports put forth in that Journal. I feel myself called upon to correct a report of a paper read by me at the Westminster Medical Society on Saturday, November 8th, reported correctly in your Journal of the 15th, and reported inaccurately and faslely in the Lancet of the 22d, *a week after the report appeared in the Gazette!* The whole of the report of that evening's debate, like most of those previously published in the Lancet, is inaccurately given; the opinions of one gentleman being fathered on another, and the sins of *omission* equalling fully those of *commission*. The passage, however, which I particularly beg leave to correct, as appertaining to myself, is the following:—"As far as he spoke of the treatment, he recommended one called the antiphlo*gostic*! (Laughter.) This word having been repeated several times by the author, created considerable amusement throughout the society." The above passage is decidedly false (as can be proved by several members who were present that evening), for I received the greatest attention both in the reading of my paper and in the reply which I made at the conclusion of the debate.

This, I suppose, is what the Lancet calls wit; what the "Times" has most justly stigmatized as vulgar "ribaldry." If, Sir, you will give insertion to the above, you will serve the cause of truth, and greatly oblige

Your obedient humble servant,

G. Douchez.

13, Air Street, Piccadilly,
Nov. 29, 1828.

Delirium Tremens.

Nov. 29.

Pursuant to announcement from the chair, on the preceding evening, Mr. Smith read a paper on the subject of delirium tremens. The paper itself was excellent, and the discussion it excited good.

After giving it as his opinion that the disease in its genuine form is seldom or never witnessed in any but those who have been addicted to excess in drinking, at one time or other of their lives, and noticing its consequent frequency in particular parts of the coast, where smuggling prevails and spirits are cheap, as well as in America, where the latter is also notoriously the case, the author proceeded to consider its pathology. He agreed with those writers who believe that delirium tremens depends on a peculiar state or affection of the sensorium, though what that peculiar condition was, he considered an enigma not easily explained. The lights which dissection affords are dim and uncertain. In the case of a sailor at Deptford, supposed to have died from delirium tremens, the morbid appearances found, were slight opacity of the arachnoid membrane, increased exudation between it and the pia mater, and a larger amount of fluid than usual in the ventricles; morbid appearances, according to the author, repeatedly occurring in the heads of individuals accidentally killed, and by no means necessarily fatal in themselves. Mr. Smith, in the next place, adverted to the phenomena and symptoms of the disease. As far as he can judge, it seldom or never commences whilst the patient is in the habit of swallowing his daily and deadly draughts; but rather, when from some cause or other the usual excitement is temporarily suspended. In three cases which he himself has seen, and in others that he has read of, the primary

development of the attack took place when the stimulating liquid had been left off, either on account of inability to purchase it, the supervention of illness, or occurrence of accident. Having detailed the more prominent symptoms of the disease, Mr. Smith adverted to the likeness it bears, in many of its features, to phrenitis, a likeness which has led to many and fatal mistakes in distinguishing their identity. In phrenitis, however, there is great intolerantia lucis-cephalalgia; dry and furred tongue; hot skin; flushed countenance, and suffused eye; whilst in this disease the intolerance of light is not very great. The tongue is, in general, moist, though occasionally white and furred in the centre There is constant tremor, which is not a necessary attendant on phrenitis, but considered accidental when it does occur: and, finally, sweating, which always attends delirium tremens, is wanting in phrenitis; or if it be present, is considered a favourable symptom. In mania, to which the disease bears a closer analogy still, the patient is generally delirious on a single point, and during the paroxysm nothing can pacify him; but in this the delirium is far more general, and the patient knows perfectly well what is passing around him; so much so, as at times to distinguish his friends from strangers.

The next point considered was the treatment. The first plan considered by the author was the antiphlogistic, consisting in blood-letting, blistering, and purging. In some cases the disease appears to be ushered in with such a degree of excitement as entirely misleads a junior practitioner, and induces him to bleed repeatedly and largely. What tends to deceive still more is, the circumstance of relief being sometimes the result; relief, however, as short as fallacious, and often the forerunner of frightful and fatal depression. Mr. Smith was requested by a surgeon to bleed a publican, who, his friends allowed, had always been one of his own best customers. He had twice before been bled, by order of the surgeon; and when seen by Mr. S. had all the symptoms of delirium tremens. Pursuant to direction, Mr. Smith abstracted 16 oz. of blood; immediately after which, the pulse became so rapid that it could not by any possibility be counted. He directly became very quiet, and appeared to the nurse to be passing off to sleep; but the sleep was a long one, for in three hours afterwards he died, having never rallied after the bleeding.

The author allows, that if the disease be combined with apoplectic symptoms, pain in the head, quick and full pulse, and loaded tongue, no doubt can exist of the propriety of bleeding, and that forthwith. It becomes, at the same time, a matter of serious deliberation, whether a second copious abstraction of blood should be resorted to. In the great majority of cases no bleeding is required, and if used would be followed by disastrous results; but occasionally it paves the way for the use of other remedies, and materially assists their operation. Mr. Smith disapproves of the employment of blisters, as tending to keep up irritation; and purgatives he looks upon as useful only in removing any irritating matters from the bowels, and aiding the effects of other remedies. Cordials, and diffusible stimuli, Mr. Smith has seldom seen exclusively relied on; but in that peculiar train of symptoms, nearly allied to delirium tremens, and accompanying the stage of scaling in certain cases of erysipelas, especially of the head, as well as succeeding to violent injuries, cordials and stimuli are highly beneficial. The remedy to which the author wished mainly to direct the attention of the members of the society was opium, a medicine of the very highest power in this particular affection of the sensorium; believing it a pretty well established fact, that if sleep is procured a great chance exists, amounting almost to a certainty, that the patient will recover, or at any rate be very much relieved. The exhibition of opium is determined on, in order to fulfil the above indication. A question, however, arises as to when we are to give it, and in what dose. Some are of opinion that the drug should be administered immediately the symptoms are discovered, in large and frequently repeated doses, till sleep is procured; and Mr. S. believes that the system, in this disease, will bear a much greater amount of opium with impunity than in health, or under other circumstances. However, unless there be strong, indeed unequivocal proofs, of the actual existence of delirium tremens, the author would hesitate to pour in dose after dose of a drug so energetic in its action.

In illustration of the powers of opium, the author here read to the society the details of two interesting cases, both of which occurred at St. George's hospital, one of them within the last few weeks. The good effects of the drug were most decided, and the patients recovered, though one had been treated in the first instance, by a medical gentleman, for phrenitis, an error which had nearly proved fatal.

Mr. Smith concluded by proposing the following questions:—

1st.—Does bleeding increase the delirium in these cases, and does it lessen the quantity of opium necessary to effect the cure?

2d.—What is the best form of opium, the gum, or the liquor opii sedativus?

3d.—What is the experience of the society on the use of suppositories?

With respect to the latter, Mr. Smith observed, that M. Dupuytren strongly recommended their use, and his own experience

went to corroborate the opinion of the Baron.

From the length at which we have reported the paper, we cannot devote much space to the debate. The members, on the whole, were agreed in placing their principal dependence on opium, in one form or other, in delirium tremens. Dr. Copland recommended, in combination with the opium, a certain amount of the stimuli to which the individual had been addicted, and advocated also the employment of ammonia. The doctor likewise thought that the operation of these means was greatly assisted by previously evacuating the collected or morbid secretions of the bowels by purgatives and stimulating enemata, as co-equal parts of oil of turpentine and castor oil. In answer to Mr. Smith's quere, respecting the use of suppositories, Dr. Johnson referred to the high opinion entertained of their efficacy by Baron Dupuytren; and mentioned the case of a gentleman, lately occurring to himself, where thirty drops of laudanum, administered per anum, produced the same effects as 100 taken by the mouth. To this latter dose the gentleman, an opium eater, had been accustomed for months, but the smaller quantity in enema answered the purpose of allaying the horrible sensations he felt when omitting his daily dose. Amongst the speakers were Mr. Chinnock, Mr. North, Mr. Hunt, &c.; and the meeting altogether was a very good one.

LONDON MEDICAL SOCIETY.

December 8th, 1828.

Dr. Haslam in the Chair.

Mr. Lloyd related to the Society a case of encysted tumor in the breast of a female, occurring during utero-gestation; the tumor was removed by an operation: abortion occurred, succeeded by active peritoneal inflammation, accompanied by the symptoms of inflammatory action in other organs. The treatment, which was minutely detailed by Mr. Lloyd, did not prevent the disease from terminating fatally. Upon examination post mortem, the evidences of inflammation were present in the uterus, peritoneum, and lungs. The relation of this case elicited an animated discussion. The points agitated were, whether the miscarriage was the effect of the operation; whether it was proper, in general, to perform operations during utero-gestation. Did the inflammation of organs, in the case recited, depend upon the abortion? Did the nature of the tumor in the breast warrant the operation at the time it was performed; or would it not have been better to defer it till the period of pregnancy had passed? Mr. Lloyd had submitted the case to the consideration of the Society as involving important questions.

Dr. Ryan exhibited to the Society a specimen of extensive disease in the uterine organs. The patient was aged 50, had been ill for twelve months, and had all the symptoms of cancer uteri. Dr. R. was requested to be present at the post mortem examination. The symptoms had been purulent, fœtid discharge from the vagina, constant incontinuance of urine, with severe burning and lancinating pain. The labia and vagina were in a state of ulceration; and through the latter the points of the fingers could be passed into the bladder. On opening the abdomen there was no vestige of omentum to be found; the intestines were inflamed. Neither the uterus nor the bladder could at first be observed; a round tumor projected on the site of the uterus, that organ being destroyed, with the exception of a small portion of the fundus, which contained several small encephaloid tumors.

Mr. Salmon briefly related the particulars of an interesting case, marked by the occurrence of stricture of the urethra, double stricture of the rectum, hæmorrhage from the stomach, nose, and rectum. It had terminated fatally. Mr. S. exhibited to the Society the stomach of this parient, and that part of the intestine containing the strictures. The stomach presented the appearances of very active inflammation, and at one part those of gangrene.

ERRATA.

From the circumstance of our last Number having passed rapidly through the press, several words were omitted in the leading article, and thus some degree of obscurity was thrown over the meaning. At the bottom of the left column, page 23, the sentence ought to have run thus—" of puncturing the bladder, and, *without previously introducing a catheter*, removing the canula, so as to let the urine escape into the surrounding textures? of wounding the epigastric artery in the operation of *paracentesis of the bladder*, so as to cause fatal hæmorrhage?" Incredible as it may appear, the operation which we have so designated consisted in transfixing the bladder and wounding the epigastric artery from the perineum, in a case of effusion of urine.

At the top of page 22, *for* " give to the worst *translation* an entirely different aspect," *read* " give to the worst *transaction*," &c.

NOTICES.

Mr Pattison's answer to M. Meckel has been received, but came to hand too late for insertion in the present Number.

The paper alluded to by Mr. Darby has not been received.

The papers of our Dublin correspondent in an early Number.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, DECEMBER 20, 1828.

LIBEL.—*Notes of an Action brought by* Mr. Bransby Cooper, *Surgeon to Guy's Hospital, against* Mr. Wakley, *Editor of the Lancet, for a Libel.*

Court of King's Bench, Westminster, Dec. 12.

(Before Lord Tenterden *and a Special Jury.)*

At half-past nine o'clock the defendant appeared in person on the floor of the court. Mr. Brougham and Mr. Kelly, his counsel, were also present. Sir James Scarlett, Mr. F. Pollock, Mr. Scarlett, and Mr. Platt, were counsel for the plaintiff. Only six special jurymen answered to their names. After some hesitation, Sir James Scarlett prayed a *tales*. The talesmen were then called into the box, but before they were all sworn, three of the special jurymen, who had been previously called and did not answer, made their appearance and were sworn.

The defendant, on coming into Court, brought with him a cast of a man in the position in which a patient is tied, when undergoing the operation of lithotomy. He had also a pelvis and case of instruments, such as were used on the occasion.

Mr. Scarlett opened the pleadings. The declaration charged the defendant with having published a certain false, scandalous, and malicious libel, imputing to the plaintiff, Mr. Bransby Cooper, the unskilful performance of an operation of lithotomy, which took place at Guy's Hospital in March last. The defendant had pleaded several special pleas of justification, setting forth the matter charged as libellous, and averring that the whole of it was true.

The alleged libel was contained in Nos. 239 and 240 of a weekly publication called the *Lancet*, and was in the following words :—

"GUY's HOSPITAL.

*The operation of Lithotomy, by Mr. Bransby Cooper, which lasted nearly an hour *!*

"We should be guilty of injustice towards the singularly gifted operator, as well as to our numerous readers, if we were to omit a 'full, true, and particular account' of this case. It will, doubtless, be useful to the country 'draff' to learn how things are managed by one of the privileged order—a hospital surgeon—nephew and surgeon, and surgeon because he is 'nephew.'

"The performance of this tragedy was nearly as follows :—

"Act I. The patient*, (a labouring man from the county of Sussex, thick set, ruddy and healthy in appearance, and 53 years of age) was placed on the operating table, at a few minutes past one o'clock, on Tuesday the 13th. The only one of the surgical staff present, besides the operator, was Mr. Callaway. The ceremony of binding the patient we need not detail; the straight staff was introduced, and was held by Mr. Callaway. The first incision, through the integuments, appeared to be freely and fairly made; and, after a *little* dissection, the point of the knife was fixed (apparently) in the groove of the staff, which was now taken hold of, and the knife carried onwards—*somewhere*. A small quantity of fluid followed the withdrawal of the knife; the forceps were now handed over, and for some sime attempted to be introduced, but without effect. 'I must enlarge the opening,' said the operator, 'give me my uncle's knife;' this instrument was given, and a cut was made with it, without the staff being re-introduced. The forceps were again used, but as unsuccessfully as before; they were pushed onwards to a considerable distance, and with no small degree of force. 'Its a very deep perineum,' exclaimed the operator. 'I can't reach the bladder with my finger.'

"Act 2. The staff re-introduced, and a cutting gorget passed along it—various for-

"* The following passage occurs in John Bell's great work on surgery :—'Long and murderous operations, where the surgeon labours for an hour in extracting the stone, to the inevitable destruction of the patient.'"

"* The poor fellow, who has left a wife and six children, said, that he 'came to town to be operated upon by the 'nevey' of the great Sir Arstley.'"

ceps employed; a blunt gorget—a scoop—sounds and staves introduced at the opening in the perineum. 'I really can't conceive the difficulty—Hush! Hush! Don't you hear the stone?'—'Dodd (turning to the Demonstrator), have you a long finger? Give me another instrument—Now I have it! Good God! I can hear the stone when I pass the sound from the opening. but the forceps won't touch it—O dear! O dear!

"Such were the hurried exclamations of the operator. Every now and then there was a cry of, hush! which was succeeded by the stillness of death, broken only by the horrible squash, squash, of the forceps in the perineum. 'Oh! let it go—pray let it keep in,' was the constant cry of the poor man.

"This act lasted upwards of half an hour; the former upwards of 20 minutes. The stone was eventually laid hold of, and never shall we forget the triumphant manner in which the assistant surgeon raised his arm and flourished the forceps over his head, with the stone in their grasp. The operator turned to the students, and said 'I really can't conceive the cause of the difficulty.' The patient being upon the table, bound, while the operator was 'explaining.'

"The man was put to bed much exhausted, but rallied a few hours afterwards, and leeches were applied, in consequence of tenderness of the abdomen. He passed a restless night, was in great pain, and was bled from the arm on the following morning. Leeches were applied in the afternoon, and about seven o'clock in the evening death ended the poor fellow's sufferings, about 29 hours after the operation.

"*Examination of the Body.*

"There was a very large and sloughy wound observable in the perineum, and the scrotum was exceedingly dark coloured, from echymosis. The finger could be passed to the prostate without difficulty, which was not deeply situate: indeed it was the declared opinion of Dr. Hodgkin and Mr. Key that the man had not a deep perineum. The cellular tissue throughout the pelvis was easily lacerable, and this was especially the case with the portion between the bladder and the rectum, admitting of the passage of the finger with great facility and to a considerable distance. There was a tolerably fair lateral section of the prostate and neck of the bladder. The gland itself was larger than natural, and the portion which is designated the third lobe presented a singular appearance, being of the size of the tip of the little finger, and forming a kind of valve at the neck of the bladder. Part of this third lobe had a dark-coloured appearance, and it seemed as if some substance had been resting upon it. The bladder itself presented nothing remarkable.

"The peritoneum lining the abdominal parietes was highly vascular, and there was a slight quantity of turbid serum in the cavity of the abdomen. The kidneys had a mottled appearance throughout their cortical substance.

"There are two or three points in this case to which we beg particular attention: first, the statement of Mr. B. Cooper at the time of the operation, that he 'could not reach the bladder with his finger,' as contrasted with the fact of the bladder being very readily reached in the post mortem examination; the man not having a deep perineum. Secondly, the circumstance of the finger passing with facility between the bladder and rectum to a great depth, as considered in connexion with another declaration of Mr. Cooper, that he could not feel the stone with the forceps until the time of its extraction, although a sound, passed into the bladder downwards, from the penis, struck upon the stone; as was the case also, on one or two occasions, when a staff was passed at the perineal opening.

"The surface of the calculus was rather larger than the disc of a shilling, flat, oval-shaped, and apparently consisting of lithic acid."

"Our report of the operation of lithotomy at Guy's Hospital, in which Mr. Bransby Cooper, after employing a variety of different instruments, extracted the stone at the end of 55 minutes—the average maximum of time in which this operation is performed by skilful surgeons being about 6 minutes *—has, as might have been expected, excited no ordinary sensation in the minds of the public, as well as among the operator's professional brethren. An attempt has been made to call in question the accuracy of our report, in a letter signed by a number of the dressers and pupils of the Borough hospitals, which letter has been inserted as an advertisement in the *Times*, and also in the *Morning Herald*. Some of the young gentlemen who have affixed their signatures to this letter were present at the operation; others, who were not present at the operation, have nevertheless, with a generosity more characteristic of their age than of their discretion, added the weight of their testimony to that of the eye-witnesses of the melancholy exhibition, and volunteered their approbation of Mr. Bransby Cooper's performance. Upon the value of this species of testimony we shall make no comment, nor do we think it material that the document to which we allude is signed, we believe, by not more than one-third of the number of young gentlemen present; had they all signed it, their united opinion of the skill, dexterity, and self-possession exhibited by Mr. Bransby Cooper on this

* "We have frequently seen the operation performed by the senior surgeon of Guy's hospital in less than one minute."

occasion, is not likely to influence the judgment of the profession, whatever it may effect with the public. The question to which the manner in which the late operation was performed is calculated to give rise, is not a question between Mr. Bransby Cooper and his pupils, but it is a question between a surgeon holding a high and responsible situation in Guy's hospital and the public. Of Mr. Bransby Cooper's amenity of manners and kindness of disposition, we entertain no doubt; and the letter in question may be regarded as a testimonial of the estimation in which a good-natured lecturer is held by the yonng gentlemen who attend his class. But the question is not whether Mr. Bransby Cooper is popular among his pupils, but whether he performed the late operation with that degree of skill which the public has a right to expect from a surgeon of Guy's hospital; whether, in short, the case presented such difficulties as no degree of skill could have surmounted in less time, or with less disastrous consequences; or whether the unfortunate patient lost his life, not because his case was really one of extraordinary difficulty, but because it was the turn of a surgeon to operate who is indebted for his elevation to the influence of a corrupt system, and who, whatever may be his private virtues, would never have been placed in a situation of such deep responsibility as that which he now occupies, had he not been the nephew of Sir Astley Cooper. This is the question, the only question, in which the public is interested; and if Mr. Bransby Cooper is desirous of bringing this question to an issue in a court of justice, it will be for Mr. Harrison, the Treasurer of Guy's Hospital, to enlighten the minds of the jury as to the circumstances under which the nephew of Sir Astley Cooper was elevated to his present situation. In the event of an action, we shall most unquestionably call upon Mr. Harrison to disclose these circumstances to the jury. In the meantime, we do not anticipate the decision of this question by positively impugning Mr. Bransby Cooper's skill; but we contend, as we have repeatedly contended on former occasions, that the inevitable tendency of making the patronage of hospital surgeoncies an affair of family influence, jobbing, and intrigue, is to occasion a cruel and wanton augmentation of human suffering, and to render frequent such heart-rending spectacles as that which was lately exhibited at Guy's hospital.

"We repeat that there may, by possibility, have been difficulties in this case, which no degree of surgical skill could have surmounted in less time, or with greater ability, than Mr. Bransby Cooper exhibited; and it remains to be seen whether such difficulties can be shown to have existed. At present, not a single material fact in our report is denied, though its general accuracy is vaguely questioned by the operator's pupils. It is not denied, that nearly one hour elapsed before Mr. Bransby Cooper extracted the stone. It is not denied, that the operator had recourse to the multiplicity of instruments enumerated in our report. It is not denied, that the patient was subject to extraordinary suffering—suffering which could scarcely fail to terminate in death; but no attempt has been made to show, that this was a case of extraordinary difficulty. It is scarcely worth while to allude seriously to the document which has been put forth by Mr. Bransby Cooper's select pupils. But as these are the only panegyrists the operator has hitherto procured, we will put a case, which may enable the public to estimate the value of their approbation. Suppose it had been stated that, instead of employing fifty-five minutes in extracting the stone, Mr. Bransby Cooper had performed the operation in the usual time; say four or five minutes. Suppose it had been stated that, instead of manifesting great perplexity and embarrassment, Mr. B. Cooper had exhibited the utmost coolness and self-possession; that the patient appeared to suffer very slightly during the operation, and was removed from the theatre with every prospect of a favourable issue to the case. Let us suppose these, and similar false representations, to have been made in this journal; and we will ask whether any of these young gentlemen, friendly as their feelings are towards a teacher, whose good nature is matter of greater notoriety than his science, and interested as they are in obtaining his goodwill, and his certificates to enable them to pass their examinations at the College before his 'uncle,' who is the President of that benighted body;—we will ask whether any of these young gentlemen, some of whom did, and more than one-third of whom did not, see the operation, would have come forward to contradict a favourable, though a false, report. We repeat that we do not, as the case stands at present, directly and positively impugn Mr. Bransby Cooper's surgical skill; but, as none of the material facts detailed in our report have been, or, we believe, can be, contradicted, we do not hesitate to say, that, looking to the circumstances attending this and other operations performed by this gentleman, in connexion with the circumstances—we believe that we we are justified, and that Mr. Harrison, the Treasurer of Guy's Hospital, knows we are justified, in saying, the extraordinary circumstances attending his elevation to his present situation, justice, humanity, the interests of the medical profession, and the safety of the public at large, call alike for investigation. Whether this investigation be of a judicial character or not, we are indifferent. We are prepared to meet Mr. Bransby Cooper,

if he think fit, in a Court of Justice; we will meet him in our own person, (for this will not be a case to entrust to a lawyer, however eminent or highly gifted), and we shall see whether Mr. Bransby Cooper will be equally prepared to meet us, the public, the relatives of the unfortunate patient, and Mr. Harrison, the Treasurer of Guy's Hospital."

A long discussion arose as to which party was to open the case, *Sir James Scarlett* contending that as some of the affirmative issues were thrown on the plaintiff, who was to prove his own skill, he had a right to begin; and the defendant, on the other hand, insisting that as he had charged the plaintiff with unskilfulness, and was to prove the truth of his pleas, he ought to proceed with his case before that of the plaintiff was gone into. In support of his argument, which was of some length, he cited various authorities.

Lord Tenterden observed, that as the decision in this case might be quoted hereafter as a precedent, he would take the opinion of his learned brothers who were sitting in the Bail Court upon the question. His Lordship then retired, and on his return in about five minutes, stated his opinion to be (in which the other judges concurred) that the defendant had a right to begin. The plaintiff, as a surgeon, was to be supposed to be a skilful person until the contrary were shown, and, therefore, there was no necessity for him in the first instance to go into evidence to establish that fact; and as the defendant had pleaded the truth of the matter which imputed unskilfulness to the plaintiff, it was incumbent on him, in the outset, to prove the truth of his allegations.

Sir J. Scarlett trusted, as that was the decision of the Court, that whatever the termination of this case might be, he should be at liberty to examine the plaintiff's witnesses. It might happen that the defendant's case would fall to pieces, and then he (Sir J. Scarlett) should insist that his evidence ought to be heard for the purpose of proving that the operation had been performed with the utmost skill. He should ask, on behalf of the plaintiff, a gentleman of high honour, and who was greatly esteemed both in and out of his profession, that he might have an opportunity of showing that the calumny which had been attempted to be fastened upon him was without foundation. He mentioned this now, in order that, in the event of the defendant failing to prove the whole of his pleas of justification, it might not be said that the plaintiff had no right to go into evidence in vindication of his professional character.

Lord Tenterden did not think it necessary for him to give an opinion upon that point at present.

The defendant then suggested that the witnesses on both sides should withdraw.

Sir J. Scarlett had no objection to the withdrawal of those witnesses who spoke to facts, but those who were to give opinions he considered it essential and necessary that they should remain in court.

The defendant said, as he could not at that moment make a separation of the witnesses who were to speak to facts, and those who were to give opinions, he would not insist on the withdrawal of any of them. They might remain, if the Court pleased.

The defendant then addressed the jury. They had already heard from the learned gentleman who had opened the pleadings that this was an action instituted against him (the defendant) the editor and proprietor of the Lancet, for an alleged libel of and upon the professional character of the plaintiff. It was stated in the declaration that he had published a report of a "supposed" operation at Guy's Hospital falsely and maliciously, and it was inferred from the declaration that no such operation was performed in that institution; and that what he had published was nothing more nor less than gross calumny. Guy's Hospital, as the jury must be aware, was an institution of very great importance, not only as an institution of charity, but one from which it was expected that there should emanate the first principles of his (the defendant's) profession, practised in the very first and best manner. It had attached to it an extensive medical school. It had lectures there, and a very large attendance of students. The practice which the students witnessed in the institution was necessarily carried by them to the most distant parts of the kingdom. Hence it was of the utmost importance to the public welfare that the practice there inculcated should be calculated to promote the interests of the public, and alleviate, as far as it was possible, the sufferings and miseries of mankind. Guy's Hospital was founded solely by one individual, Thomas Guy, in the year 1722 or 1724, and he at that period left to the Institution a sum equivalent to 200,000*l.*, consequently the funds of the Institution, from the increase that had taken place in point of value, were immense. Of course it became of great consequence that those funds should be appropriated in the best manner—that individuals of the greatest possible skill should be elected to fill its situations, both medical and surgical; and it was not fair that those offices should be filled in any other manner than what was consonant with the intention of the founder, and would be of the greatest benefit to the public. The plaintiff, Mr. Bransby Cooper, was one of the persons who had been elected to fill the office of surgeon, and in the duties of his situation he performed the operation which was published in No. 339 of the Lancet. That Journal was projected by him (the defendant), and was first pub-

lished in 1823. He considered that, by publishing the lectures delivered in public institutions, he should be able to place in contrast the theories of the different individuals in the lecture-room, and the practice in the wards of the hospital; and this he thought was of immense importance, for, by so doing, the lecturers were stimulated to a greater exercise of their duty, as their opinions were laid before the public, who had an opportunity of seeing what those opinions were, and, at the same time, of seeing whether the practice used in the wards was a practice of neglect or attention. The publication of lectures had led to a good deal of discussion in the courts of law. The publication of hospital reports had led to great benefits, as regarded the public, who had thus the advantages of the opinions of hospital surgeons; and they had to endure the scrutiny of the public, and could not hack and halve the individuals with impunity. He was of course under the necessity of employing a great number of reporters, who were in the practice of taking notes of the cases admitted, and carefully registering all the points connected with them. The reporters he had employed, as far as he had been capable of judging, were men of the most honourable character, and had fulfilled their duty in a very accurate and conscientious manner. The reports furnished by them he was of course compelled to rely on, as all editors were, for their correctness. They were transmitted to him regularly from the various institutions. The report of this operation was sent to him by a gentleman of very high character,—a gentleman whom he should call into the witness-box to-day, and who would himself state that he witnessed this operation, and that the report which he furnished was in every respect correct. He (the defendant) would assert this openly before the Court, and he challenged every inquiry—every strict and scrutinizing investigation—into the reporter's character. He had heard, indeed, that attempts would be made to cast some imputation upon the young man, but he defied calumny, and courted scrutiny. When the report was transmitted, as he found it one of an extraordinary character, and as it referred to circumstances of a still more extraordinary character, he paused before he inserted it. He did not publish it in the first number of the Lancet which appeared after it occurred, but waited till the period of publishing a second one arrived. When the report was first brought to him, it contained some statements against the operator rather harsher than those which it now contained. The reporter considered it his duty to characterize such an operation by the strongest terms of reproach; and he stated, on his honour, before the report was published, that it was correct in every particular. Upon that assurance, therefore, he (the defendant) considered that he had no other course to pursue in his public character than to present it to the public, whatever the consequences might be. Having made a few alterations in it with regard to the expressions he had mentioned, and introduced the phrases, "nephew and surgeon, and surgeon because he is nephew," he inserted it word for word as he had received it. He should prove these facts, and had little fear of his case "falling to pieces," as his learned opponent had stated. He believed the learned gentleman would have ample reason for producing all his witnesses, and giving such evidence as he could adduce as to the skill of the plaintiff. If it could be proved that the report was incorrect, nothing would give him greater regret than to find that he had done an injury to the plaintiff; for it was not by such means that the profession was instructed; but when men came boldly forward to sanction such proceedings as those, it gave a stain to the profession which the events of ages could not remove. When men came forward to swear that this operation was performed skilfully, he knew what they would swear, and it must be presumed that they were unable themselves to perform the operation in any other way. With these observations he should leave the case in the hands of the jury. He should call a great number of witnesses to prove that the report was, in every respect, correct; and if they (the jury) were satisfied upon that point, he should of course be entitled to their verdict.

The defendant then called and examined the following witnesses:—

Mr. Holdiman Partridge.—I reside at Colchester, and am a member of the College of Surgeons. I have been in practice rather more than fourteen years; I have witnessed many operations in lithotomy, and have performed them myself sixteen or eighteen times. I witnessed the operation performed by Mr. Bransby Cooper at Guy's Hospital in March last. I have read the report of that operation in the Lancet: it struck me at the time to be correct, and I have had no particular reason to alter my opinion since, though I did not examine it very minutely. The patient appeared to be a very healthy man; I remarked it at the time. I think Mr. Cooper himself introduced the staff; but the second incision was made without the staff. After the first external incision all instruments were withdrawn. (The defendant here produced a figure representing the situation of the patient, which the witness deposed to as being correct.) The hands of the patient were tied to his feet, and his knees to his neck, as represented by the model now produced. The patient remained in that position nearly an hour; during that period a sound was repeatedly introduced; several cuts were attempted to be made into

the bladder with a knife. This instrument (a cutting gorget) was introduced into the wound; a blunt gorget was also introduced, and the scoop and several pair of forceps. During the operation the patient called out several times to the operator to desist. The operator stated several times that he could not explain the difficulty; he appeared to be perplexed and hurried in consequence of the long delay; he did not appear to act with any regular scientific design. He introduced his finger with some force, but it did not strike me as being very violent. He used the instruments in the ordinary way, and varied them according to the different purposes, but failed in lighting upon the stone. I don't consider that the forceps entered the bladder the first time; the impression on my mind was, that the opening in the bladder was not sufficiently large to get the forceps in; but I think there was an opening, because I saw a discharge of water and blood. The operator said that he felt the stone when he passed his staff through the urethra, and could also feel it when he passed the sound through the incision in the perineum; he also said that he could not feel it with the forceps. The reason of this was, that the forceps, if straight or slightly curved, would pass under the stone, which was high up in the bladder. Mr. Cooper made many attempts to feel the stone with his finger; he left his seat and measured fingers with those of other gentlemen, to see if any of them had a longer finger. I cannot say that I think Mr. Cooper performed the operation in a scientific manner; I do not think that it was performed in such a manner as the public have a right to expect from a surgeon of Guy's Hospital. The average time for performing operations of this description is four or five minutes; the operation in question occupied, I think, nearly an hour. After the staff had been introduced and the first incision made, Mr. Cooper used a straight staff with a knife; when he found he could not introduce the forceps on the first attempt, he withdrew them, and made another cut with the knife without the staff being introduced. This is not the customary mode; the scoop, as I have always understood, is introduced to extract those fragments of the stone that may have crumbled off. There were no fragments in this case that I saw. Twenty-five or thirty minutes is the longest time that I have known an operation of this kind to last; the average time is about five minutes. In the cases I have mentioned lasting twenty-five or thirty minutes, there were evident causes why the operation should last so long: those were where the stone was large, and where it would be dangerous to enlarge the wound for fear of injuring the rectum, and there the time was lost in drawing at the stone gradually. In the operation in question, the stone was a small one, being not larger than a common Windsor bean, flat and round; it might have weighed about two drachms or less, but certainly not more. Stones weighing several ounces have been successfully removed. Unless the incision was large enough to admit the forceps, that instrument could not lay hold of the stone without also catching the integuments of the bladder. The stone lay above the pubes, for the sound always touched it on being withdrawn, and it was extracted by pressure above the pubes, and with a curved forceps. If the operator had been aware of the situation of the stone, he should have taken these measures at first: he should have ascertained this in the first instance.

Cross-examined by *Sir J. Scarlett.*—*I never saw the defendant before this day, nor his attorney in the cause before last night.* Mr. Callaway was the assistant-surgeon on the occasion, and I believe him to be a man of skill. I have had several cases where the stone lay above the pubes, and always extracted it in the manner which was at last successfully adopted by Mr. B. Cooper. The cut is made in the perineum, and the object is to get the knife into the groove of the staff, by which time it has penetrated a portion of the urethra; then the staff is brought forward into a parallel position with the knife, and on a line with the bladder, in order to make a larger incision: the staff is then allowed to remain, and the finger is introduced, in order to ascertain the wound you have made.

Sir J. Scarlett.—You then introduce the finger and feel for the stone, after finding which, you introduce the forceps along the finger, and lay hold of the stone?

Witness.—No: in order to do that you must make too large an incision, or else have a most extraordinary small pair of forceps. At the time of the operation I was sitting in a chair immediately behind Mr. Cooper. I never saw Mr. Cooper before that day. I have no doubt but that the first incision penetrated the bladder. I have read the report in the Lancet, but I never corresponded with that publication. I take it in and read it weekly.

Sir J. Scarlett here read from the libel the following sentence:—"The first incision, through the integuments, appeared to be freely and fairly made; and, after a *little* dissection, the point of the knife was fixed (apparently) in the groove of the staff, which was now taken hold of, and the knife carried onwards—*somewhere.*" The learned counsel asked the witness whether the word "somewhere" did not mean to convey an idea that the knife did not go into the bladder?

Witness.—I think it means to convey an idea that it might or might not have entered the bladder. I do not know whether the operator would be the best judge of whether

the forceps entered the bladder or not—it would depend upon what sort of an operator he was. (*A laugh.*) I am not prepared to swear that the forceps were a second time used with considerable force; I will neither swear to, nor contradict it. I mentioned my opinion of this operation to several persons, but I cannot now say to whom.

Sir J. Scarlett then read the following sentence, and asked the witness whether the statement it contained was correct:—"The forceps were again used, but as unsuccessfully as before; they were pushed onwards to a considerable distance, and with no small degree of force."

Witness.—I am not prepared to swear to the truth of this—I cannot comprehend it.

Re-examined by the Defendant.—The staff was introduced a second time; it would not have been necessary if the first incision had been large enough. I have never seen the defendant before this day, that I am aware of.

Mr. John Clapham examined.—I reside at Thornhill, near Peterborough, and practise as a surgeon with my father. I am a licentiate of the Apothecaries' Company. I have studied surgery at St George's Hospital. I witnessed the operation of lithotomy, performed by Mr. Bransby Cooper, at Guy's Hospital. The report in the Lancet is correct, as far as I recollect. The patient appeared a healthy man, and a favourable subject for the operation. On the withdrawal of the knife there was a small quantity of fluid, I can't say of what sort, but I suppose it was urine. I saw no gush of urine subsequently. Mr. Cooper used a knife to enlarge the openings, before he introduced the forceps. The forceps were introduced more than once before the second cut. I had never seen that done before. The forceps were introduced with much force, and the operator did not appear in a state of self-possession. He said he could not reach the bladder with his finger. Great force was used with the hand. More than one gorget was used. He introduced sounds and staves at the wound in the perineum. I never before saw the gorget employed after the knife had been used to cut into the bladder. A scoop was employed. There were no fragments extracted in this case. The operator stated, in the presence of the patient, that he could not understand the case. I never before heard a surgeon speak of the difficulties of the case in the presence of his patient. He said he could feel the stone with the sound, but that he could not feel it with the forceps. I heard the staff strike the stone. The reason why he could feel the stone with the sound, and not with the forceps, was, that the narrowness of the opening would not admit them. I did not hear Mr. Cooper ask Mr. Callaway if he had a long finger, but he measured fingers with Mr. Dodd. I never saw an operator act in a similar manner while his patient was bound on the table. He appeared confused; his movements were hurried; he used the various instruments out of their accustomed order. The operations of lithotomy which I had before witnessed have occupied from two to six or eight minutes. I never saw any that lasted for a longer period than eight minutes. Mr. Cooper's operation occupied an hour. I never before witnessed an operation in which so much violence was used, and I do not believe it possible that the patient could recover after such an operation. I am aware of no circumstance in the anatomy of the parts which were calculated to render the operation so tedious. The stone was not so large as a walnut. The blood had ceased to flow from the external wound before the operation had terminated. The parts appeared bruised.

Cross-examined by *Sir James Scarlett.*—*I was 20 years of age last January.* I have not yet finished studying, and am still a pupil of St. George's Hospital. I have had no explanation of these matters since I came to London. I had no string of written questions put to me, and I have examined no models. I went from curiosity to see the operation performed by Mr. Cooper. The surgeon who performs the operation of lithotomy has always a variety of instruments near him. I have witnessed about half-a-dozen operations of this kind. I was on the third or fourth row from Mr. Cooper, a little to his left hand. A great number of persons were present; there might be as many as 200. I should think Mr. Callaway was a competent judge of operations of this kind. When the first incision was made, it did not reach the bladder. There was a small quantity of fluid, which I supposed to be urine, before the forceps were introduced. I am of opinion that the knife did not reach the bladder. I am a licentiate of the Apothecaries' Company. *I am not 21. My representation of my age was not correct to the Company.*

Sir J. Scarlettt.—You mean it was false? Witness.—Yes.

Sir J. Scarlett.—Did you not swear it? Witness.—No, I gave my certificate.*

Sir J. Scarlett.—Are clergymen in the habit of giving false certificates? Witness.—No.

Sir J. Scarlett.—Where, then, did you obtain it?

Lord Tenterden said he must stop the examination. When he found a person obtaining his licentiate by means of a false certificate, for which he was liable to be indicted and punished, it was his Lordship's

* The affidavit of this witness to his age was afterwards put in by Mr. Watson.

duty not to allow him to proceed further in his evidence.

The witness then withdrew.

Mr. Joachim Gilbert examined.—I am a member of the College of Surgeons. I was at Guy's Hospital in March last, and witnessed part of the operation of lithotomy performed by Mr. Cooper. I was present about 35 minutes. I could not endure witnessing any longer the manner in which the operation was performed. The operator used much violence,—I should say great and unnecessary violence. He used the instruments in the accustomed manner of other operators. I saw the staff introduced by Mr. Cooper. Mr. Callaway was desired to hold it on the left side of the patient, and then Mr. Cooper made what is called the external incision, the cut, which he did very properly; then, after making the second incision, he carried his knife forward, and I should say held his arm too high; and he then carried his knife forward, between the bladder and the fundament. A flow of blood followed. He then put his finger into the wound and passed in a pair of straight forceps on his finger. He attempted to extract the stone, but failed. He then passed in the forceps four times following, but did not succeed in extracting the stone. He then passed his finger again into the wound, and in so doing used great violence. In withdrawing the forceps a squashing noise was heard. He then called for a crooked pair of forceps, which he passed upon his finger into the wound, and poked them about in the wound. In so doing he used great violence. He then withdrew them, and passed them in a second time. He again withdrew them, and passed them in a fourth time, and he then called for "Sir Astley's knife," (a laugh), and made a cut with it, and passed his finger into the wound; and in so doing used violence, twisting the finger about in the wound. He did not succeed in extracting the stone; and he then appeared to be very much confused. His hand shook a great deal. He was very pale, and his lips were very white. At the expiration of 35 minutes I quitted the theatre. My impression was, that the operation was very badly and very improperly performed. I have witnessed at least 20 operations of this kind. I never saw any last longer than from seven to ten minutes; and I have seen the operation performed in less than a minute.

Cross-examined by *Sir James Scarlett.*—I carry on my business at Beaminster, in Dorsetshire. *I am an assistant to Mr. Phelps, who married the defendant's sister.* I came to London at the time in question to pass the College. I am a pupil at Guy's, and I went there to be instructed. I did not see the report in the Lancet before it was printed. The first incision did not and ought not to reach the bladder. You are to avoid the urethra on making the first incision. The second cut, which ought to have reached the bladder, did not reach it, but went between the rectum and the bladder. I think it did not reach the bladder, and my reason for saying so is, that there was no flow of fluid. The forceps were thrust in with great and unnecessary violence.

Sir J. Scarlett.—As if he meant to stab the man?

Witness.—*Yes.* (*A laugh.*) I was on the first row of benches. I went away, not being able to witness the operation out. I never made any communication to the Lancet, nor do I know the extent of its sale. I never performed the operation of lithotomy. I have witnessed at least fifteen operations of that kind at Guy's Hospital, but not one of them was performed by Mr. Cooper.

In answer to some further questions by the defendant, the witness said he had seen the plaintiff perform other operations, and he did not consider him a skilful operator.

By Sir J. Scarlett.—I should say that he is an unskilful operator, *and that it would be a great benefit to the public to drive him away from his situation at Guy's Hospital.*

Sir J. Scarlett.—Have you ever witnessed the operation of tying the subclavian artery?

Witness.—I have heard of the operation, and have seen it performed once by Mr. Clive.

Sir J. Scarlett.—Which operation do you think requires the greatest skill upon the part of the surgeon, tying the subclavian artery, or lithotomy?

Witness.—I should think the operation of lithotomy requires the greatest skill.

Sir J. Scarlett.—Then you think it would require no skill to tie the subclavian artery?

Witness.—It would require skill to do so, but more skill to perform the operation of lithotomy.

Sir J. Scarlett.—Have you attended any lectures since you came to town?

Witness.—No.

Sir J. Scarlett.—I mean, none at Wakley's. (*A laugh.*)

Witness.—No. Mr. Wakley called at my lodgings yesterday morning, and stopped for a few minutes; but he did not even sit down, and that is the only conversation I have had with him since I came to town.

The Defendant.—*Do you consider that a very ignorant surgeon might, by accident, tie the subclavian artery with success?*

Witness.—I do. (*A laugh.*)

Mr. John Thomas examined.—I witnessed the operation of lithotomy performed by Mr. Bransby Cooper. I have not read the report in the Lancet. I am demonstrator of anatomy at Mr. Sleigh's school. Speaking according to my impression, I think I never saw an operation performed so unscientifically, and in so bungling a manner, as that

performed by Mr. Cooper. I have never spoken to the defendant before to-day, and *I don't even know his name.*

Cross examined by *Sir James Scarlett.*—Mr. Sleigh's school is in Dean-street, in the Borough. Mr. Sleigh is surgeon to the Western Hospital, a newly-erected institution, which Mr. Sleigh established himself.

Sir J. Scarlett.—Suppose the defendant to be the author of the Lancet, I want to know how it was that he came to know your opinion on this operation?

Witness.—I confess I was rather surprised at it myself. I was not subpœnaed till a late hour last night.

Sir J. Scarlett.—Do you know, now, how it was?

Witness.—Yes. In conversation with a pupil named Rainsford, I made the remark that I had seen the operation, and that I thought it was performed in a bungling and unscientific manner. He has told me to-day that he communicated this fact to Mr. Wakley. I have made communications to the Lancet. I have made four—three of which were inserted. Those communications were at long intervals, and I did not put my name to them. I arrived at the theatre after the incision was made into the bladder, and I stayed about 35 minutes, during which time the operation was going forward. I have been demonstrator at this new school since last October. I was present at three operations in lithotomy at Guy's Hospital.

Mr. Jeffry Pearl examined.—I witnessed the operation performed by Mr. Bransby Cooper. I have read the report in the Lancet, and I am not aware of its being incorrect, except that Mr. Cooper asked for "Sir Astley's knife," and not for "my uncle's knife," as stated in the report. There was no gush of urine as usual, but merely a trickling. I sat about the middle row, on the operator's right hand. (The witness was examined to various minute facts, deposed to by some of the preceding witnesses, and, in part, corroborated their testimony.) *Three fingers at once were introduced.* I could, I think, sitting where I did, distinguish between a small portion of arterial blood and a mixture of venous blood and urine—arterial blood comes in bursts. After the staff and knife were pushed forward I believe that there issued a small portion of both venous blood and urine. There was not a gush of fluid at any subsequent period. I rather think that Mr. Cooper attempted to introduce the forceps after the first incision, and that, failing in being able to do so, he made a second incision. The same forceps was introduced repeatedly, and great force was used. The operator opened and shut the forceps with great violence. The forceps was a curved one, and it was pushed in to a considerable distance. The fingers of the operator were introduced and turned in the incision. I have witnessed, I believe, twenty operations in lithotomy, and none were performed in the same manner as this. The usual time for the performance of an operation is from four to five minutes. I saw one by Mr. Green which lasted nearly an hour; but that was a peculiar case: the patient had been operated on twice before, and the cicatrix was hard and uneven, and he had two very large stones to extract, which crumbled into innumerable small pieces in the bladder. The time was there occupied in removing the fragments. There was no force used by Mr. Green, and his manner of using the scoop and forceps was decidedly contrary to that of Mr. Cooper. The stone in the case of Mr. Cooper was about the size of a Windsor bean. I heard Mr. Cooper say, in the hearing of the patient and the pupils, that he could not explain the cause of the difficulty. He turned round to the pupils and said, "I can conceive no earthly difficulty against my extracting the stone." He said, "Hush, hush! I can hear the stone, but cannot extract it when I apply the forceps." I think, continued the witness, that he might have taken the stone, had he introduced the forceps scientifically. The sound might have passed through a hole too small to admit the forceps. Mr. Cooper did not appear to me to be in a state of self-possession, and I think that he used his instrument without any rational object. The operation lasted about an hour. I saw the parts after the death of the patient, and I could not discover any cause in the formation to account for the delay in the operation. When I saw the bladder there appeared to me to be two incisions in it. A portion of the neck of the bladder was between the two incisions. The incisions were oblique, and not horizontal, as any incision ought to be in such an operation. I think it utterly impossible that the patient could have survived after such an operation as this one. Thebladder appeared to be very much thickened from violent inflammation. Bruises in the bladder would be likely to produce great disorganization and inflammation. I saw Mr. Bransby Cooper operate, and I should not conceive him to be a good operator by any means. I have been a pupil of Guy's Hospital more than a year, but am not a member of the College of Surgeons.

Cross-examined by *Sir J. Scarlett.*—I have been attending the hospital a year. I commenced in October 1827. I was apprenticed at Woodbridge, to an army surgeon. I never performed lithotomy myself. I continue at the hospital now. I have seen most of the operations at the hospital. I never saw Mr. Bransby Cooper perform an operation skilfully except one, and that was tying the subclavian artery. I consider that to be a difficult operation; but it may occasionally be performed by an unskilful operator. Mr.

Laundin handed the instruments to Mr. Cooper; Mr. Callaway stood next. I read the report in the Lancet on the day it came out. Mr. Cooper did not use the phrase "My uncle's knife;" but I have heard him repeatedly say, "Fetch my uncle's gargle, or my uncle's mixture." (A laugh, in which Sir Astley Cooper joined.) It was Dr. Hodgkin's duty to dissect the body, as he conducts the post mortem examinations. A gentleman of the name of Lambert introduced me to the defendant. I saw him at Mr. Lambert's house; the conversation turned upon this subject, but I did not know from that or any other conversation that Mr. Lambert was the person who furnished the report. I suspected Mr. Lambert, because he was generally suspected. I have been at his house three or four times. I never met the defendant there above once. A pupil was present when I saw the defendant. The defendant asked me whether the report was correct. *The defendant and Mr. Lambert endeavoured to shew that the forceps had passed between the bladder and the rectum.* They did not endeavour to persuade me to state that fact, but they gave very good reasons for their believing it. Mr. Whitaker was present, but no other person. I was there an hour. No model was produced to assist my reasoning. I called at the defendant's house last Monday, and stayed only ten minutes. There was a conversation as to the time of the trial coming on. I am not competent to say whether or not the forceps passed between the bladder and the rectum; I had not formed any opinion on the subject, but I can state that the operation was not scientifically performed. I believed that at one time the forceps was between the bladder and the rectum. On seeing the parts after death, I observed Mr. Lambert had his hand between the bladder and the rectum, and took the part up to Dr. Hodgkin, and said, "Doctor, here's an opening." I did not hear Dr. Hodgkin say, "Thou hast done it thyself." I do not believe Mr. Lambert did it.

Re-examined.—The defendant did not persuade me to give any evidence in this cause; he asked me to read the report again, that I might be satisfied of its correctness.

Mr. James Lambert stated that he was present at the operation, and furnished a report to the defendant, from which the printed statement was made. The latter was substantially true. He informed the defendant on his word of honour that the report was true, and rather an under than an overstatement of the facts. The witness then described the circumstances attending the operation in nearly the same words as the alleged libel. After which, he proceeded as follows:—"I examined the parts after they were removed from the body, in the demonstrating room. Several of the pupils were present. My attention was principally directed to ascertain the cause of the difficulties which attended the operation. I found the prostate gland slightly enlarged, and on the left side a smallish oblique cut. The parts around the gland appeared to have been bruised, and were dark-coloured. On the under part of the neck of the bladder there was a little projection, about the size of the tip of my little finger. This I took to be an enlargement of what is called the third lobe of the prostate gland. I found, on passing my finger on the under part of the bladder, that it passed up between the bladder and the rectum with the greatest facility. I did not make use of the slightest force in doing this, nor did I break down any structure. I was going on with my examination, when Dr. Hodgkin came to me very angrily, and said, "I wish people would not come here who have no business, and pull things about." He also said that somebody had broken down the fungous growth which I have described. I was conscious that I had not touched it, and I assured him that I had used no violence whatever in examining the preparation. I do not remember the name of any other pupil who was present but that of Mr. Pearl. There were six pupils present. Dr. Hodgkin said it was not a deep perineum. I think his expression was, "There is nothing remarkable about it." Mr. Key said it was not a deep perineum. I said to Mr. Key, "It seems to me the staff which you invented will never do for a deep perineum." Mr. Key replied, that this "was not a deep perineum, and that if I thought so, I knew nothing about it." I saw nothing in any part of the preparation to account for the delay in the extraction of the stone. I never saw a perineum in which I was unable to reach the bladder with the finger. My impression was, that in the case in question the bladder could have been reached with the finger. I did not see in the neck of the bladder, or the prostate gland, an incision, like the form of the gorget which was used in the operation. If the gorget did not pass into the bladder, it was likely to pass between it and the rectum. I have never seen the gorget passed between the bladder and the rectum by a skilful operator, or by a person having any pretensions to skill. The gorget was used subsequently to both the knives. The knives were not used more than once each. I cannot speak to the cutting gorget being introduced more than once. I never saw an operation performed in a similar manner. The operator did not appear to be in a state of self-possession. I do not believe the patient could recover under such an operation. I do not think Mr. Cooper a good operator, but I once saw him tie the subclavian artery in a very skilful manner. That is not a difficult operation to a man who has any nerve. I do not think

Mr. Cooper's abilities are adequate to the office of surgeon to Guy's Hospital.

Cross-examined.—I am a surgeon, and have been in the profession 13 years. *I consider myself more competent than Mr. Cooper.* I am 28 years old. About six years ago I began to attend the hospital, and was admitted a surgeon three years ago. I am now practising. *I have contributed largely to the Lancet, and derived a considerable emolument from it.* (After some hesitation.) *I did not derive more profit from this source than from my profession. I received eight guineas per month for a certain quantity, and extra payment for all beyond that quantity.* The payment of the extra quantity was in proportion to its length. The work is said to be clever, but does not indulge in personal attack, except in the cases of public functionaries. I cannot say that the circulation of the work is increased by these attacks. The publication produces the defendant a handsome income. *I do not remember that Mr. Cooper ever threatened to turn me out of the room.* (Question repeated, and after considerable hesitation,) *I do not remember that Mr. Cooper threatened to turn me out of the room; but some angry altercation took place between us, and I left the room.* I do not believe that I was turned out. This was at a public dinner. I never remember on any other occasion Mr. Cooper saying, "Either you or I must leave the room, unless you make an apology." *The surgeons of the hospital are nicknamed* bats. *Some altercation took place between us respecting my use of that word. I told Mr. Cooper that I did not mean to apply it personally to him. I do not remember ever to have said, "I will watch my opportunity, and make him repent it." I will not swear that I did not do so, as I am a man of warm feeling, and say many things which I do not mean; but I do not think it possible that I could have said so. The report of the operation was part of my weekly contribution to the Lancet.* There were one or two expressions in the manuscript more severe than what appeared in print. I had stated that the operation lasted more than an hour, and the defendant said he would rather be under than over the mark. I have not seen the manuscript since the publication. I saw no gush of urine during the operation, and that I think a reason for supposing that the knife never entered the bladder. I have some doubt whether Mr. Cooper said, "Bring me my uncle's knife," or "bring me Sir Astley's knife." I have taken the examination of the defendant's witnesses, and from that arose my doubt. *I put the report in the dramatic form, and furnished the quotation from Bell.* I intended to convey the impression that the patient had lost his life from want of skill. I do not think it a subject for joking on. I appended a note, in which it is represented that the man came to town to be "operated on by the *nevey* of the great Sir Arstley." Mr. Hodson, of Lewes, sent the man to the hospital. *I know Mr. Clapham, a licentiate to the Apothecaries' Company. He is my cousin.* I did not assist in procuring his license. I was surprised at his getting it, as he was not of age. *I have not made any bets on the issue of this cause. I have said that the odds were so and so.* I do not recollect what I said the odds were. I have taken pains to collect evidence. I do not know that the witnesses have been shown a model, and heard a lecture to prove to them that the forceps passed between the bladder and the rectum. *A lecture was given by Mr. Grainger: I do not know whether the lecture was given with a view to this trial; but I myself have demonstrated the parts to persons who were to be witnesses in the cause.* I examined the parts with a view of refreshing my own memory. *The defendant was there whilst I was explaining the parts to persons who were to be witnesses. The defendant also explained them to the same persons.* I will swear I did not hear the defendant say, Mr. Cooper "murdered the man as much as if he had cut his throat with a knife." I will not swear that I did not make use of the expression myself. *I have heard explanations given to persons who were to be witnesses in this cause four or five times within the last six weeks.* I stood very close to Mr. Cooper during the operation, on the left hand side. I do not recollect that Mr. Key said he had used the straight staff in cases of perineum twice as deep as the one in question. I remember he told me that I knew nothing about it. I have been refused admission to Guy's Hospital since the publication of the report; *I was turned out of Middlesex Hospital four years ago, and I have also been refused admission to St. Thomas's, on account of the report.*

Re-examined.—I was expelled from Middlesex Hospital because I was connected with the Lancet. I never sent a single report from that hospital before I was expelled. When I spoke of the odds respecting the cause, I meant, that as we had a great deal of good evidence, I thought the chances were much in our favour. I have not offered any bet. Mr. Grainger's School of Anatomy is of high repute; the lectures were open to any person; several of Mr. Grainger's pupils were subpœnaed on each side. [*This witness gave his evidence during the cross-examination with evident reluctance, and towards its close the Lord Chief Justice said to him—"Sir, you have not answered one question in a straightforward manner, like a man."*]

Alexander Lee was the next witness, and deposed as follows:—I am not acquainted with Mr. Cooper. I never spoke to him. I have been five years in practice as a surgeon. I saw Mr. Cooper perform the operation at Guy's Hospital; it was performed in the usual manner, but was tedious. It was the first time I ever saw Mr. Cooper perform the operation of lithotomy. I have seen the

operation performed from 50 to 100 times. It is usually performed in ten minutes; I only know one instance of its lasting a quarter of an hour. I do not know any circumstances which occasioned the delay in Mr. Cooper's operation. Three instruments were introduced. I did not observe whether the operator was collected. I am not sure whether the forceps was introduced into the bladder on the first attempt. Mr. Cooper reintroduced the knife to make a second incision. The operation lasted for more than half an hour; I think it did not last an hour. I have no hesitation in saying, that it lasted from half an hour to 40 minutes. I am not prepared to give an opinion as to whether the operation was skilfully performed. I consider Mr. Callaway a better surgeon than Mr. Cooper. Generally speaking, the report in the Lancet is correct. I consider the form of the report objectionable. Some expressions in the Lancet I did not hear the operator use. The stone extracted was small.

Cross-examined.—*I have been a merchant's clerk, but was bred a surgeon. I dealt in potatoes about* 10 *or* 12 *years ago.* I have operated in lithotomy on dead subjects. When an operation is in hand, no person can so well explain the difficulties as the operator. It often happens that what appears ambiguous to a by-stander, the operator, if asked, would be able to explain. This is more particularly true where the operation is performed by feeling only, and not by the eye. *It is rash to give an opinion of an operation of this nature without asking the operator to explain what appears doubtful. No surgeon of experience would venture to give an opinion without speaking to the operator. I think it most presumptuous and rash in a young man and a pupil to give an opinion without speaking to the operator.* Next to the operator the person most competent to give an opinion is the assistant-surgeon. The report in the Lancet is a very unprofessional report. The mode of operating for the stone is not settled in any country, and any surgeon uses what instruments he pleases. I saw a small discharge from the first incision. It was impossible to say whether it was blood, or blood and urine mixed. Sometimes the stone is embedded in the folds of the bladder, which contracts on the approach of an instrument. On these occasions it is better to allow the instrument to remain in some time.

Re-examined.—I think Mr. Cooper owed it to the class to give some explanation of the cause of the unusual difficulty. It is possible that a skilful operator would have discovered the cause of the difficulty.

Thomas Bolton.—I am a surgeon. I read the report in the Lancet. It is generally correct. The operation lasted an hour. I never saw so many instruments employed before. The operator was not in a state of self-possession at first, but he recovered. I never saw the cutting gorget used at the same time with knives on any other occasion of a similar nature. Before Mr. Cooper extracted the stone, he said he could not explain the cause of the difficulty. I do not consider that the operation was scientifically performed.

Cross-examined.—The operation in question was the sixth I have seen performed. I have seen none since.

Benjamin Harrison.—I am treasurer to Guy's Hospital. I have held the office 31 years. Mr. Cooper was elected assistant-surgeon on the 14th of May, 1825, and Sir A. Cooper was elected to the office of consulting surgeon on the same day. When Mr. Cooper was elected, he was considered perfectly competent to the office. None of the governors of the hospital are surgeons; but they have daily opportunities of ascertaining the qualifications of the apprentices. Mr. Cooper was elected to his office because he was best fitted to fill it. He would have been elected if he had not been Sir Astley Cooper's nephew.

The defendant pressed the witness to state whether he did not consider Mr. Callaway a better surgeon than Mr. Cooper.

The witness said he did not like to give an opinion upon so delicate a point.

The *Lord Chief Justice* said, that the question was a very invidious one. Supposing the merits of the two gentlemen to be equal, the governors had a right to elect Mr. Cooper if they thought proper.

Cross-examined.—Mr. Cooper was demonstrator under his uncle, and gave great satisfaction. He was recommended by all the surgeons in the hospital. *Sir A. Cooper did not know that the hospital intended to elect his nephew, till I informed him of it.* I knew that Mr. Cooper had served in Norwich Hospital, and also as army-surgeon in Spain, under the Duke of Wellington. He likewise served in the same capacity in Canada, at the close of the last American war. He afterwards studied at Edinburgh for two years. He then came to Guy's Hospital. Mr. Cooper has always maintained the reputation which induced the hospital to elect him.

Mr. Wakley then proposed to put in the preparations taken at the hospital, as part of his case, stating at the same time that an adequate examination of them could not take place in the glass.

Sir James Scarlett said that if the defendant could not make out a case without these preparations, he could not make it out with them.

The preparations were then brought into court, and were examined by several medical gentlemen.

Lord Tenterden, (addressing the defendant.)—Whom do you call to speak as to these preparations?

Mr. Wakley.—I call Mr. Holdiman Partridge.

Mr. Holdiman Partridge examined.—I have examined these preparations. Whilst they are in the glass I cannot see the incisions; I see the opening in the bladder. I cannot give any reason why the operation should have lasted an hour, without having the preparations in my hand; and I would not like to give a decisive opinion on the subject without having examined them by myself. I cannot, as the preparations are now before me, say whether the incisions are oblique or horizontal.

Mr. Wakley.—My Lord, I have not had an opportunity of examining any of the preparations, nor have any of my witnesses.

Lord Tenterden.—I can't help that, Sir.

Mr. Wakley said that his case was now closed.

A short conversation took place between Sir J. Scarlett and the Lord Chief Justice, as to the propriety of proceeding with the plaintiff's case that evening.

His *Lordship* seemed desirous that Sir J. Scarlett should open his case that night, and proceed with the examination of his witnesses to-morrow; but

Sir J. Scarlett submitted that it would be more convenient to the interests of justice that he should address his remarks to the jury when they were fresh, and not in such a state of exhaustion as they must be in at present, after the fatigue of the day. As far as his own personal convenience was concerned he would rather proceed that evening, whilst the facts were fresh in his memory; but as it was impossible to close the plaintiff's case that night, it would be more conducive to the interests of justice that it should be placed at once before the view of the jury.

Lord Tenterden then adjourned the court till half-past nine o'clock on Saturday morning.

SATURDAY.

The hall-doors were thonged at an early hour, by persons anxious to obtain admission into the court. The officers, however, adopting a different course from that of Friday, kept the crowd at the outer doors; and, until the jury, counsel, and witnesses were admitted, those who had assembled from curiosity were not allowed to force their entrance. The gallery and back benches were filled by witnesses and medical students interested in the cause.

As soon as the jury had assembled, one of them asked permission to put a few questions to Lambert, but which were unimportant.

Sir J. Scarlett then addressed the jury for the plaintiff

Gentlemen,—The time has at length arrived when the plaintiff is entitled to lay before you the grounds on which he seeks redress, for one of the most injurious attacks upon his fortune and fame that ever appeared in a court of justice—invented by malice, and defended by falsehood. Hitherto he has been put on his defence, though he is the party complaining; and, though he seeks redress at the hands of a jury, such is the fate of human affairs, that during an entire day he has been placed upon his defence as if he had been indicted for a criminal offence; and up to the present hour you have had no means of knowing of what he complains, unless, perchance, you have read the libel in the evening papers of yesterday, where it is given with a curious exactness, furnished, no doubt, by the defendant, or his attorney, for the purpose of giving to that proceeding, of which the plaintiff complains, the widest possible circulation, without any antidote or explanation; thus striking still deeper into his bosom the injury he had before received. The proceedings of to-day and yesterday will furnish every reasonable man with grounds for grave and serious reflection. It is not for me to complain of the forms of law, or of the practice of courts of justice. I submit, as every subject of the realm is bound to do, to the rules laid down by the court; but in this particular case I may perhaps be at liberty to suggest how unfortunate it is for an individual, attacked by a gross and malicious libel, that he should have the public interest excited to hear the accusation against him, and when that has subsided, he is to be put on his defence. I use the word accusation, because I have no doubt you all feel that you are now sitting in judgment, not upon the question—what reparation should be made to an injured individual for one of the basest and most malignant libels which any man could complain of, but whether the plaintiff is not a person unworthy of the public situation which he fills,—a person who has contributed to shorten the life of a fellow-creature, and who is deficient of that skill and knowledge of his profession which he ought to possess, and which no man, having any skill or knowledge himself, has ever dared to doubt he does possess. I have some reason to regret the fate that has attended my client—when he entered upon the threshold of the court, and before he had time to procure the aid of the law, he met the sword of the assassin; before he could utter a cry of complaint the wound was made deeper and deeper in his side. He is traduced, and his character dissected, in the manner you heard yesterday; and now you come with minds, no doubt, prepared to hear what it is he complains of, and on what it is that you are called upon to give a verdict. I am no enemy to the periodical press—far from it—though I have never flattered it, and

never will; but, I will say, that the example of this proceeding will give it a triumph and an influence which it never had before. I will now enter upon the case, and endeavour to dispel the doubts, if any doubts you entertain, whether the plaintiff, Mr. Cooper, be such a person as yesterday he was represented to be. He is a gentleman who has the honour of being connected with Sir Astley Cooper, my highly esteemed and excellent friend. In early life, as soon as his profession was finally chosen, Mr. B. Cooper became a pupil at the Norwich Hospital,—the most distinguished, with the exception of those in London, for the operation of lithotomy. He served with diligence in that hospital for nearly two years. He then came to London, and was admitted a pupil of Guy's Hospital, where he continued for a year and a half, or nearly two years, when—as I hope I may be allowed to say, without offending any body, his merits, as well as his manners, recommended him to that notice by which he was appointed assistant surgeon to a regiment of artillery, which regiment he accompanied to Portugal in the year 1813, and was present in every battle till that of Toulouse,—that grand effort which crowned all our victories, and was the basis of the peace in 1814. His first exhibition of coolness was in operating in the field of battle, amidst the roar of cannon, and exposed to danger. His experience as a surgeon was earned in that extensive field where a man requires both confidence and talent, and he had an opportunity of showing that talent which was the ground of his honourable relation's wishing him to pursue that profession for which his abilities appeared to render him so peculiarly eligible, and in which, if he pursued it with the interest and talent he had exhibited, he had a prospect of attaining great eminence. He went with his regiment to Canada, and served nearly a year in that unhappy war, in which we had the misfortune to engage with our friends in America. On its termination, and when he returned to England, he was sent to Edinburgh; and there he received all the education which a man could receive as a pupil. He was placed in the high situation of president of the Medical Society. He had it open to him to choose what line he thought fit. He might have taken his degree, and established himself as a physician; but he had the example of his illustrious uncle in his view—one of the most distinguished as well as the most prosperous men in his profession. Sir Astley Cooper was the surgeon of Guy's Hospital; and Mr. Bransby Cooper became bound an apprentice to his uncle in 1817, and during that period his assiduity was unremitting. I have a right to say so, from the evidence of that excellent and honourable man, who gave his testimony yesterday (who was intended to be insulted by the defendant), and who stated that his conduct was honourable to himself and satisfactory to all around him. Sir Astley Cooper (who made his nephew his demonstrator of anatomy) gave lectures there, and found him a valuable assistant. This led him to obtain an intimate knowledge of all the most abstruse parts of his profession, and he had an opportunity which every man did not possess, to become by-and-by of the same fame and the same success as his honourable relative. He did more than that. Sir Astley, whose practice had probably been more extensive, for a number of years, than any other surgeon in the world,—called by all sorts of persons to perform the most difficult operations, and who never, as those who knew him could say, allowed even the calls of the poor to be disregarded,—who bestowed as much in humanity as for gain—Sir Astley, having daily and nightly requisitions, was obliged to do that which every person in his extensive practice must do—namely, have a person to assist him when he was called upon in a case of emergency, in order that his patients might not want the aid of a competent person. Mr. Bransby Cooper having received instruction in the same school as himself, Sir Astley found in him one of the fittest persons to assist him, and able, according to the statements of that eminent man, to discharge the most important duties, when Sir Astley himself, from the impossibility of being in two or three places at the same time, was obliged to employ an assistant. It cannot be supposed that such an employment was the result of favour. The surgeon who employs an assistant is obliged, for his own honour and interest, to employ a competent one; for you will consider what situation Sir Astley would be placed in, if, on being sent for to perform a difficult operation, and he being at the same time otherwise engaged, he had sent for his substitute a person who was found to be incompetent, or suspected to be so. Sir Astley would, in such a case, have been ruined in practice as well as in reputation. I have therefore a right to say, that not by his education only, but by that best testimony which Sir Astley bore to his nephew's fitness and capacity, that that fitness and capacity were established beyond all doubt on the most substantial evidence. His apprenticeship expired in the year 1823: he had at that time considerable experience and great practice. He then became a surgeon on his own account; still, however, continuing to render assistance when his uncle required it. And now what happened at Guy's hospital? That establishment—about which, for the present, I shall say nothing, except that it is highly useful and of the greatest advantage to the poor—that establishment,

or rather the individuals connected with it, and the Governors, upon whose character no impeachment was ever made until this scandalous publication appeared, thought it expedient, and for the advantage of their charity, to establish a school of anatomy, like that which existed at St. Thomas's. They had a right to do so; and having done so, who was it that dared, unless he defied all decency and common sense, to complain of their conduct because they sought for a surgeon in their own resources? But it was said that they ought to have advertised and sought for information in the Lancet? The Lamberts and the Wakleys would then have been ready to come forward from their dark recesses, to have rendered their assistance in choosing surgeons for the hospital. It was not from the school of Cline, or Astley Cooper, that surgeons ought to be elected; no, it was from the recommendations and patronage of the editor of the Lancet, Mr. Wakley, that information was to be obtained on such a point. That was the wound which had sunk deep into the defendant's breast; his dignity had been slighted, his knowledge of surgery had not been appreciated, and the patronage of his work had been disregarded and passed unnoticed by the governors of Guy's hospital, who had thought right to elect out of their own body an individual whom they considered in every respect competent to fill the situation of surgeon. I hope the jury will not think that the governors of the hospital deserve to be tried and executed, because they thought it right to look into the school of Cline and Sir Astley Cooper for a surgeon to supply the vacancy in the hospital. But the defendant has attempted to prove that which he had the audacity to allege—namely, that it was through the instrumentality of Sir Astley that Mr. Bransby Cooper was placed in that situation, and that he was placed there without regard to his professional merits. He has not, however, proved that fact, but has proved the very reverse.

I have thus stated the history of Mr. Bransby Cooper, and the circumstances under which he was appointed one of the surgeons of Guy's hospital. It is now time that you should hear who the defendant is. I should have known nothing of him except for the occurrences of yesterday; but I cannot help observing his extreme ignorance in the art which he professes. He is as ignorant of his own profession as he is of good taste. But I speak of him only from his exhibition of yesterday; I have never heard of any operations performed by him, and I believe he is known to the public exclusively for publishing the Lancet, which it appeared he projected himself. That work, it should seem from his own statement, was established for the purpose of publishing lectures delivered at the hospitals—in other words, for the purpose of committing plunder on the property of others, to assist himself. What! is it to be said that Mr. Cline, or Sir Astley Cooper, or any other eminent surgeon, shall compile a course of lectures, and deliver them to the pupils of his own class at the hospital, who pay him for attendance, and remunerate him for those labours, and that a periodical paper shall rob him of all advantage, and, without his leave or license, make them public, so as to give to all the pupils in the kingdom who are desirous of studying his art, the advantages which the lecturer thought he had established for himself; that he should rob and injure him, and gain ten times more than he did himself acquire, after being at all the labour of compiling his lectures?—that he should do that which would render it unnecessary for the pupils to attend the lectures, because all the advantages derivable from their attendance might be gained by reading the reports of them in the Lancet? Can it be supposed that there are any persons in an honourable profession so base and ungentlemanly as to make use of the privilege which is allowed them of attending lectures, for the purpose afterwards of giving them to the world without the leave of the lecturer himself? Yes, there were those who were contributors to the Lancet who were base enough to do this, and who thus enabled the editor to make his five or six thousand a year, and to gain the reputation of being a "popular writer!" The defendant has himself avowed that the Lancet is a work founded on the principles of robbery and plunder. He stated that he obtained his communications from pupils at the hospital, and he called them "men of honour!"—men who were induced to betray their trust and surrender their honour, and who by making contributions of the lectures they heard, furnished that to the public which ought never to come out of the walls of the hospital except through the lecturers themselves. But this was not a robbery of property merely—it was a robbery of character and reputation. I am glad that I am addressing gentlemen of education, as I only wish that this matter should be judged rightly. I ask whether, supposing one of you had taken great pains to prepare a course of lectures, which by-and-by you intended to publish yourself, could you endure it if an unfledged pupil, who had been admitted to the hospital, and allowed to take notes for his own instruction, was afterwards to furnish them to a person, who meant to commit them to the press without those revisions and corrections which an author is generally anxious to make in his works before they are submitted to the public eye?

Could any man, and particularly a public lecturer, suffer such use to be made of his works? Suppose one of you trusted to a person the key of his cabinet, which contained written communications, and that he made extracts from them, and sent them for publication in the Lancet, would you not think that that man was one of the basest of his kind, and would you allow him to enter your doors again? And yet these are the persons who contribute to the Lancet, and these are the means by which the editor, Mr. Wakley, is enabled to roll in his carriage, and laugh—laugh at the parties whom he thus robs and plunders. Upon the defendant's own confession, I am justified in saying that this work (the Lancet) is a sort of literary raven, which lives by plunder, and shamelessly holds up its head by the injury which it inflicts on others.

I now come to consider what has been done by the plaintiff, Mr. Bransby Cooper; and you are not to believe that you had any information on this subject from the witnesses whom the defendant examined yesterday—from such persons as Lambert the reporter, the pupil of six months, or the demonstrator of Mr. Sleigh's school, situate at No. 1, Dean-street, in the Borough! — you must not suppose that you had any information whatever on the subject from those persons. The defendant has called but two witnesses whose evidence is deserving of the least weight: one is Mr. Partridge, who is a surgeon; and the other Mr. Lee, who is a surgeon, and also a dealer in potatoes. The acquaintance between the editor of the Lancet and Mr. Partridge has no doubt very rapidly improved. I saw them sitting together, and whatever praise shall be due from the Lancet to Mr. Partridge, he will doubtless have it. It will, however, not be any praise which the respectable part of the profession would value—coming from such a source. A critical work like the Lancet, which mixes a great deal of vulgar ribaldry with its reports of cases of surgery,—ribaldry by some people called wit, and perhaps acceptable to the mass of persons whose tastes were not very refined—a work of this sort will, no doubt, have some weight with the vulgar—but by people of learning and of honour it is looked upon with contempt. Every person who, contributes to, or patronizes the Lancet, is celebrated in it; every one who does not, is abused by it; and no eminence, no skill, can protect a man against the attacks of the Lamberts, the Wakleys, and the young pupils of six months, who would be lifted up in superiority over the Coopers, the Traverses, and the Brodies, and all others possessing the feelings of gentlemen and men of honour.

Gentlemen, there is a certain privilege which belongs to this high profession,—it is something that is better felt than described; and the man who does not feel it, will not be capable of appreciating the argument I now address to you. In the ordinary traffic of life, called commerce, there is a course of plain dealing—of simple integrity, that marks the line between honesty, and the mere appearance of it; and the meaning of it is well understood by every man. But in the practice of a liberal profession there is a certain feeling of honour which becomes a gentleman, and which a gentleman only can feel; which renders it not sordid, but which gives it a character which belongs to such a profession—a certain dignity, a certain pride, which makes a man feel that profit is a secondary object to him—that fame and reputation, and the means of utility, are its greatest recommendations. Either in the profession of the law, or this profession equally honourable, and equally useful, or more so, that principle is debased, that principle is destroyed, if a man finds that it depends upon whether he makes concessions or no, to the editor of such a publication as the Lancet. If he finds that it depends upon whether he makes contributions—that he must court the editor, to acquire that fame which before was acquired by honourable competition and fair means;—it introduces into the profession a means of degradation that dispossesses liberty, and finally destroys it. What would you say, now, of the different surgeons, if at this moment any of the honourable persons in that situation were to tell you that all their reputation was acquired by such means, and that a man, if he has the misfortune to offend Mr. Wakley, the editor—or some contributor to the Lancet, although he may have that right feeling and those refined sentiments which would fit him for the honourable profession of a surgeon, yet still, having offended this person, he is to be held up to the public as unworthy of the situation which he holds? What, if in the law they were not to allow fair competition in a Court of Justice to determine who is the advocate which the public should employ, but that it should be given out beforehand by suppression and false representation—would not that destroy the honour of the bar? and would it not tend to degrade still more that honourable profession, if among themselves persons were to be found capable of making reports of their own exhibitions? Such a thing cannot be found in the profession to which I belong; but it has an example in the profession of which we are treating to-day. You have Mr. Lambert, who is said to be a surgeon, getting his eight guineas a month;—he it is who furnishes contributions from the hospital, where he has the privilege of attending. Such a course it is that degrades a profession—such a course it is that from my

very heart and soul I detest and abhor. But to return to the immediate subject of the operation which Mr. Bransby Cooper performed at Guy's Hospital. Mr. Cooper is now of the age of 34 or 35. He has performed many operations for the stone—many at Guy's Hospital—with complete success, *but those successful operations have not been reported by the Lancet.* He has also performed many other operations of the most difficult and complicated kind. There was a time when this operation of lithotomy was attended with almost certain loss of life. The improved state of surgery, however, has rendered the consequences of this disorder less dangerous, and the number of those who die, in comparison with those who are saved, is very few to what it formerly was. It is generally considered now that the number dying is about two in fifteen—that is, one to seven and a half. Formerly, they very rarely escaped. At one time the numbers were as one to four or five; now it is one to seven and a half. The disorder sometimes attacks infants, and in that form it is most easily dealt with. In persons of that tender age, the stone may be extracted almost to a certainty without hazard. With adult age the danger increases; but Mr. Bransby Cooper has performed the operation on, perhaps, one of the oldest men that ever suffered it—a person whose age was 87. The operation is never performed on an adult till he himself felt that the pain he suffered, or the apprehension of the loss of life is greater than the risk of the operation. Every man is to judge of that by his own feelings. There is something in the apparatus more terrible than in the operation itself—something that operates on the mind against being the subject of it; and it is nothing but the extreme pain, or the apprehension of loss of life, or under the hope of being relieved from it, that gives a party courage to submit to it. You may suppose, therefore, that no surgeon is ever called upon to operate unless under extremity, where the patient says—"I cannot live, I must die under it. The urgency is so great, that I call upon you for instant relief. All judgment is at an end. You must perform the operation, or I must die." What course is left but to perform the operation? Now you will understand, that the particular practice of different surgeons in some slight degree varies; but they are all employed for the same end. It is not for me here to describe and remark upon the merits of the different schools. You have heard that the French hardly use any of the instruments that we do. We use the instruments that we think best, and those which are calculated to give the least pain and uneasiness to the patient.

(The learned counsel went on to describe the operation, which he did in an admirable manner, and then proceeded.)

This is the usual course of the operation, but I will come now to the operation in question, which was performed by Mr. Bransby Cooper. The patient had been sent up from a parish in Sussex. Now, there are eminent surgeons at Brighton, and it is, therefore, only fair to assume, that the case was one of great difficulty, or the parish would not have gone to the expense of sending him to London to be operated upon. However, he was sent to the hospital, and Mr. Bransby Cooper saw him. He was a short man, with a hectic complexion, and Mr. Bransby Cooper ascertained that his kidneys were in a disordered state, so that it was necessary to postpone the operation until this disorder was abated. It was accordingly postponed, until the agony he suffered rendered the operation no longer proper to be delayed,—until, in short, it appeared that it must be performed, or the patient must die. Mr. Cooper made an incision, and there was an immediate flow of urine—not a gush; for, under such circumstances, no gush could ever take place, owing to the collapsing of the parts. He then inserted his finger, but could only reach the prostate gland, and could not reach the bladder. This he spoke of at the time. Feeling, however, by his finger in the prostate gland, that the wound was in the right direction, he put the forceps in, to see if he had reached the bladder. This was most easily to be ascertained by the forceps, for the forceps, being shaped like a pair of scissors, could easily be expanded within the bladder; and, if the stone was in the ordinary situation, he would easily lay hold of it; but the forceps could not be expanded in a solid substance like the prostate gland. Mr. Cooper, however, could not find the stone; he had no idea even where it was The first notion was, that the previous indications were fallacious, and that there was no stone at all, and Mr. Cooper felt very anxious, as any person would naturally be under such circumstances. He then had the option to carry his instruments all round the bladder, to feel for the stone, which would have required force, or make a second incision; he chose the latter, and, calling for Sir Astley Cooper's knife, he enlarged the wound, and then again tried the forceps, but without success. He then thought he would ascertain with the sound if, indeed, there was a stone, and then, upon withdrawing the sound, the curved point of that instrument struck the stone. This proved that the stone lay, as it were, upon the upper part of the pubes, and accordingly it became necessary to resort to the bent forceps, which, by means of its curvature, might touch the stone and bring it down. The bent forceps,

however, could not touch the stone; and, what was then to be done? The only mode was to make a wound in the prostate gland, large enough for the forceps to be introduced through it. Mr. Cooper then used the gorget, but not the blunt gorget. It was false to say that he had used the blunt gorget. He used the cutting gorget, which was like a prolonged scoop, and which had two advantages—first, that of making the wound sufficiently large; and, secondly, the advantage of not being able to make it too large, for it could not make a wound beyond a specific size. According to all the rules of science, the cutting gorget would make a wound large enough to admit the straight forceps, which, while the abdomen was pressed down, would catch the stone. This was the course adopted, and it succeeded. It was perfectly true that Mr. Cooper did say that he could not imagine what was the difficulty of the case, but when he had discovered the difficulty, he had used the most skilful and the most prompt means of overcoming it. The stone was flat, and lay, as it were, upon the shelf of the pubes. There was no protruding end for the forceps to lay hold of; therefore the form of the stone and its position fully accounted for its not being caught by the forceps. What passed subsequently? That which always took place after such an operation, and which was due to science to be carried into effect—a *post mortem* examination and preservation of the parts. In the course of the operation Mr. Callaway had himself (and Mr. Callaway was admitted to be a man of skill) thrust his finger into the wound, to see if he could reach the bladder, but he could not do so. It was an utter falsehood to say that any force was used. He would call Mr. Callaway, who would tell them that it was a most gross and calumnious exaggeration to say that any force was used. On the opening the body, a gentleman who went to witness it for curiosity put his finger into the wound, and could not reach the bladder, owing to the depth of the perineum. Dr. Hodgkin had not said that the perineum was not deep, though he had said that it was not deep in proportion to the size of the man. The wound in the bladder precisely corresponded with the external wound, except so far as a small slip of no importance in the prostate gland had not hit the very spot of the original wound. There was a cellular membrane between the bladder and rectum, which was very easily broken; but no breach had taken place, and it was perfectly sound. The kidneys were diseased, and that alone might have contributed to the man's death without the operation having been performed at all. Dr. Hodgkin made an observation that this membrane was easily lacerable, and yet it was perfectly sound. As soon as Dr. Hodgkin turned his back, Lambert took up the part, and exclaimed "There is an opening between the bladder and the rectum;" upon which Dr. Hodgkin, who is a Quaker, immediately replied, "*If there be an opening, friend, it is thyself has made it,*" AND HE HAD MADE IT. Mr. Key would prove, and so would Dr. Hodgkin, that there was no opening when they had examined the parts immediately before. He should prove to them the stupid ignorance of Lambert, for if he had any sense, he would know that if the opening had been made by the forceps, it would have been traceable by the extravasated blood; but this was not the case—there was no extravasated blood. If such a wound had been made as had been described by Lambert, it would necessarily have produced death in a much shorter time than 48 hours. The whole of the statement respecting the nature of the wound was a gross and infamous calumny on the part of Lambert. You will, perhaps, ask who this learned man—this Mr. Lambert—is, that he should thus set himself up as the censor of the proceedings in the various medical schools of the metropolis?—who sets himself up to canvass the conduct of the most eminent medical practitioners of the day? Why, this Mr. Lambert—this able and celebrated surgeon, according to his own statement — is engaged to report these cases and to make strictures on the conduct of his instructors in surgery, for the Lancet, at a salary of eight guineas a month. But this Mr. Lambert is not only a distinguished surgeon, as he would wish you to infer, but he also sets himself up for a wit. This worthy contributor to the Lancet endeavoured to make a dramatic sketch of the scene which he had described, and he has divided it into acts and scenes. The sufferings of the person who was undergoing a painful and difficult surgical operation were made the subject of a dramatic treat for the entertainment of the readers of the Lancet. He began his account with making some silly jokes and allusions to what he is pleased to call "uncle's knife," which are certainly below observation. [The learned counsel then made some observations on the notices which had appeared in the Lancet, stating that the operation had been performed, and that they should describe it in a future number.] This is the first announcement of the case—"On Tuesday last an operation took place by Mr. B. Cooper, and there were used Mr. Key's knife, the cutting gorget, my uncle's knife, the blunt gorget, &c.; and on Wednesday evening, as might be expected, the man died." Now what will you think of the feelings of the man who could witness the operation, as he said that it had been performed, and then endeavour to make a joke of it, and turn it into a drama for the amusement of the public? I know not,

if the choice were given me, whether I should choose to be the inventor of such a calumny, gross and false as it is, or the reporter of it, if true, and yet capable of throwing it into such a shape as this. With respect to the conduct imputed to my client, I do not hesitate to say that such conduct as has been imputed to him could not have been displayed by any man, and I am sure that there is not one word of truth in the statement, as far as regards Mr. Cooper. All the scene with respect to holding up the forceps over his head with an air of triumph, I am authorized to say, and I will prove it by evidence, is uterly without foundation. [The learned counsel then proceeded to read the libel, and commented on it at great length.] In this article it is intended to convey the idea that in the first instance Mr. Cooper did not make a sufficiently large incision, and that it did not even reach the bladder,—that he had endeavoured to make use of the forceps before he had cut the bladder to admit of their use with any degree of service,—that he had made a second incision in a highly improper situation,—and that he throughout the whole of the operation had used a degree of violence which, instead of being essential to the performance of it, was only calculated to give pain to the patient; and also that the length of time which the performance of the operation had taken up was unnecessary, and had caused the death of the patient. The defendant had met the charge by boldly avowing that what he had published was true, and that Mr. Bransby Cooper was an unskilful practitioner, and unfit to be a surgeon at Guy's Hospital. One of his pleas was to this effect:—"I am editor of the Lancet, in which I publish reports of the cases which occur in public hospitals; and I published the report in question, as containing an account of an operation performed at Guy's Hospital." Now I do not know how Guy's Hospital can be considered a public one, as it was never supported by public contribution. It does not shut its doors against those who go there for the purposes of science, although it is anxious to exclude such as obtrude themselves for the purpose of inventing and disseminating calumnies. The defendant goes on to say, "My reporter brought me, in the usual course, the reports of this case, with critical remarks, and I, as in duty bound, published it, believing it to be true, and not knowing to the contrary." So that if the editor of the Lancet gets from a person to whom he gives eight guineas a month, a falsehood, however infamous, he is in duty bound to publish it to the world. This is one of the most extraordinary pleas which I ever remember to have seen. In two numbers of the Lancet, which appeared subsequently to those which contained the libel, some observations were made on the circumstance of a patient at Guy's having left that hospital and gone to St. Thomas's. In No. 241 of the Lancet it was stated that no operation had been performed at Guy's Hospital during the last fortnight, and that since the operation of lithotomy performed by Mr. Bransby Cooper, a patient had become so alarmed, that he had "decamped," and gone to St. Thomas's Hospital, under the care of Mr. Trevers. In the following number (242) some lines appeared in allusion to this statement. They run thus—

"ON THE PATIENT WHO DECAMPED FROM GUY'S HOSPITAL.

"When Cooper's *nevey* cut for stone,
"His toils were long and heavy;
"This patient greater skill has shown,
"He soon cut Cooper's *nevey!*"

From this specimen, Gentlemen, you will be able to form some opinion of the wit and humour of the defendant, and his contributors to the Lancet; and you will also be able to judge of the motives by which he has been actuated in publishing the report of which Mr. Cooper complains. Bad as the libel is, and base as were the motives which gave it birth, the defendant has not produced a single witness who does not entitle the plaintiff to a verdict All the witnesses in succession establish beyond the possibility of doubt the falsehood of the libel, because the pleas on the record were those by which the defendant must stand or fall. Those pleas cannot be pretended to have supporters. Each witness did more than not establish the truth of the charge, for each contradicted the other. The first and most competent person to be placed in the witness-box was the author of the libel himself. That man was Lambert; it was admitted that he had upon two occasions had differences with Mr. Cooper. He was suspected of contributing to the Lancet It now turns out that he is receiving eight guineas a month for his contributions, and more, according to the quantity of the matter which he supplies. At a dinner at Guy's Hospital he gave offence to the company, *and was ordered by Mr. Cooper and others to leave the room.* Efforts were made to extract that fact from Lambert upon his examination; *at length he said he remembered that on finding his presence disagreeable, he left the room.* Upon another occasion, a short time before the report which was the subject of the present trial, he was suspected, but not then known, to be a spy to the Lancet. It appeared that he had used the term "Bat," a word invented by the defendant to designate hospital surgeons, to make them ridiculous, and his work the more popular. Wonderful! that a man with only the common education of a surgeon should have so much wit and fancy. Mr. Cooper was offended with the expression. When questioned upon this point, Lambert said, "*I certainly did not mean to give offence*

to Mr. Cooper." "*Did you not on your oath say that you would watch an opportunity of making him repent it?*" "*I cannot swear that I did; I am a man of warm temper; I cannot swear that I said so; I remember being called on for an apology.*" Yes, he did watch his opportunity of destroying Mr. Cooper. He went to the man who gave him eight guineas,—a thing which no surgeon who has the slightest pretensions to respectability would think of accepting. "On my honour," says he to the defendant, "it is true." The defendant, however, lops off some part of the libel, before he inserts it. Lambert puts his finger in between the bladder and the rectum, and then says Mr. Bransby Cooper had forced the forceps in that direction,—*a statement which, unless he was ignorant beyond what could be supposed, he must himself have invented for the purpose of destroying the reputation of an individual towards whom he had before vowed vengeance.* In the whole course of my professional experience, I never saw a libel, the malice of which was more distinctly proved. The question then was, who was to bear the consequences of this publication. The defendant has come forward and boldly avowed himself to be the editor of the work, and he has, as it were, thrown his shield around Lambert. Don't suppose, gentlemen, that there is any truth in what he told you yesterday. He said he should sincerely regret the insertion of this article, should it turn out to be untrue. *What! would he ruin the fame and family of an innocent and respectable gentleman, and then get off by such a whining excuse? No, he has made common cause with his reporter, and if the reporter be base, false, and infamous,* YOU [turning to Wakley] *are more so, for you make a liberal traffic in lies and slander.* You gain 4000l. or 5000l. a year by it, and law, reason, and feeling, declared that you ought to be punished for so venal, so base an attack upon the character of a man who never offended you No other person but yourself reaped profit from this slander; and the more respectable and the more popular the individual who is the object of the slander, the more likely is it to procure an extended circulation.

But the defendant has not only given publicity to the slander, but he has added to it by remarks of his own. The newspapers, too, have given publicity to the libel, and have sent it forth to the world with additional remarks. In my opinion, founded upon a remark made by one of the witnesses, it is the height of presumption in any man to give an opinion on an operation until some explanation has been made by the operator himself, who might, perhaps, give a reason for any particular course he adopted. As to the defendant, who has given his opinion about the operation in question, I think odds might be fairly taken that he has never performed the operation of lithotomy in his life. [The learned gentleman, in allusion to the evidence of some of the defendant's witnesses, said that the only respectable witness whom the defendant had produced was Mr. Partridge.] He is, from all that I can hear, a respectable man; and if he possesses, as it is to be hoped he does, any sense of justice and of good feeling, he will profit by the lesson now offered to him, —never again to judge rashly of the skill and knowledge of any other professional man, without first giving him the opportunity of explaining what difficulties may have presented themselves to him in any operation which may at first view appear to Mr. Partridge to have been unskilfully performed. With respect to the witness Gilbert, he had such fine sensibility, that he could not stay to see the end of the operation, but he had somehow persuaded himself that he saw the knife between the bladder and the rectum. His testimony is altogether of a curious description. Another of the defendant's excellent witnesses has given some marvellous opinions relative to surgery. One witness never saw Mr. Cooper perform an operation well, except tying the subclavian artery, which, he told the jury, in his opinion might be done *by accident by any ignorant person.* Mr. Pearl, another witness, has actually sworn that he saw Mr. Cooper's three fingers in the wound. Now if this were true, there must have been an intention to murder the man, as three fingers could not have been introduced into the wound with any other possible object, and Mr. Cooper ought certainly to be tried for his life and hanged. I am sure that you will indignantly repel this attempt to get up a case in order to ruin a man's reputation, and that your verdict will rather enhance my client's character with the public than lessen it. One of the defendant's own witnesses has admitted that it would be very rash in any man to find fault with an operation, unless he had communicated with the operator. There are secrets in nature which will sometimes baffle the most consummate skill. Mr. John Hunter operated upon a man for the stone, and was an hour and a half about it. The man died, and two stones were extracted from him after his death; and, notwithstanding this, is there any one who could call Mr. Hunter's skill into question? Who would dare to do so? The Lancet, perhaps, might dare to question it—but the Lancet would dare any thing. I am sure of the verdict, but I cannot allow this case to go abroad even with the verdict for my client, if it could at the same time be said that that verdict was obtained merely by some defect in the defendant's evidence. I will not consent to take a verdict on such terms. For the sake of the character of my client, I shall produce as witnesses in support of that character, some of the highest and most eminent men in the profession, and among others,

Dr. Roget, the relative of my ever-to be-lamented friend, Sir Samuel Romilly. They will all bear testimony to Mr. Cooper's skill, for, though they are competitors with Mr. Cooper, they are honourable men, and they will discard all interested motives when the honour of the profession is at stake. I shall call, in addition to several surgeons of eminence from the different hospitals, one of the oldest and most respectable gentlemen in the profession, Dr. Babington, who has witnessed Mr. Cooper's practice, and who will tell you that so far from Mr. Cooper being considered as an unskilful practitioner, he stands very high in the estimation of his competitors; and he will show also that the public generally hold him in high repute. Dr. Babington has formed such an excellent opinion of Mr. Cooper's professional skill, that he has apprenticed his own son to him.

When I have called the witnesses, and concluded my case, the defendant will have the singular advantage, and, in cases of libel, the perfectly new one, of replying; but you, after hearing the evidence and the reply, will have only to consider what the amount of damages should be; for the verdict must be for the plaintiff.

Every man is at liberty to publish what he pleases, and God forbid that that liberty should be abridged: but the liberty of the press would become one of the greatest curses unless some constitutional tribunal existed to correct its abuses. You are that tribunal, and you will recollect that unless a party libelled receives at your hands ample reparation for the injuries inflicted on him, he might, writhing under the wounds he has received, be driven to take into his own hands that kind of "wild justice" which has been described by Lord Bacon, in vindication of the character which his calumniator has so grossly assailed. In awarding damages in such a case as this, you should mark your indignation of the defendant's conduct, and your sense of the serious injury aimed at the plaintiff's character by the libel which the defendant has thus published. I conjure you not to give an opportunity of triumph to the defendant, or to hold the plaintiff up to the scorn and contempt of the public, by giving what you may conceive to be a temperate verdict, but which malevolence and baseness will convert into a source of triumph. You will mark your sense of what is due to a character distinguished for honour, purity, and integrity, when attacked by calumny arising out of malevolent feelings and a sordid desire of gain. In a case of less atrocious description in the city of London, 1000l. damages were awarded. Mr. Cooper's motive, however, for appealing to a jury of his country is not, I assure you, of a sordid nature; his object, on the contrary, is solely to wipe off the stain which the defendant has so wantonly dared to throw upon his character; and which, from the circulation of the medium employed, will be carried over a very widely extended circle. I declare before Heaven, that if I could but inspire you with my feelings on this occasion, no damages below those laid in the declaration should be given against this shameless libeller; and those damages I think you are in duty, virtue, and honour, bound to give. Few medical men would have had resolution enough to come into court, on the principle that the notice thus taken of the calumny might have the effect of spreading its venom still farther. My client, however, is of too high a character to be swayed by such fears, and the greatest praise is due to him for thus courting an inquiry, and not shrinking from a task which a person of less established reputation, or weaker nerve, might almost excusably have been prevented from undertaking. No reparation or apology has been offered by the defendant; but, on the contrary, every pains has been taken to give to his calumnies the widest possible circulation. In a day or two they will be spread over the kingdom, and in a few weeks over the whole civilized world. You should ask yourselves what amount of damages you would be satisfied with, if your skill, honour, and integrity, had been assailed as Mr. Cooper's have been. Would you, having a family looking to you for support, and seeing an attempt made to blast your character and future fortunes—would you endure to be told that, though you were entitled to a verdict, you must be content with moderate damages? You must judge of Mr. Cooper's feelings by what you think your own would be in such a case as this, and give to him such damages as you yourselves would desire to have, in order to vindicate your character against so base and foul an attack. I am sorry to have detained you so long; but I felt deeply for the individual whose character I have had to defend—an individual in whose hands I would readily trust my own life; and I considered it a duty which I owed to him, as well as to the public, to make the observations which I have had the honour of submitting to your consideration.

The learned counsel, whose address occupied upwards of three hours, then put in Nos. 241 and 242 of the Lancet, containing the statement and "lines" alluded to in the course of his observations.

Mr. Thomas Callaway was then called, and examined by Mr. *F. Pollock*.—He stated as follows:—I am a surgeon, residing in the Borough. I am the assistant-surgeon to Guy's hospital. I have been in the profession 17 years. I was formerly one of the pupils at Guy's hospital, and have seen most

of the operations which have taken place there. I have been present when both Sir Astley Cooper and Mr. Bransby Cooper have operated for the stone. I have operated myself six times. I have seen Mr. Bransby Cooper operate several times. I was present on the occasion in question, in the capacity of assistant-surgeon. The operation lasted, I think, about fifty minutes. I held the staff. I could not see the first incision from the position in which I was. I felt Mr. Cooper very distinctly cut into the groove of the staff which I held in my hand; I therefore have no doubt that the knife passed into the bladder. I was present at the examination of the body after death, and I had then no reason to think that the knife had not penetrated into the bladder. No one can form an adequate opinion of the difficulties of the operation but the operator himself. I do not think that I had the best means of ascertaining next to the operator; my situation would not enable me to judge better than a common spectator. It was evident there was considerable difficulty in feeling the situation of the stone. After the opening of the bladder the forceps were introduced. I should say that an operator would not be justified in introducing the forceps, unless he was convinced by his finger that the bladder was penetrated. I have no doubt that the forceps entered the bladder after the first incision. The situation of the stone was in the anterior part of the bladder, behind the pubes, and high up. That situation accounts very satisfactorily to me for the forceps not finding the stone. From the weight of the stone, it was expected to be found in the interior part of the bladder: that is the place in which it is found in a large majority of cases. It was an oval flat stone. That shape readily accounts to me why it eluded the forceps. Mr. Cooper tried several forceps, straight and curved; also a scoop and other instruments. I sounded the patient on the table before he was cut. The stone was not felt in the usual manner. It was felt on the withdrawal of the instrument, and that showed the stone to be in the anterior part. Being in the situation I have described, it would be perceptible to the sound, and yet elude the forceps. The instrument called the sound derives its name from the sound it makes on touching the stone. The patient was a stout man. During the operation Mr. Cooper asked me to see if I could reach the bladder. I think I reached the prostate gland, but am quite certain I did not reach the bladder. It was necessary to enlarge the opening. For that purpose a peak-knife was used. It required time to use it with care. A cutting gorget was afterwards used for the same purpose. I don't recollect whether a blunt gorget was used, but I think not. The gorget limits the opening, which is generally quite sufficient. If the opening had been large enough before, the gorget could do no injury, because it was introduced on the operator's finger like the knife, and if the opening was not large enough, the gorget would enlarge it. In the result, Mr. Cooper extracted the stone. Being in the position it was, I think he used the proper means to extract it. I think no great and unnecessary violence was used. No instruments were, I think, used, except those which were necessary to meet the apparent difficulties of the case. In my opinion the operation was performed, under the circumstances of considerable difficulty, with as much care as could possibly have been employed. The delays which occurred were, I think, entirely owing to the situation of the stone, and the difficulty in detecting it. Mr. Bransby Cooper is certainly a skilful surgeon. I have known him twenty years. I have known him from his infancy. He was with the army in the Peninsula, and also in America, as an army surgeon. He was also at the Norwich Hospital, which is more celebrated for cases of lithotomy than any other county hospital in the kingdom. He was at Edinburgh one or two years. He was there studying medicine. I think he is skilful in his profession, and is fit to be one of the surgeons of Guy's Hospital. I attended the *post mortem* examination. Dr. Hodgkin conducted the dissection. The bladder and rectum were examined in my presence. *I saw nothing in the examination to induce me to think that the forceps had not gone directly into the bladder.* If any injury had been done by violence, I must have observed it in the *post mortem* examination. There would have been extravasation of blood. It was found that the patient was an unhealthy man. I have seen many other operations of difficulty in cases of stone, and I have known a long time employed in them. The length of time alone is not a criterion of the skill of the operator. I have seen Mr. Bransby Cooper perform the operation in about a minute. He performed one operation of this kind with success in rather more than a minute. That was since the operation in March last. *I read the Lancet, but I have seen no report of the case in it.* I was present when Mr. Cooper tied the subclavian artery; I cannot suppose it possible to perform that operation by accident. It is an operation of very great difficulty, and requires the most perfect anatomical knowledge. I think tying the subclavian artery requires more skill than the operation of lithotomy. *No bystander can understand the difficulty in extracting the stone, unless the circumstances are explained to him by the operator himself.* I should not form an opinion of the operator's merit and skill, without first communicating with him on the subject of the operation.

The defendant, before proceeding to cross-examine the witness, requested that the pre-

paration might be once more brought into court. It was accordingly handed to him, and he requested that it might be taken out of the glass, as otherwise, no accurate information could be derived from it. The bladder was accordingly taken from the glass, and handed up to the witness, whom the defendant then proceeded to cross-examine.

The *post mortem* examination took place, as usual, in public. There might have been thirty persons present I cannot say that the stone was attached to the bladder, but there was a spot which induced me to think that that was the precise situation in which the stone was placed; the operator did say, during the operation, that he could not explain the cause of the difficulty; I think he had no knowledge of the situation of the stone; loose cellular membrane is between the pubes and the bladder, and attaches the latter to the former; when the bladder is empty it is contracted, and then it might embrace the stone.

The witness proceeded.—My finger could not reach the bladder. A flat stone is more difficult to lay hold of than a round stone, and a small stone is more difficult to lay hold of than a large one. The enlargement of the opening required time to do it with care. It might take ten seconds. The cutting gorget was used only once. I did not ask the operator to explain the difficulty while the patient was under the operation. He did explain it after it was over. The patient was unbound in the course of half a minute. He was not kept bound while the "explanation" was going on. He was unbound instantly.

The Defendant.—You state that Mr. Bransby Cooper is a very skilful surgeon: have you been always of that opinion?

Witness.—I have.

The Defendant.—Have you not stated that it was an infamous job, placing Mr. Bransby Cooper over you at Guy's Hospital?

Witness.—No: I have no recollection of saying so.

The Defendant.—Will you swear you never said so, or used words to that effect?

Witness.—I believe I could not have said so. I might, like all other disappointed candidates, have said that I ought to have been elected.

The Defendant.—Have you not threatened, at different times, to publish documents to expose the corrupt system of election at Guy's Hospital?

No; never.

The Defendant.—Never to me?

Witness.—No.

The Defendant.—Were you present at a dinner called the Kent Medical Dinner?

Witness.—I was at the Kent Medical Dinner about three weeks ago.

The Defendant.—Did you not state to a gentleman at that dinner that Mr. Bransby Cooper was an idiot?

Witness.—No.

The Defendant.—Did you not state that he was much better fitted to spend a large fortune than to be a member of our profession?

Witness.—*Your friend, Dr. Haslam,* asked me whether I had said that Mr. Bransby Cooper had a large fortune, and that he was more fit to spend it than to be a surgeon of the hospital? and I replied that I had not said so, but that I wished he had a large fortune, and I wish so now. I said so, because if he had had a large fortune, and not been a surgeon, I might have succeeded in getting my appointment. I repeat that I did not say that he was better fitted to spend a large fortune than to be a surgeon. I said I wished he was not a surgeon; but I was quite on my guard. I believe the operation lasted about fifty minutes. I don't recollect that the cutting gorget was introduced after two knives had been used.

The cross-examination proceeded further into the anatomy of the parts, but no material additional facts were elicited.

The witness was then examined farther by Sir *James Scarlett* in support of the statement made in his address to the jury as to the mode of operating adopted by the plaintiff. The witness stated that he was of opinion that the bent forceps passed over the stone, and that it was reached only by a dextrous use of the straight forceps, aided by a considerable pressing down over the pubes. Mr. Cooper manifested no want of self-possession.

In answer to some questions by a Juryman, the witness stated, that the patient was not a healthy man; he was a man of weak power, and seemed likely to sink under a great operation. He had that impression himself, and witness was of the same opinion.

Charles Aston Key, examined by *Mr. Scarlett.*—I have been in the profession since 1812. I was not present at the operation in question, but was present at the examination after death. I have seen 50 or 60 operations of a similar nature. Several of them were performed by Mr. Cooper. I do not know that he lost more than an average number of patients. I thought that Mr. Cooper always performed the operation very well. I have heard the evidence of Mr. Callaway and I concur with him in his general remarks. From what I have heard, I think I should, under similar circumstances, have adopted the very same course as that taken by Mr. Cooper. The length of time in such an operation is no impeachment to the skill of the operator. No person but the operator can be fully aware of the difficulties of the operation. I have met in my own practice

several instances where great difficulty was experienced in extracting the stone after it was felt. This is caused by the contraction of the bladder. It is very muscular, and sometimes contracts and holds the stone tight. Sometimes great difficulty is experienced in consequence of the stone getting entangled in the bladder. I was not present at the operation, but I examined the body after death. There was no appearance that the operation had been performed otherwise than scientifically. If any violence had been used, I should have undoubtedly discovered it. *If the forceps had gone between the bladder and the rectum, I should have perceived it*—I should have found the passage through which the forceps had been passed—I should have found extravasated blood in the cellular membrane of the bladder, and have seen it in a state of slough. I saw no such appearance. The cellular membrane was perfectly sound. The other questions put to this witness were for the greater part similar to those put to the last, and produced nearly similar answers. To other questions he answered—Soon after the examination of the body, Lambert came to me in the hospital yard, where I was speaking to four or five pupils, and said, "Your straight staff will never do in a deep perineum." Knowing that the staff had nothing to do with the perineum, I said, "Sir, you know nothing at all about it; you never performed the operation, and, besides, if you call this a deep perineum, I must say that I have operated on one twice as deep a few months back." In answer to other questions, witness said, that he had twice tied the subclavian artery. It is (where it is performed for aneurism) one of the most difficult operations in surgery. I have seen Mr. Cooper tie up the subclavian artery. I never saw it better performed in my life. It is an operation that could not be performed (on the living body) by any person who was unskilful; it requires great anatomical knowledge, and great self-possession. I have seen Mr. Cooper perform several operations, and all of them well. I think him a very skilful surgeon.

The defendant, in cross-examination, called the attention of the witness to a report in the Lancet, in which Mr. Cooper was highly spoken of for an operation in tying up the subclavian artery. (The plaintiff's counsel admitted this, and that the defendant had spoken in very flattering terms of the plaintiff, anterior to the period of his difference with Lambert.) Witness went on—I performed 40 operations of lithotomy in Guy's Hospital, but I must say, in justice to Mr. Cooper, that the greater part were on young persons. I cannot say how many of Mr. Cooper's cases died. If there had been an unusual mortality, I must have noticed it. Witness had no recollection of any communication with the plaintiff as to the difficulties of the operation, before the publication of the report; and once, and only once, sent a communication to the Lancet—It was an answer to one about the separation of the hospitals. Witness is related by marriage to Sir A. Cooper—is married to his niece.

Joseph Laundy.—I held the instruments when the operation was performed in this case. I have attended operations at St. Thomas's and Guy's Hospitals for upwards of 30 years. I have in that time seen operations performed by Sir A. Cooper, Mr. Cline, sen., and others. *The longest operation for the stone I ever saw was by Mr. Cline, sen. It was an hour and 40 minutes. He extracted the stone. I have known some operations last an hour. Some of these were by Sir A. Cooper.* I remember the instruments I handed to Mr. Cooper. They were not different from those used on ordinary occasions.

Cross-examined by Defendant—I cannot speak to the causes of delay in those cases which lasted more than an hour.

Dr. Hodgkin.—I am Demonstrator of Morbid Anatomy at Guy's Hospital. I saw the body of the patient in question after death. It was that of a stout good-sized man. *I examined the body, and saw no appearance of wound or bruise between the rectum and the bladder. If any such had existed I should have seen it. James Lambert asked to see the affected parts after they were taken from the body; they were brought to him by myself or one of my assistants: I left the room to wash my hands, and on my return Lambert showed me a hole or passage between the bladder and the rectum. I had not seen it before, and I taxed him with having made it. I am certain, if it had existed before, I should have noticed it; if such a passage had been made in the lifetime of the subject, some coagulum would have been found in it after death. It is my firm conviction that this passage was made after death.* I have had opportunities of seeing Mr. Cooper. I think him a fair surgeon, and decidedly a good anatomist.

Cross-examined by Mr. Wakley.—I have either read the *post mortem* account in the Lancet, or heard it read. The account with respect to the bladder and rectum is incorrect. I understood from the report that there was a forced passage between the bladder and the rectum, which was not the case.

Mr. Brodie examined by *Mr. Campbell.*—I am a surgeon, and have been a member of the Royal College since 1805. I have known Mr. Cooper in private practice. I have not seen his hospital practice. From what I have seen of him I should say he is a very intelligent surgeon. From the account I have this day heard from Mr. Callaway, I should suppose the operation in question to have been a very difficult one, and that it was skilfully performed by Mr. Cooper. Cases of lithotomy vary more than any other in surgery. The length of an operation is not

a proof of want of skill in the operator. It would prove the difficulty of the case.

Cross-examined by the Defendant.—I never saw Mr. Cooper perform an operation. I attended a meeting of surgeons at Freemason's-hall, in 1825, when it was considered that the publication of the Lancet would be injurious to those surgeons who gave public lectures. I contributed a part of the expenses for the suit in Chancery, to prevent the publication of those lectures in the Lancet. I do not now contribute to the support of an opposition journal to yours. I contributed to set it up, but know nothing of it since.

Re-examined.—Those who delivered public lectures felt aggrieved that their lectures should be taken from them and published, and that too in an incorrect form, by which discredit was brought on some of them.

Mr. Travers.—I have been in the profession since the year 1800, and have practised about twenty years. I am a surgeon of St. Thomas's Hospital. I have heard the evidence given by Mr. Callaway and Mr. Key; taking their evidence for granted, I have not heard any circumstance to impeach the skill of the operator. I agree with Mr. Key that the operator is the best judge of what instruments ought to be used; and I think that the length of time occupied is not alone the criterion of the surgeon's skill. I am acquainted with Mr. Cooper, and consider him as an ingenious and intelligent surgeon: in my opinion he is fit to be surgeon at Guy's Hospital. Difficulties sometimes occur in the operation for the stone that baffle the most skilful operator; and I consider this operation to have been one of that kind: if any considerable degree of violence had been used, it would have been discovered at the *post mortem* examination. We had a consultation at St. Thomas's Hospital on the subject of the Lancet. The surgeons met together. I have read the report in the Lancet: it is not a full, fair, correct, and accurate account of what took place, not such as a professional man would have published.

Re-examined.—I do not remember that the plaintiff was present at the consultation of the surgeons of St Thomas's. When I say that the report in the Lancet was not a fair one, I speak from what I have heard in the course of this trial. I have operated frequently for the stone, and used several instruments: in two cases no stones were found; but I and four or five other surgeons were of opinion, and still are of opinion, that stone existed. The patients recovered. The same thing has happened to Mr. Cheselden, the most successful lithotomist this country ever produced. I have seen Mr. Cooper perform the operation for subclavian aneurism extremely well in private.

Re-examined.—A surgeon never operates for the stone without other surgeons having previously sounded, and been of opinion that stone existed. I should not venture to give an opinion on the science of another man without consulting him as to the difficulties: I should blush for any professional man that could draw up such an account.

Lord Tenterden.—To divide a surgical operation into acts like a drama is not professional?

I am afraid I must not designate it by the terms I think applicable.

Mr. Green.—I am surgeon to St. Thomas's, and have been so for seven or eight years. I am nephew to the late Mr. Cline. I have frequently operated for the stone, and have been reputed very fortunate. I have known Mr. Cooper a long time, but have not seen him perform more than one capital operation, that was tying up the external iliac artery, which is an operation somewhat similar to that of putting a ligature on the subclavian artery. It was done with great skill, and showed a high degree of anatomical knowledge. The external iliac is that which passes over the groin, and supplies the lower limb. Mr. Green then corroborated the account given by the other surgeons as to the inferences which they drew from the evidence given by Mr. Callaway as to the skill of Mr. Bransby Cooper.

Cross-examined by defendant.—There is considerable difficulty in tying up the external iliac. In answer to other questions, witness said he was one of those who met at the Freemason's Tavern, on the subject of the publication of lectures in the Lancet.

Defendant.—Were any of your lectures published?

Mr. Green.—Yes.

Defendant.—What lectures?

Mr. Green.—Some on the eye.

Defendant.—Pray, sir, how were they reported?

Mr. Green.—*They were most grossly perverted.*

Dr. Babington.—I am a physician, residing in London. I was at first educated as a surgeon at Guy's Hospital. I have known Mr. Cooper well, and have opportunities of knowing his skill as a surgeon. The best proof I can give of my opinion of his skill is, that I have placed one of my sons under him as an apprentice, and I have had no reason since to regret the choice I made.

Cross-examined by the defendant.—I do not know that it makes any difference whether a pupil be placed under one surgeon or another in the hospital. The apprentices are, I presume, all treated alike.

Dr. Roget.—I am a physician, and have given lectures on physiology. I have had an opportunity of seeing Mr. Cooper practice, and I believe him to be a man of great skill in his profession. I have read the report, and I do not think it is drawn up with the

candour or skill of a professional man. I should not have believed it to have been written by a professional man.

Mr. John Morgan.—I am a surgeon of Guy's Hospital. I have seen Mr. Bransby Cooper practice, and believe him to possess great skill as a surgeon and anatomist.

Mr. Morgan was not cross-examined.

Mr. Elton.—I am assistant demonstrator at Guy's Hospital. I endeavoured, at the *post mortem* examination, to reach the bladder with my finger, but could not.

Sir Astley Cooper.—I have been subpœnaed by the defendant. I have heard the account given of the education of the plaintiff by Mr. Harrison. It is quite correct. Plaintiff was assistant to me when I was a surgeon at Guy's Hospital. He resided with me, and had constant opportunities of seeing all my public and private practice. Before this he had been two years at the Norwich and Norfolk Infirmary, where he had opportunities of being extensively acquainted with his profession. After this an appointment was obtained for him as assistant-surgeon in the Artillery, and he went on the Continent. He was present at some of the most severe engagements,—the battles of Vittoria, Salamanca; and, lastly, at Toulouse: and had opportunities of becoming extensively acquainted with those surgical cases which occur in a campaign. After this he spent a year in North America, and from thence, on his return, he spent two years attending the practice in Edinburgh. Thinking, however, that the experience he had had, although it was considerable, was not sufficient to qualify him for hospital practice, I bound him apprentice to myself for six years. The plan of placing him as surgeon of the hospital was not mine; but if I had thought that he was not fit for the situation I should most certainly have opposed his appointment. In my practice, I have often sent him as my substitute, which I should not have done if I had not thought him competent. Mr. Bransby Cooper, when he first went to the hospital, was a good anatomist and a very good surgeon, but he wanted experience in hospital practice. Still, a young man must not be crushed in the outset, or the country will be deprived of perhaps first-rate abilities. The difficulty in the present case was, that the stone was enveloped in the folds of the bladder, which did not let go its hold of it until the man became very considerably exhausted, and then it dropped, so that the straight forceps could catch it. With respect to time, it was not to be at all considered as a criterion of skill. The stone was small, and it should be known, that it was the small stones which caused the difficulty, because they were often enfolded in the bladder. No man could be a judge of the operation unless he had performed it; and no man could judge of the individual case unless he was the performer. I have been 25 years in practice, and I have in one year performed the operation of lithotomy 18 times. I should think it unkind to form an opinion of the skill displayed in a case without communicating with the operator, for I should be loth to destroy the character of another man; and unwise, because that opinion could scarcely be correct.

Cross examined by Mr. Wakley.—Sir Astley, have you never said that a good surgeon ought to be like a good general, that he should wade up to the neck in blood? Have you not said so in your lectures to your pupils?

Sir A. Cooper.—I don't know; I may have said so; I am sometimes fond of using strong expressions. (Great laughter.) *I like to speak openly.* Our profession is not a bed of roses, and he who conceals his adverse cases, in teaching it, gives only half the truth. I think it one of the greatest evils that a man should be attacked in early life; and that he should be crushed, because he happened to have one misfortune, however capable he might be to practice in his profession. In this respect the press so conducted is a great evil, and an engine of destruction which should be checked.

Mr. Wakley.—Sir Astley, do you think that the interests of the public would be best consulted by having men of experience appointed as surgeons to the hospitals, and not to appoint them for the purpose of acquiring experience?

Sir Astley.—I think that every hospital ought to have an assistant-surgeon, who would thereby be prepared for the situation which he would subsequently hold.

Mr. Wakley.—Was Mr. Bransby Cooper an assistant before he became surgeon?

Sir Astley Cooper.—No, he was not; but I think it would be a good regulation to adopt in all of them.

Mr. Wakley.—What was the particular difficulty in this case?

Sir A. Cooper.—There was so little water in the bladder that this man must have made water immediately before the operation. If the bladder were full of water, the stone would have been easily struck.

Mr. Wakley.—What is the danger to be guarded against in the operation of lithotomy?

Sir A. Cooper.—The chief danger to be guarded against is violence.

Mr. Wakley.—Supposing the stone to be felt, but enveloped in the folds of the bladder, would not the more prudent course be, after having vainly tried for ten minutes to extract it, to place the patient in his bed again?

Sir A. Cooper.—I should certainly think not. If the stone could be felt, the surgeon should persevere until he got it away.

Mr. Wakley.—Have you not read Celsus, Sir Astley? (Laughter.)

Sir A. Cooper.—I have dipped into Celsus, but I do not consider Celsus as a good surgical authority, although he is a classical one. (Much laughter.)

Mr. Wakley.—Is it not the practice in Edinburgh and Paris to put the patient to bed in such cases as I have supposed?

Sir A. Cooper.—I have studied in Edinburgh, and I have witnessed operations of lithotomy in Paris, but I never saw such a practice resorted to.

Mr. Wakley.—How long may the contraction of the bladder continue?

Sir Astley.—It might last an hour. I will give you an example—I went into the theatre at St. Thomas's Hospital, when an operation of lithotomy was being performed by a gentleman who is now in court. It was one of great difficulty. The stone was enveloped in the folds of the bladder, so that the point of it only could be felt. After nearly the lapse of an hour, he passed the instrument between the stone and the bladder; but the contraction still continued.

Mr. Wakley.—What evil could result by placing the patient in bed until the contraction was over?

Sir Astley.—Just this—you would have two operations instead of one to perform. (Laughter.) It is not desirable to have two operations instead of one, nor would you find it a pleasant thing to have a pair of forceps in your bladder, or a sound passed through your urethra; and if you had once felt them you would not like to have them there again. (Laughter.)

Mr. Wakley.—Why is it more difficult to introduce the finger after death than before?

Sir Astley.—God bless me! If you had ever put your finger into the bladder of a living subject, you would know the difference. (Great laughter.) If you passed your finger into a dead bladder, and conceived by doing so you could judge of the state of the living bladder in this case, you would know just as much about it as you do of what is now passing in the moon. (Much laughter.)

Re-examined by *Sir J. Scarlett.*—My nephew was a surgeon in the army, and he was my demonstrator of anatomy. He gave great satisfaction to me; and the students were so gratified with the clearness of his lectures that they felt pleased that a man who had so easy a method of communicating knowledge should be placed in a situation where he would have the means of conveying it.

Mr. Dalrymple, the surgeon of the Norwich Hospital, deposed to the celebrity of that hospital for its operations in lithotomy, and he had himself performed the operation not less than 76 times. Had heard Mr. Callaway's description of the operation, and saw from that description no indication of want of skill on the part of the operator. Has often had similar difficulties, and has always a number of instruments resembling those that were mentioned as employed by Mr. Cooper. Believes Mr. Cooper well qualified to fill the situation of hospital surgeon. Had himself the misfortune to have a case where the stone was so large that it could not be removed, and in three hours the patient died.

Cross-examined.—In that case the stone weighed over 14 ounces.

Mr. Watson examined.—I am Secretary to the Court of Examiners of the Apothecaries' Company; the young man, Clapham, did come to be examined, in order to obtain his certificate. I have an affidavit of John Clapham, to the effect that he was 21 years of age on the 21st of April, 1828. This affidavit was necessary, in order that he should get his licence to be examined. This affidavit was sworn at a police-office in Middlesex. I don't know that Mr. Lambert did more than give a certificate of the moral character of Clapham.

Sir J. Scarlett.—That is my case.

WAKLEY'S REPLY.

Gentlemen of the Jury,—At the commencement of this cause yesterday, you heard it insinuated by the learned gentleman to whom I am opposed, that my case, in all probability, would break down upon some plea not being substantiated, and that there would be a difficulty probably in the way of the learned gentleman's bringing forward his witnesses to prove the high and exalted character, and the extraordinary skill of Mr. Bransby Cooper. At that time I took the opportunity of suggesting to the learned gentleman that he need be under no apprehension on that head, because I felt fully assured I should be enabled perfectly to complete the case with which I had set out, and to answer every charge I had made in the declaration. But it seems that this attack, which was first made on Mr. Bransby Cooper, is now made an attack upon myself; and, from the description given of me, you must have regarded the work as most infamous, and me as too detestable to be tolerated in any society.

It was stated to you, again and again, that I had entered the lecture-room and plundered the lecturers of their property—and that I was employing a set of men who were almost the outcast of the profession, to use means which could not be recognized in any country where honour existed, with a view to emolument on my part, that I might live in luxury in a splendid establishment, and that I might roll through the streets in my carriage and laugh at those whom I had plundered. Gentlemen, if I have acted in this way, I hope you will shew, by your verdict this day, that you as much disap-

prove of such conduct as Sir James Scarlett. But, on the other hand, if I shew you first that all these accusations are unfounded, and if I shew you secondly that Mr. Bransby Cooper has not answered any one of the charges I have brought against him, then, gentlemen, shall I lay claim to your verdict; and in fact I do not see how it is possible, with the evidence before you, you can return a verdict for the plaintiff. It is impossible for me to say whether Sir J. Scarlett has made these accusations against me from report or from the instructions that he had received from his client: if from report, I should consider that the learned gentleman has acted most indiscreetly; and if from his instructions, I think his client must have shewn a still greater want of discretion.

From the commencement of my Journal, I have advocated the right of publishing the lectures of public teachers, but I have never advocated the right of publishing the lectures of private teachers. Now, gentlemen, what lectures have I published? Those that have been delivered in St. Thomas's hospital, which is a public institution—those which have been delivered in St. Bartholomew's hospital, which is a public institution. In the one case I had the permission of Sir Astley Cooper to publish his lectures—in the other case, it is true, I had not the permission of Mr. Abernethy, but a Court of Equity acceded to me that right. I maintained my right in the Court of Chancery, day after day, and week after week; not upon any legal technicality, not upon any paltry subterfuge, but upon the ground of public expediency, upon the ground of public utility, upon the ground that public servants, wherever they were seated, were public property, and that we had a right to be acquainted with their actions. Mr. Abernethy resisted the claim; he resisted the attempt that I made to lay his lectures before the public, stimulated to that resistance by the very individuals who have come into the witness-box to-day to swear to the abilities of Bransby Cooper—these are the very individuals who have combined to crush the Lancet: how they have succeeded is best known to myself and the profession; they have only been bye-words, at all events, with the liberal part of the profession, from that hour. I have, it is true, published the lectures of other teachers; and in every instance where I have done so, of private teachers, I have had their permission. Six lectures, I believe, of Mr. Green's, on Diseases of the Eye, were published from the Theatre of St. Thomas's hospital, but still they were delivered there in Sir Astley Cooper's course; and I believe he is correct in stating that five of these lectures were very inaccurate, but the other was perfectly correct—the inaccuracy arose from an accident. But the lectures taken at St. Bartholomew's were so accurately published, that Mr. Abernethy made an affidavit, which was presented to the Court of Chancery, in which he swore that they were taken word for word, and syllable for syllable, as he had delivered them. Now, what is St. Bartholomew's hospital? Is it not public property? Have the public not a right to it? They have no right there to close the doors against the public, and to allow nothing but "hole and corner" proceedings. It was a practice I had determined to resist; and I have resisted it with a success as beneficial I believe to the profession as it has been to the public. Now with respect to the lectures of Dr. Armstrong, Mr. Lawrence, Dr. Clutterbuck, Dr. Spurzheim, and others, they were all published with the consent of the lecturers, and I stated that in the first number of the present volume, with a view that the public might know exactly how the thing stood. Having said so much on the doctrine of lectures, I shall now come to the immediate subject of this case more particularly; and certainly it appears to me the proceedings of this day are the most peculiar that ever took place in a court of justice. In fact they are so extraordinary that I cannot—I cannot by possibility find words to express the astonishment I feel, after the boasting and vanity of yesterday morning, and after the boasting and vanity of this morning. Why, gentlemen, if it was true that this report was a fabrication from beginning to end—that it originated in nothing but malice—that it had its foundation in a private quarrel between Mr. Lambert and Mr. Bransby Cooper; and, in fact, that the operation, as reported in the Lancet, was a supposed—merely a supposed operation—what are the facts? From one of the plaintiff's own witnesses you have heard that there were present nearly 200 individuals—I believe there were more. How many gentlemen have come forward—how many of the spectators of that operation—how many have come forward to speak to the inaccuracy of the report—how many, I say? Out of 200 spectators, one—a solitary one! Why it speaks more—that one fact carries with it more than I could communicate to you in a month. What, not with all Mr. Bransby Cooper's influence, not with all his power at Guy's Hospital, not able to produce but one witness? And who have come forward to speak to the inaccuracy of the report? Gentlemen from St. George's Hospital; Sir Astley Cooper, from Conduit Street; Dr. Babington, from Aldermanbury; and I cannot conceive why they have not also brought forward the Emperor of China and the Great Mogul. It is the grossest insult ever offered to a Jury, or that ever was exhibited either in this or in any other Court. Are you to be so blinded, so deceived, so duped, as to be made to believe that the report I have published is an incorrect report, when only one witness out of two hundred

comes forward to attest its inaccuracy? Why I never heard—I never heard of a proceeding so extraordinary. I never saw a proceeding which at all could be considered as coming within the bounds of probability when compared with this. I knew, gentlemen, when I made my election to conduct my own cause, I should lose the benefit of two most able speeches, and the support of two most able advocates. I also knew, in making my election, that I should be opposed to a gentleman of unrivalled legal learning, and unrivalled ingenuity; but I must confess, after having heard so much of that gentleman's talent, I did not, I could not, expect that he would have made such declarations as he did this morning, and at the same time know it was not in his power to come forward and substantiate scarcely a single thing he said. The man was represented as coming from Lewes, in Sussex, and that it was a difficult case; the surgeons of Lewes could not operate upon him, and consequently he was sent to London to be under the skilful treatment of Mr. Bransby Cooper, at Guy's Hospital. Have the surgeons of Lewes come forward to make any such statement? Have they said there was any thing extraordinary in the case before the operation was began? Nothing of the kind. Sir J. Scarlett spoke of the taste with which my work was conducted, and spoke of the utter want of feeling that must have characterised my conduct in giving currency to this report. Sir James Scarlett spoke of the *hireling* Lambert, employed at eight guineas a month to send me communications; but Sir James Scarlett forgot that he himself was acting for hire. Gentlemen, we are all hired—we all work for lucre; and Sir James Scarlett has worked for lucre, and is working for lucre as well as I have, and as well as Lambert has—(*Laughter.*)

You have heard, Gentlemen, the name of *Bat* mentioned. It has been stated that there must be a great want of taste, a great want of propriety in my conduct, in using such a term. But if Sir J. Scarlett had studied zoology, he would have found that the word is exceedingly accurate when applied to the description of beings to whom it is applied, and I have no doubt that it will be retained in future times. If we have *Whigs* in politics, why should we not have *Bats* in surgery? I am sure that hospital surgeons are just as much, or much more, like bats, than Sir James Scarlett is like *sour milk,* (laughter) and yet that is what is meant by the term Whig. The conduct of hospital surgeons warrants the application of the term to them. Bats belong to the class mammalia; *they live in the dark—they suckle their young—they live in creaks and crevices of old walls, hospitals, and dungeons, thriving and fattening on their own species; and I fear that it is too frequently the case that hospital surgeons thrive and fatten in the same manner on their fellow creatures.*

When I opened my case I told you I had every reason to believe, before I published the report which you have heard read, that it was true. The witnesses I have placed in the box, and who were spectators of that *horrid scene,* have given evidence which remains untouched—wholly uncontradicted. I do not know of a single fact represented in the report that has been refuted. I do not know of a single statement made in the report that has been proved to be false. The evidence of Mr. Bolton, of Mr. Partridge, of Mr. Thomas, of Mr. Pearl, of Mr. Gilbert, and of Mr. Lambert, remain uncontradicted. Mr. Clapham's evidence I do not name, in consequence of the circumstance which has now transpired. Mr. Clapham I had no knowledge of till yesterday; I never saw him till yesterday; I never spoke to him till then; and though such attacks have been made on the character of my witnesses, though so much has been said of what took place out of court respecting lectures that have been given, yet *out of nine witnesses I have placed in the box, I never saw five of them, nor ever spoke to five of them, till yesterday.* If there be decrepancy in their evidence with regard to the manner in which the instruments were used, who can be surprised at that circumstance, when you have heard from the mouth of every witness the state of confusion in which the operator was when operating? When Mr. Callaway was asked if the operator had used force, his expression, I believe, was—"*I think not much,*" or "*I think not more than was necessary.*" *But what part of the report did Mr. Callaway prove to be incorrect?* Taking his evidence as having weight, even as against the evidence of five, or at least of four disinterested spectators, leaving Mr. Lambert out of the question, who was the writer of the report, is there a single fact in the report that you can call to your recollection Mr. Callaway by his evidence has refuted? Is there one circumstance?

There is one part of my case, Gentlemen, which appeared somewhat weak until very late this evening, and which is that part relating to the influence of Sir Astley Cooper, in the conduct of the affairs of Guy's Huspital; but Sir Astley stated in the box, that knowing how much his interests were concerned, they were anxious to place Mr. Bransby Cooper in the office of surgeon, and, said Sir Astley, "give him time—let him work his way, and I have no doubt he will be a most excellent, a most thriving surgeon, a most brilliant operator!" But is that the way in which our hospitals are to be conducted? Is that the mode in which your poor patients are to be treated? First, that young and inexperienced men are to be placed there *to learn* their profession—not to know it before they get there, but are to go there to learn it, and learn it upon whom? upon individuals who are as much entitled

to the best and most scientific practice of surgery as any nobleman in this land. For to whom does Guy's Hospital belong? not to the Governors, but to the poor, and who are in consequence of the funds of that institution able to have, and have a right to, the very best practice that can be obtained. Is any man, or any set of men, to convert that Institution into a mere School of Anatomy and Surgery, *and to overrun the wards of the hospital with pupils by making laws calculated to exclude teaching in county hospitals, so as to make the wards of this hospital a mere nuisance to the poor instead of a place of peace, and quiet, and safety?* Who will contend for it? I cannot believe that any person in this court, possessing even common sense—I cannot believe that any of you, will be found to say that you are satisfied such a practice should be tolerated in this, or any other country. Yet you have heard it is done here, you know it is done, and you have the evidence of Sir Astley Cooper himself, proving it to be so.

When Mr. Harrison was called upon to state if the testimonials of Mr. Bransby Cooper were produced when he was elected to the office of surgeon to Guy's Hospital, that gentleman stated it was not necessary, for that he had always been under their own eye—in fact, that the whole house were disposed to elect him. What he meant by the whole house I don't know;—whether he meant the bricks and mortar of which the building is composed, whether he meant the nurses in it, or whether he meant some other materials as inanimate, it is impossible for me to know; but it is a very curious fact, that when the appointment of Mr. Bransby Cooper took place, Sir Astley Cooper was appointed consulting surgeon, and Mr. Callaway assistant-surgeon at the very same time. John Hunter used to say, that bad surgeons were like bad carpenters —that they made work one for another, and that good surgeons, in fact, would starve if it were not for unskilful ones. It seems that John Hunter's axiom found its way into Guy's Hospital; for presuming on what the operations of Bransby Cooper would be, it was thought necessary to elect a consulting surgeon and an assistant-surgeon at the same time, to do the additional work. Therefore, taking all the circumstances into consideration, viewing it simply as a matter between Bransby Cooper and the Governors of Guy's Hospital, and not as a matter between the public and Guy's Hospital, you must perceive, you must believe, and you can come to no other conclusion whatever, that it was entirely owing to the relationship in which Mr. Bransby Cooper stood at Guy's Hospital that he was elected to the office of surgeon there. In the absence of all testimonials, would he ever have been in that office had he not been related to Sir Astley Cooper?

Something has been said relative to advertisements. Oh, it could not satisfy me, or please me, unless advertisements were inserted—unless advertisements were sent to the Lancet, or some other newspaper or journal. Gentlemen, it is considered, and I have always heard it said, that you have a greater chance of getting men of talent from a large number of individuals than from a small number; and I think that the offices in Guy's Hospital would be much better filled if the profession generally knew when those offices became vacant, that men of talent, ability, and industry, might have an opportunity of coming forward to offer themselves as candidates to fill those offices; men of experience and men of learning—men who had not to learn their profession, and to learn it upon the misfortune of their fellow-beings, but men who had acquired a knowledge of it by a regular course of study. I wish, now, gentlemen, to direct your attention more particularly to the facts of this case—because, if those facts remain uncontradicted, then, I believe, that the conclusion which I have arrived at will be arrived at by every one of you. Mr. Bransby Cooper charges me with having falsely and maliciously injured him by the publication of a report of an operation which is altogether unfounded. His injury, then, must have arisen, if he has sustained any, from that report; we must confine ourselves strictly to the report, and if the balance of testimony be in my favour, beyond all question I am entitled to your verdict. Now, gentlemen, ask yourselves, deliberately ask yourselves, if it can be possible that that report is incorrect, when only one individual out of two hundred spectators of the operation comes forward to deny its accuracy? And I beg of you to remember the manner in which its accuracy was denied even by that one witness—at first indeed denied, but subsequently he did not deny its accuracy in any one material part. Mr. Callaway admitted that the knives had been used, that the gorget had been used; I believe even a blunt gorget, Mr. Callaway admitted had been used.—(*Lord Chief Justice.* He said he thought it was not.)—Very well, he believed it was not; all the staves, and sounds, and forceps, mentioned in the report, were used. He would not swear the operation did not last an hour, but he believed it lasted about fifty minutes The preparation, gentlemen, of the parts taken from the unfortunate man's body have been produced in court. I have not, certainly, had a very fair opportunity of inspecting them; but, as far as I could judge, there was not in any part of that preparation, either of the bladder or the passage leading to it, the slightest reason why any delay should have taken place in the extraction of the stone. It is true Sir Astley Cooper has come forward, and very properly came forward, to speak on

behalf of his nephew; and he has told you the stone was lodged within the folds of the bladder, which is a common thing, and that in that situation his nephew was incapable of extracting it. Sir Astley Cooper at the same time considers, and all the other hospital surgeons consider Mr. Bransby Cooper is a skilful man; yet while performing the operation, while he had his finger at the prostate gland, while he had his forceps in the bladder, *while he had his finger in the bladder*, yet this skilful operator was incapable of describing why he could not extract the stone, and he made that statement in the presence of the patient! *Yet, in opposition to the patient's cries—in opposition to his repeated entreaties to be unbound—still the operator kept him upon the table, and pertinaciously persisted in his attempt to extract the stone, although, from his own statement, he had no probable chance of extracting it, even in a week or a month*—not knowing where the difficulty existed, not knowing what part was malformed, because he said he could not feel it with the forceps, although he could feel it with the sound through the urethra, and even when introduced through the wound in the perineum.

This, gentlemen, brings me for a moment to speak of what—and you have heard much of it to-day, of what my conduct must have been to have published a report of this description when I entertain no enmity towards the man, and no attempt whatever has been made to shew that I do now entertain the slightest enmity towards Mr. B. Cooper. *God knows me, I do not, for I believe a more deserving, a more worthy man in social life does not exist than Bransby Cooper;* but I am not here dealing with him in that character, I am dealing with him as a public functionary —it is in that character I attack him, and I do attack him, as an incompetent surgeon of Guy's Hospital. Well, we have heard much of *the reputation—the reputation—the reputation* of Mr. Bransby Cooper; but I think the learned counsel, when appealing to you, must have forgot the saying of Iago, "Reputation is often got without merit, and lost without deserving," but in this case there was none to lose. I know not that he had ever acquired reputation as a surgeon—I never heard of it; and it has been my painful duty in the Lancet again and again to complain of Mr. Bransby Cooper as a surgeon of Guy's Hospital, although on one occasion it was stated, that he had performed the operation of tying the subclavian artery in a masterly manner, and it gave me the greatest possible pleasure to communicate that fact to the public.

While, too, so much has been said about the reputation of Mr. Bransby Cooper, let me ask you what you have heard respecting the miseries of the individual on whom the operation was performed? Not one word has escaped the lips of the Counsel on that subject, not one word from the mouth of one of the witnesses. *No, Gentlemen, they are, for the greater part, hospital surgeons themselves; and they know, too well, what the practices of our hospitals are, and the sufferings patients are in the habit of enduring at their hands, to feel for this man, or for any other man placed in a similar situation! Gentlemen, I should like to know upon what principle it was that the man was kept bound upon the table when he implored to be loosened. Was he not a free agent? He knew what the sufferings arising from the stone were, and he had had but a too horrid experience of what the sufferings arising from the operation were. Thus experienced, he was anxious to choose the lesser evil; he said, "Let me go—for God's sake, let me go!—I pray you let me go; let it keep in." "No, no, (says the operator,) I shall not let it keep in. I must remove the stone—my* reputation *is concerned in its removal. You were brought here to have the stone extracted, extracted it shall be, and it must be, if you die upon the table:"—And he did die.* Will you, by your verdict this day, approve of the conduct that has been attempted to be justified in this case? And, in fact, I ask you to lay your hands upon your hearts, and ask yourselves, after the evidence you have heard in that box, from my witnesses, the uncontradicted evidence—put your hands on your hearts and ask yourselves, if you were afflicted with the stone, should you apply to Bransby Cooper to cut you? If you would not, then upon what principle is it you can send this man back to Guy's Hospital *to mutilate your fellow-creatures?* Ask that question of yourselves, and if you would not have him as an operator upon yourselves, if you were afflicted with this disease, you are bound, upon every Christian principle, to return such a verdict as not only shall acquit me of having published this report falsely and maliciously, but at the same time as shall have the effect of preventing Mr. B. Cooper from committing similar injuries upon any of his fellow-creatures in that institution. How can you return a verdict against me, upon the ground that I have published this report falsely, when you have heard, from uncontradicted testimony, that I was assured the report was true from the writer of the report before I would insert it? But the reporter has come forward, and stated openly and boldly, that he assured me the report was true. That individual stated to me that the report was true, before I published it; he has stated to you that he had stated to me, before it was published, that it was true. Gentlemen, have any other persons come forward to substantiate that report? Yes; and who are those individuals? Mr. Partridge, of Colchester, a surgeon of the greatest reputation in the neighbourhood where he lives. And what was the testimony

of that witness? That the greatest violence was used in the operation—that he considers the operator a most unskilful surgeon, Mr. Callaway has come forward on the other side, who is connected with the hospital, was the apprentice of Sir Astley Cooper, is the assistant-surgeon of the institution, and looks higher. Gentlemen, Mr. Callaway looks to the office of surgeon. *I merely heard that Mr. Partridge was an honourable man, I heard he was present at the operation, and I put him into the witness-box, without asking him a single question; not one question before he went into the box did I put to him.* There is another witness whom I shall speak of here—Mr. Lee, the potatoe-merchant.—(*Laughter.*) I heard he was present at the operation, an honest man, and that he was a friend of Mr. Bransby Cooper, under the highest obligation to the Cooper family, and that he had a son walking gratuitously Guy's Hospital at the present moment: *without asking him a single question I put him into the box, as I was most anxious you should hear all the evidence you could have adduced, and adduced too from unsuspected and untainted quarters.* Gentlemen, that I should have met at places with a view to persuade witnesses either one way or other, I reject the insinuation with contumely. No such thing has been done by me—I have acted openly from the commencement. Why, gentlemen, if you are to be so blinded, so deceived, and so duped, as to imagine that this operation was performed in a skilful manner, when only one out of two hundred spectators comes forward to attest that the report is untrue, I know not how to characterise your blindness, or the obliquity of your judgment. Gentlemen, when I published this report, I published it advisedly: I thought before I did it, and I deliberated while I was doing it. I was certain, and I told the reporter so, that in consequence of it, Mr. Bransby Cooper must either leave Guy's Hospital at once, or institute an action against me. Gentlemen, in either case I was satisfied that the public would be the gainers. From the publicity which the proceedings of yesterday and those of this day will receive, persons who subscribe to our eleemosynary institutions will have an opportunity of knowing the manner in which the funds which they give for the benefit of their distressed fellow creatures are applied, and to what purpose appropriated. I have never feared the truth. I was satisfied that if Mr. Bransby Cooper could prove that the report was false, that he would benefit by the publication. I knew that I could not be injured, because I was satisfied that what I was doing was correct, and I do not believe that any man ultimately ever experiences an injury from doing that which he conceives to be right. *If I had not believed the Report to be true, nothing on earth could have induced me to publish it; no consideration in the world could have induced me to publish a statement that would be injurious to Mr. Bransby Cooper, or any other man, unless I had the most substantial reasons for believing that that which I was communicating to the public was founded in truth.* Gentlemen, the evidence that has been adduced before you shows that I was justified in that, and that I had good grounds for believing that report was true. The absence of 199 out of 200 witnesses must, I should suppose, convince you of the same thing. Who is Mr. B. Cooper's witness to prove that the report is false? And yet that individual failed to prove it so. He felt inclined to give his testimony in an honourable manner, but seeing that his situation was unpleasant, he said all he could for Mr. Cooper—that *little all* was nothing. (Laughter.) Who were my witnesses? *not men whom I had trained and lectured on models and sketches and drawings.* Has it been shewn to you that I was closeted with any person or persons? *Mr. Pearl, indeed, stated that I had shown good reasons for believing that an opening had been made between the bladder and rectum;* but what passed at that time was merely in the course of conversation, and it could not be with a view to this cause; and why not? Because in my report, there is nothing whatever said of an opening between the bladder and the rectum; it is that the cellular membrane there was easily *lacerable.* Why easily lacerable, does that not imply that it yields before the touch, and that there is not an opening? If there had been merely a cavity, I should have said *a hole*—that there was a hole between the bladder and the rectum. But, Gentlemen, you have been told that the gorget was introduced after the knife had been introduced twice, and that although the gorget was introduced, upon an *examination* of the preparation there was no cut to be detected. You heard from all the witnesses that the gorget was introduced horizontally—you heard from all the witnesses that the cut of the knife was made obliquely—one incision, therefore, must have intersected the other. That the knife had penetrated the bladder there can be no doubt, whether at first or last I don't know, but what evidence have you that the gorget penetrated the bladder? *If it did not, where did it go? Remember this, the gorget is not as wide as the finger, and that it is not an uncommon thing for an unskilful operator to drive the gorget in between the bladder and the rectum.* Mr. Key himself, and you saw how guarded he was, and how frequent the twitches of his facial nerves shewed his passion at the moment he was giving his evidence; he admitted that if the incision with the knife had been properly made, and the gorget had been introduced properly, the incision of the gorget must have

intersected the wound formed with the knife, and yet nothing has been said of that; but still, though this stone was shelved, was in a cavity, shelved up, turned, and twisted, so that it walked off from the operator (and who can wonder at it, poked as it was?) it was in the end extracted with the straight forceps. Gentlemen, I beg you to consider this question well. I am appealing to a jury of surgeons—this is a surgical question. For God's sake don't decide it hastily—don't decide it against Mr. Bransby Cooper, if you think he has acted properly. I care not for the consequences. *I would rather die in a dungeon than injure any man; but if it is true, I would rather expire in a ditch than I would refuse publishing the truth. I have published the truth, and I shall publish the truth come when it may.*

Mr. Bransby Cooper says he could not tell where the stone was when the bladder was contracted. Gentlemen, the bladder has but one fixed point—it is fixed by an unyielding ligament to the pubes, and that's the position of the patient when the operation is being performed.

[Mr. W. here shewed the position in a pelvis on the table.]

You are told that this stone was shelved above the pubes, and behind the pubes; but, gentlemen, this is the position of the patient, and a stone cannot be lodged above the pubes, because the pubes happens to be above the bladder, and the stone is lodged below this; a tendon proceeds from it to the pubes, and no force, not all the force or all the strength of the body can drive it beyond it. *Had there been a shelf here, had there been a crooked passage, had there been a cavity, or any place for the deposition of the stone, do you suppose that shelf would not have been produced?* Had there been any thing particular in the formation of the pubes, would they not have cut out the man's bone as well as the bladder? No, Gentlemen, the bone is not produced, but the bladder is produced, and produced in a bottle of dirty spirits. I tried last evening to see that bladder, but I could not. I had no opportunity of seeing it. I never saw it till this morning, and even then I did not see it properly. They did not like to expose that bladder—why not? Because to surgeons there is in it indisputable proof that Bransby Cooper did not perform that operation as he ought. Mr. Callaway knew it—Mr. Key knew it. You heard all the witnesses yesterday state that after an attempt made to introduce the forceps, another knife was introduced after the forceps were used, and yet I am ashamed of it—I really am ashamed of it—I have not language to express my shame, my disgust, relative to these gentlemen—these Hospital surgeons—who have come forward to state that this operation was performed in a scientific manner! It is impossible—it is utterly impossible—that I, or that any other man who knows how the operation should be performed—it is impossible that I or any other man who knows how the operation should be performed, can express what we must feel relative to these surgeons! But they are interested parties; *they have come here in a* gang *to swear down those disinterested spectators whom I have brought forward; they have come here to swear down, and outweigh by the influence of their names, and not by their talents—because talents are not always accompanied with great names, neither are great names always accompanied with great talent—but they have come here to swear down and outweigh the testimony of persons perfectly disinterested;—they have gone into the box and spoke honestly, with the exception of one only, while a whole gang of hospital surgeons have come forward who are daily committing the same bungling operations that Mr. Bransby Cooper performed—aye, and as bunglingly performed.* Gentlemen, you may be aware, from the state of the avenues leading into the court, that this case has excited the most intense interest in the public mind. I entreat you, therefore, to consider well your verdict. Weigh well the consequences. I care not for the consequences. If you are satisfied of the manner in which this operation was performed, and think he performed it as it ought to have been performed, give him your verdict. I would with my family give up every thing—I would give up the Lancet—I would give up all, *and expire on the spot—I would die in a ditch,* before I would injure Bransby Cooper or any other man under the sun; but if you are satisfied that it was not performed as it ought to have been performed—that if it had been performed properly the man might have been now living, and a comfort to his wife and family—then give such a verdict *as will satisfy the* poor, *as will shew that men are not to go into offices of this sort where the* poor *are to be killed, and that they shall not be at liberty to wade and ride through blood up to their neck to eminence in their profession. Ah, gentlemen, return the verdict which shall satisfy the* poor, *which shall degrade for ever, and cast eternal disgrace on those hospital surgeons who have had the hardihood to come forward here to-day, and swear that the operation was performed as it ought to have been.* Gentlemen, I have done.

[The last sentence was uttered with great vehemence, and the conclusion came very unexpectedly upon the audience. The defendant had become exhausted about the middle of his speech, and retired for refreshment. After his return he became more violent, and frequently drank what appeared to be brandy and water.]

Lord Tenterden then proceeded to sum up the case, and recapitulated the evidence. With respect to the desire of the man to be

released, he believed that it was pretty generally understood by surgeons, that unless a man was of extraordinary nerve, he often wished to be released from the operation; to which wish the surgeon, of course, ought not to attend, as long as there was a reasonable expectation of releasing the patient from his suffering. As to the report, he thought that there could be no question that it was drawn up in an unprofessional manner—in such a way as no one would have done with a real sense of propriety. The defendant had objected, that only one of those who were present at the operation had been called by Mr. Cooper; but he (the Chief Justice) did not see whom he could, with propriety, have called, besides Mr. Callaway; the others were all young men, only pupils, and probably too young and inexperienced to form any judgment on the case that could be reasonably relied upon. The question was one of the greatest interest to the public, and to Mr. Bransby Cooper himself. It appeared on nearly all hands that the operation was one of great difficuly, one in which the most able surgeons were liable to failure. It also appeared that the length of time occupied, and the number of instruments used, were no criterion of the want of skill of the operator. All these circumstances the jury were to take into their consideration. If they thought that the defendant had proved the unskilfulness or unsurgeonlike conduct of the operator, they were bound to give him their verdict, whatever their opinion might be as to the form of the report, or the motives Mr. Lambert might have had in writing it. If, on the other hand, they were of opinion that that had not been made out, they must return their verdict for the plaintiff; and in that case they would have to consider what damages the case required. The report certainly placed an imputation on the professional character of the plaintiff; and as the work was in large circulation, if the jury believed that the defendant was in fault, they were bound to give the plaintiff such compensation as should meet all those circumstances; but he (the judge) could by no means go the lengths of the learned counsel in saying, that the jury ought, by their damages, to mark their indignation of what had taken place. They were to look at the whole of the circumstances with coolness and consideration, and that would lead them to the proper amount of damages.

At a quarter to nine o'clock the Jury retired, and did not return into court till five minutes to eleven o'clock, when they delivered a verdict for the plaintiff—*Damages* £100.

*** In the above account of the trial we have placed in italics those parts most deserving of attention, so as to form a kind of running commentary. The parts of Wakley's evidence and reply most remarkable for their falsehood or absurdity, are thus distinguished.

MEDICAL GAZETTE.

Saturday, December 20, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

REMARKS ON THE CAUSE—COOPER *v.* WAKLEY.

THIS cause, which has excited so deep an interest in the public mind, as well as among the members of our profession, was tried at the Court of King's Bench on Friday and Saturday last, having occupied two entire days. There are, probably, few of our readers who have not already perused the accounts in the newspapers, but it is of importance to medical men to have the particulars recorded in a more permanent form; and for this purpose, we have devoted the present Number to a full report of the proceedings, avoiding only such repetitions as would have added to the length without rendering the details more complete.

The result of the Trial has been all that we anticipated with regard to Mr. Cooper, and more, much more than we had conceived possible with regard to the exposure of the Lancet. We have heard it said, and we believe it to be the general feeling, that the amount of damages ought to have been larger. But this depends entirely upon the light in which the subject is viewed. If the damages be considered either as a recompence to Mr. Cooper or as a punishment to his traducer, then they are in either case deficient indeed: but, if they be regarded, as they ought to be, merely as marking the opinion of the Jury as to the falsehood and malice of the libel, then they must be considered as amply sufficient;—for juries are utterly incapable of estimating the value of professional character while

they are so extremely jealous of the liberty of the press, that they seldom give more than nominal damages, and never any thing like the present amount, except in cases of the most flagrant description. Besides which, the Judge expressly charged the Jury not to give damages according to their *indignation*, but merely such as should dispassionately mark their sense of the libel. The triumph of truth and honour over falsehood and dishonour has therefore in our opinion been complete, and the profession is under deep obligation to Mr. Cooper for the bold, manly, and uncompromising manner in which he has come forward to vindicate his reputation, and drag the secret slanderer of himself and of his brethren from the dark recesses of his infamy.

By every impartial man acquainted with the subject Mr. Cooper will be regarded as having met with one of those difficult and perplexing cases where the efforts of the most expert and skilful surgeons are not always crowned with success till after much anxiety and delay—an anxiety so great to sensitive minds, that Cheselden, the most successful and celebrated lithotomist this country ever produced, tells us, that he used to feel it "even to sickness"—and delay sometimes so unavoidable, that John Hunter and Mr. Cline and Sir Astley Cooper have all had patients on the table for a much longer period than in the present instance;—nay, an anxiety and delay so great, that they have been known to unnerve some of the most experienced and skilful men in the profession, having on one occasion caused Mr. Abernethy to ask another surgeon to finish an operation of lithotomy which he himself was unable to complete. Yet his competency has never been questioned. To all reflecting men it must be matter of serious apprehension to think what the consequences may be, if the difficulties and fearful responsibility attending capital operations are to be yet farther increased by the consciousness on the part of the surgeon, that there are present those who, instead of participating in his anxious efforts, gloat with fiendish delight on his embarrassment, ready to caricature, to exaggerate, and to pervert.

The character of Mr. Cooper has been subjected to the severest scrutiny, and the result has proved, beyond the possibility of doubt, not only his general skill as a surgeon, but his dexterity as an operator; several competent judges having sworn that they had frequently seen him perform not only lithotomy but some of the other most difficult operations in an "admirable" manner.

The character of the Lancet has also been scrutinized, and who shall describe the depth of its debasement? What an exposure of deep-laid contrivance, of rankling enmity, of implacable revenge! By what a set of ignorant and unprincipled men has the profession been betrayed and the public been deluded! We would willingly throw a veil over the odious details, but that it concerns the vital interests of the community that they should know something of the character of those who have assumed the office of medical dictators, and that they should see in what manner the reputations of honourable men have been sacrificed for the revenge of one miscreant and the lucre of another.

When we look upon the list of witnesses for the defendant, we are lost in astonishment at his audacity in endeavouring to substantiate a serious charge by such incompetent evidence. We know not at which most to marvel, his effrontery in acknowledging such worthless associates, or his folly in trusting to men, only one of whom seems to have been less ignorant of the subject than himself.

The first on the list, and the only one entitled to any consideration—*the only*

one among them who had ever performed the operation himself—is a *Mr. Partridge*, a surgeon from Colchester; who, we are informed by Wakley, enjoys the highest reputation in the neighbourhood in which he practises, but whose fame till now never travelled beyond the limit of his daily visits. Let him not repine, however, for his reputation will henceforth have a wider range, and his name be known in the remotest villages of the land, as one who bore witness against a brother practitioner in a case concerning the difficulties of which it is impossible that any one but the operator could adequately judge. This man swore that he had never seen Wakley before; but kindred natures soon understand each other, and we observed that he sat by his new friend during the rest of the day, encouraging him by his presence and aiding him with his advice.

Next on the list, we find *Mr. Clapham*, who described himself as a pupil and practitioner, "but not exactly a surgeon;"—who six months ago swore that he was 21, and now swears that he is 20; who next deposed that he had taken no oath as to his age on presenting himself for admission at Apothecaries' Hall, and whose affidavit on that occasion was afterwards put in by Mr. Watson. This youth is a cousin of Lambert's, from whom he received his testimonial as to moral character! He has already begun to reap the fruits of his share in this transaction, as we understand that proceedings have been instituted against him by the Apothecaries' Company.

Mr. Joachim Gilbert, a pupil, and now assistant to a Mr. Phelps, who married Wakley's sister! A tender-hearted gentleman, who was unable to remain during the whole time of the operation, and who, therefore, only saw the *beginning* of it. This gentleman is of opinion that tying the subclavian artery may be done by accident.

Mr. John Thomas, demonstrator at one of Mr. Sleigh's schools since October—1828, and a contributor to the Lancet. He arrived after the operation was begun, and therefore only saw the *end* of it. *This gentleman swore that he did not know the name of the defendant.*

Mr. Geoffrey Pearl, a pupil, introduced to Mr. Wakley by his friend Mr. Lambert, who "gave him very good reasons to make any one believe that the forceps passed between the bladder and the rectum." This gentleman swore that Mr. Cooper introduced the forceps "as if he meant to stab the man," and that he had three fingers in the wound at once.

Mr. James Lambert, turned out of three hospitals, and too well known to require description. He avowed himself to be the author of the libel; to have been compelled by Mr. Cooper, on a former occasion, to make an apology; and *he would not swear that he had not vowed to be revenged!*—We shall not insult our readers by offering any refutation of the evidence of this unhappy witness. His appearance in the box, his pallid cheek,—the perspiration standing on his brow—his downward look—and the constant and involuntary movement of his hands, sufficiently betrayed the sufferings of his mind. To this witness Lord Tenterden said, "Sir, you have not answered one question in a straight forward manner, or like a man." Such a rebuke, and from such a judge, speaks volumes.

Mr. Alex. Lee, surgeon, clerk, and potatoe-merchant! thought it presumptuous and rash in any one to give an opinion without ascertaining from the operator what had been the difficulties of the case. He was the honestest man of the whole tribe, though rather out of his element.

Mr. Thomas Bolton, a pupil of six months' standing! and who favoured the Court with his opinions on lithotomy.

Mr. Benjamin Harrison (to whom we have to apologize for naming him with such a set) was called by Wakley to prove that undue influence had been used in Mr. B. Cooper's appointment, and who swore to the very reverse.

Such are the friends and patrons of the Lancet--such the men who have dared to pass their judgment on an operation which only one among them had ever performed—such the evidence on which the characters of honourable men are to be blasted!—pupils forgetful of the modesty that becomes their age, a demonstrator of two months' standing to an itinerant lecturer, a hireling slanderer, a potatoe-merchant, and a perjurer!!

Next in the order of succession we come to the speech of Sir James Scarlett, probably one of the most splendid forensic efforts that ever was made. For some idea of it, we must refer to our report; but no words can convey an adequate conception of the masterly and impassioned manner in which he sketched the education and career of his client, and contrasted them with the obscure origin and worthless calling of his traducer, who, like the foul raven, feeds on all that cleanlier natures loath. Wakley prudently occupied himself in writing the while; but no art could conceal his writhings when the learned Counsel, addressing him individually, held up to public gaze such a picture of depravity as made all who heard him shudder. It was a noble piece of oratory:—and well might Sir Jas. Scarlett congratulate himself and the bar that in *their* profession no such disgrace had ever befallen it as to produce a man so lost to honour as to earn his bread by sacrificing the reputations of his brethren, holding them up to the public as ignorant and incompetent, unless they paid disgraceful tribute to his magazine of slander.

The first witness called on the side of the prosecution was Mr. Callaway, and we refer to his evidence with pleasure: it is throughout a plain, straight-forward narrative. He explained the difficulties of the case with perspicuity, and answered all the questions on his cross-examination with a freedom that carried conviction to the minds of all who heard him. One answer deserves particular notice. When asked if he had not used some expressions disrespectful towards Mr. Cooper at the Kent medical dinner, what was his reply?—No; *but your friend Dr. Haslam* questioned me, and therefore I was on my guard. Can no friend of Wakley's, then, be named but some tale of infamy is attached to it? Does Dr. Haslam endeavour to entrap men at their convivial meetings—to *pump* them—to act the jackal to such as Wakley, and lead him to his prey?

The evidence of the other surgeons merely went to the point of general character, and we almost question whether it was judicious to bring them forward, because the public are ready enough to believe that a common feeling leads them to support each other. Their *cross*-examinations were of more use to the plaintiff than their examinations *in chief*, because Wakley, with the most amusing stupidity, always elicited something either directly favourable to Mr. Cooper or unfavourable to himself.

Sir Astley Cooper stood too nearly connected with the plaintiff to allow of his evidence producing so much effect as it might otherwise have done; while the consciousness of this led him to use expressions which, unless the motives which dictated them were obvious to the Jury, must have produced an impression different from what was intended. One part of his evidence, however, was extremely good—the absolute contempt, but perfect good humour, with which he answered Wakley's questions about the operation of lithotomy, invariably throughout turning the laugh against him, and making his ignorance apparent.

Nor must we omit the evidence of Dr. Hodgkin; it was a simple but convineing story. Others, as well as he, had examined the parts after death, and found no passage between the bladder and rectum; the merit of the discovery was reserved for Mr. Lambert. "Here is a passage, sir," said this dramatic surgeon; and what was the answer of Dr. Hodgkin,—"then, friend, *thou* hast made it!"

The constant cry of the defendant was—why has Mr. Cooper not brought forward other witnesses, who were present, besides Mr. Callaway? We can conceive a ready answer to this. The others present were pupils—almost all *his own* pupils—witnesses to whom the defendant had himself objected in the second libel; and to have adduced whom would have been inconsistent with Sir J. Searlett's argument—that the pupils brought forward by his opponent were incompetent; and because it was held, and justly too, that none but those immediately engaged in the operation were able to appreciate the difficulties of the case.

On the reply of Wakley—jesuitical as it was—false in statements—sophistical in argument—coarse in language, and diabolical in tendency, we had purposed to make some remarks, but our waning time and space both warn us to desist. We see that an advertisement has been put into the newspaper, soliciting subscriptions in his behalf. This passes belief! A subscription for Wakley!—a thrice convicted libeller;—who has risen to notoriety through a path of infamy—who has betrayed his profession, and deluded the public; a common backbiter, who, by his own avowal, publishes calumnies which he does not himself believe; a ribald; the editor of a work alike dishonouring and dishonoured; who lives by slander, fearless of the shame. What! shall there be a subscription for Wakley, and shall the amiable author of the libel go unrewarded? Shall no mark of public favour be shewn to Mr. Lambert? None to his zealous cousin, who stands a convicted perjurer in his behalf? Who is there, even among the few ill-judging men, who think injury to their brethren must be benefit to them, depraved enough to outrage common sense, and common decency, by contributing in such a cause? But it does not emanate from the profession; it is a desperate effort of those immediately interested, and is looked upon with the scorn it deserves.

From this we turn to a more grateful subject—the generous sympathy in Mr. Cooper's feelings which has been evinced by the students in the Borough. We have inserted their advertisement in another place, announcing their intention to present him with a piece of plate. The idea is alike honourable to their hearts and heads; and in after life, when they enter upon the duties of their profession, and the hour of their own difficulties shall come—as come it must to almost every man in our most useful but imperfect art, we trust that they will not be so cruelly treated as their teacher has been, but that the publication which now disgraces the profession shall ere then have ceased to exist; and that they may meet with less malicious, and more candid critics, who, if they "nothing extenuate," at least will "set down nought in malice."

A SECOND LAMBERT.

Mr. Thomas Carter, reporter to the Lancet, has been expelled from the Royal Infirmary of Glasgow.

MR. GRAINGER'S LECTURE ON LITHOTOMY.

To the Editor of the Medical Gazette.

Sir,—In the report of the trial of Cooper *v.* Wakley there are some questions in the cross-examination of Mr. Lambert which imply that I had delivered several demonstrations, and also a lecture, with the view of shewing that Mr.

B. Cooper's operation of lithotomy was unskilfully performed. As this imputation has been widely circulated through the medium of the press, I am desirous of refuting it in the most public manner; and I therefore trust you will give insertion to the following statement in your next Number.

In consequence of receiving many applications from gentlemen attending my lectures, who were subpœnaed on this trial, to describe to them the anatomy of the perineum, I delivered a lecture which was numerously attended; and among those present were several students who had been called on to give evidence both by the plaintiff and defendant. In that lecture I pointed out the anatomical relations of the perineum and neck of the bladder. I also gave several demonstrations in the dissecting-room, in the usual routine, on the same parts. But in thus discharging what I considered the imperative duty of an anatomical lecturer, I studiously avoided all allusion to the operation performed by Mr. B. Cooper. On Saturday morning last I read the above report in the Morning Herald, and I felt anxious to have an opportunity of stating these facts in Court. I therefore made an application, through Sir A. Cooper, to that effect; but I was informed by him that it was too late. Under these circumstances, I had no alternative but to publish the letter which appeared in the Morning Herald of Monday. In the evening of that day I received the following letter from Sir A. Cooper, and by his kind permission I insert a copy of it.

Conduit-Street, Dec. 15, 1828.

"Dear Sir,

"You have done exactly as I wished in publishing your letter. All the evidences on the part of the defendant had been examined; and I, who am ignorant of these matters, believed that it was impossible to retrogade.

"By sending your letter to press you have completely exculpated yourself. Believe me, with real esteem,

"Yours always most truly,

"Astley Cooper."

In conclusion, I have only to add that my colleague, Mr. Pilcher, has requested me to state that, in the demonstrations which he has given he has carefully abstained from all comment on the above operation. I remain, Sir,

Your obedient servant,

R. D. Grainger.

Broad-Street Buildings, Dec. 16th.

CORRESPONDENCE BETWEEN DR. HASLAM AND MESSRS. CALLAWAY AND COOPER.

To the Editor of the London Medical Gazette.

COOPER *v.* WAKLEY.

Sir,

By inserting in the next No. of the London Medical Gazette the subjoined Letters (the result of an explanation required of Dr. Haslam), as corroborative of the denial I gave to this question—"Did you not state to a gentleman at that dinner (the Kent Medical) that Mr. Bransby Cooper was an idiot?"—put to me in my cross-examination by the Editor of the Lancet, at the late trial (vide report, "Times," of December 15th), you will much oblige,

Sir,

Your obedient servant,

T. Callaway.

High-Street, Southwark, Dec. 17, 1823.

Dear Sir,

In my conversation with you at the last meeting of the Kent Medical Society, I hereby declare that you never imputed to Mr. Bransby Cooper any want of intellectual capacity, or professional unskilfulness; and that the word "idiot," as applied to Mr. B. Cooper, was never mentioned by you.

Yours truly,

J. Haslam, M.D.

Hart-Street, Dec. 17, 1828.

To T. Callaway, Esq.

My Dear Sir,

Allow me to state, with perfect truth, that from the time I have known you and Mr. Callaway, that he has uniformly, whenever your name has been mentioned, spoken of you in terms of friendship and respect.

I am yours truly,

J. Haslam, M.D.

Hart-Street, Dec. 17, 1828.

To Bransby Cooper, Esq.

TRIBUTE TO MR. COOPER BY HIS PUPILS.

At a meeting of the pupils, held in the anatomical theatre of Guy's Hospital, on Monday, Oct. 15, 1828,

It was resolved unanimously, that in consequence of the manly and upright manner in which their valuable and inestimable teacher, Mr. Bransby Cooper, has come forward to vindicate his character against one of the most foul, unmerited, and wicked attacks that malice ever devised for the ruin of professional reputation, the pupils feel it their duty not only to offer to him their warmest congratulations upon the triumphant result of the late trial in the Court of King's Bench, but to present him with a lasting testimonial of their gratitude towards him as their teacher, and as a token of the high sense which they entertain of his skill as an operator, of his judgment as a surgeon, and of his character as a man.

It was resolved unanimously, that this object be carried into effect, by presenting Mr. Bransby Cooper with a piece of plate, bearing an appropriate inscription, the expenses of it being defrayed by a subscription to be confined to those gentlemen who have been entered as pupils at St. Thomas's and Guy's Hospitals, and each contribution to be limited to the sum of half a guinea.

It was resolved unanimously, that subscriptions continue to be received by one of the committee, at Guy's Hospital, for one month from the present date.

Edward Cock, Chairman.

CLINICAL LECTURE upon HERNIA,

By Mr. Charles Bell*,

Professor of Surgery in the London University.

Gentlemen,—There can be no accurate observation of symptoms in disease nor precise rules of practice, unless we have a correct pathology. I believe it is generally acknowledged that I have removed certain obscurity from the subject of hernia by drawing the distinction between incarceration of the intestine and its strangulation; and by showing that what are called the symptoms of strangulated hernia arise from the condition of the gut within the abdomen, and not from that of the portion included in the herniary sac.

We may state both the importance and the difficulties of this subject by contrasting the two following cases. A person who has hernia refuses to submit himself to the operation, (perhaps I should say herself, for the cases in my recollection are those of women with femoral herniæ); the symptoms continue urgent for several successive days, the belly tense, the face pale, and the features shrunk, with vomiting and hiccough, and the pulse intermitting, as if she were in the very last stage of suffering: the patient, however, is operated upon and recovers. This, I allow, is not a frequent occurrence, but of the other we have daily instances. You have yourselves seen a patient with hernia admitted into the hospital, relieved by the operation of the taxis, and after a time sent out. On the afternoon of the day on which he was dismissed, his hernia again came down: there was pain and tension of the tumor, and he returned to the hospital. That same evening he was operated upon, but it was too late: the intestine was not in a condition to recover itself, and he died.

Can we be said to understand the subject when such an anomaly is left unexplained? I shall take the matter up thus: first, lead you to contemplate the condition of the bowels within the abdomen; secondly, consider the state of the intestine in the sac. And I pledge myself that the practical conclusion to which this will bring you is one of the most important in surgery, and will convince you, as in the case of stricture, that the only manner of improving your profession is to have an accurate knowledge of the morbid appearances obtained through dissection, and a just reasoning upon them: in one word, it is by studying pathology.

When a man has died of hernia, without the operation having been performed, you find these appearances on

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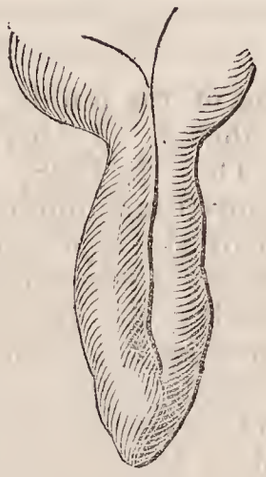
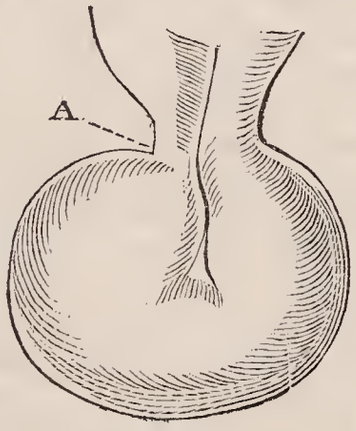
* See a case of Hernia in the Hospital reports of this Number, p. 110.

dissection:—there is serum, with flakes of purulent matter, afloat in the abdomen; the small intestines are distended, inflamed, and dark: upon turning up those convolutions which first present themselves, you see portions of the canal empty, contracted, and pale, compared with those just observed, and perhaps with blackish spots on them near the part which is strictured. Now on tracing the intestine from the duodenum downwards, you find that the portion distended and inflamed is the part of the canal between the stomach and the strieture; and you find the other part, that is, the empty and contracted part, to be the portion of the canal which extends from the stricture to the rectum. Here, then, are the substantial facts on which we have to reason. When the intestine is first nipped in the stricture, the canal within the abdomen is excited;—but with a very different effect on the portions below and above the stricture: the part below empties itself, and this is the reason why there is a motion generally just after the hernia has come down; but the upper part cannot so relieve itself, at least by a natural action;—the peristaltic contraction of the intestine urges the matter which it contains down to the stricture: there it is retarded and accumulated. Then come on the severe spasms, like colic pains: the pain rolls, as it were, from a distant part of the abdomen to this point; it centres here—relaxes, to be succeeded by another succession of actions in the intestine. The pain is now of the nature of the *iliac passion;* it arises from the obstruction and distention of the bowels. You can clearly see what will be the effect of purgatives in this condition: the intestines will be more excited; their secretions more liberally thrown out; and the accumulation within the intestine increased. Next comes on the inverted action of the intestine and stercoraceous vomiting: the matter accumulated below is urged upwards—offensive matter is therefore sent into the stomach; the eructations and discharges from the stomach are feculent. In this condition the patient may remain a long time, with distended abdomen, sickness, paleness, contracted features, small and intermitting pulse.

We come now to the state of the intestine in the herniary sac. When the intestine is first thrust down, it is empty—it is in the smallest compass; thus—



But when the contents of the canal are forced into it, the intestine is distended beyond the neck of the sac: the dia-



meter of the gut is now far greater than that of the neck of the sac; and the intestine cannot be drawn back again into the abdomen by the action of its longitudinal fibres. It must be reduced to its original condition; that is to say, it must be compressed and emptied, made to assume the shape it had when it was pushed down, before there is hope of its reduction. You know, then, what the operation of the taxis, as it is called, is: you have gently to compress the protruded gut, pressing up the air and fluid which is in it, to that part of the canal within the belly.

But it is strangulation which we have to illustrate: therefore we shall now proceed to explain the state of *incarceration* as distinguished from that of strangulation. When a turn of the intestine is thus down in the herniary sac, and becomes filled, either by the contents of the intestines above being urged into it, or by its own secretions, the angle of its reflection at the neck of the sac, A, is increased; the matter within it cannot therefore be urged up into the portion of intestine within the abdomen; consequently, no more can

be admitted down into this portion, and there is an obstruction of the canal. The intestine is now incarcerated, that is to say, it is retained; but it is not strangulated.

Strangulation is another stage, where the stricture is not only so tight upon the intestine as to prevent the passage of the contents of the bowels, but also to constringe the veins, and at length to stop the circulation in the protruded portion. It becomes a very important question to decide how long will the intestine live, being thus deprived of its circulation? I cannot tell you. I have formerly attempted, in experiments, to ascertain this, by noosing the intestines of animals with ligatures, and I failed for a very curious reason. Such noosing of the intestines did not kill the creatures; the cord with which I tied the intestine was covered with coagulable lymph, and finally carried into the interior of the intestinal canal. The first authority in our profession says, that if he himself had strangulated hernia, (which Heaven forfend!) in six hours he would have the operation performed. But why six hours, I wish to know? Can an intestine remain alive deprived of circulation for six hours? I apprehend not. I believe that half an hour would be quite decisive.

You see now the difficulty of this question. We do not know the symptoms of strangulation as distinguished from those of incarceration. Practitioners are precise where precision is impossible; you can never know the moment of strangulation, that is, when the circulation of the portion of the intestine within the sac is stopped; you know only that in certain circumstances there is immediate danger of this, and you do not delay a moment to operate with the knife, when you have ceased to hope for the extrication of the intestine by the taxis. In determining upon the operation, although you may hasten your decision by the fear lest strangulation shall have succeeded to incarceration, yet this is not the only reason why you operate. You operate to relieve that extraordinary distention and excitement which the portion of intestine between the stricture and the stomach is suffering. It becomes a most serious question, whether you may not be too late for this: you may relieve the intestine from the stricture in sufficient time to prevent its death from strangulation, but it may be in that condition in which it is incapable, when reduced, of resuming its function. But let us, in the mean time, follow up the consideration of the condition of the strangulated portion. I know your anxiety to become masters of this subject, and I use no apology for entering into the discussion minutely.

Let us, for this purpose, consider in what manner strangulation takes place. The spasmodic and painful contractions at the neck of the sac are from the writhing of the intestine within the abdomen, excited as we have described. There can be no such contractions produced by the neck of the sac, nor by the tendon. The changes we have to contemplate take place in the intestine. The filling of the cavity of this portion of intestine, which is within the sac, causes a certain pressure upon the returning veins, and a retardation of the blood in them. This is the reason of the change of colour in the gut, of that dark livid colour which is seen in the operation for hernia: this is the reason also why the coats of the intestine are turgid, and feel fleshy and thick; this condition of the intestine is, besides, the cause of a gelatinous-like mucus being secreted into its cavity. You will, therefore, see that even if no liquid should descend from the intestines within the abdomen to the portion incarcerated, every moment of delay is dangerous, because the intestine may strangulate itself.

Let me notice here a circumstance that retards the strangulation. I allude to the secretion of serum into the herniary sac. In the operation for hernia you see a limpid fluid, sometimes in great quantity, spouting out the moment that the true sac is punctured. Whether this fluid be secreted from the surface of the intestine, or of the sac, is of little consequence; but you readily understand that, by its presence and its pressure against the intestine, it in some measure counteracts the fulness of the vessels and of the intestine itself, and prevents, or at least retards, that turgescence which causes strangulation. Since I have spoken of this serous fluid exuded into the sac, let me remind you how it may deceive you in the operation of the taxis. Suppose you sit down diligently to compress the tumor; you seem to succeed; the volume becomes sensibly diminished, and you think you have reduced the hernia; when you may have only

pressed out the fluid from the sac, and have, in fact, left the intestine in a more dangerous condition than it was before.

But let us return to the consideration of the state of the intestine. When you have performed the operation and exposed the intestine, and have found it gorged and of the colour of venous blood, you do not delay dividing the stricture. It now comes to be a very serious question — does the intestine live? is it in a condition to resume its muscular action? Having divided the stricture and relieved the intestine, you put a moist warm sponge upon it, and seek to delay the operation, comforting your patient the best way you can. After a minute or two, on looking to the intestine, you are pleased to find that it is of a different colour, that the circulation is resumed in its natural vigour, and a more healthy arterial colour of blood takes place, of the dark modena colour. You may, even in this juncture, prick the peritoneal covering of the intestine and satisfy yourself that the circulation is perfect by the oozing of blood; and, in these circumstances, you will return the intestine. I am not inattentive, gentlemen, to the speculations that prevail among you. It has been supposed that the restoration of the colour of the intestine arises from its exposure and the influence of the atmospheric air upon the blood in the vessels: that is a very innocent speculation, so long as it is not carried to the extent of proposing to keep the intestine thus exposed until it recovers itself. Such exposure of the intestine, I must tell you, is a source of danger: when any thing retards the easy return of the intestine, and it is long exposed and handled, it is sure to inflame.

When the portion of intestine has been replaced in the abdomen, it is always a matter of great anxiety whether it will resume its natural actions. I by no means feel myself authorized to criticise those medical authors who appear to have confounded colic, enteritis, and ileus; but as I have observed the Iliac passion, it has been thus: a man has been seized with tormina of the bowels, followed by fever, tenderness of the abdomen, and with all the marks of mechanical obstruction in the intestinal canal. He has died, and I have found no mechanical obstruction at all, but a portion of the ileum inflamed; and I have been taught to reason upon it in this manner; an inflamed intestine resists dilatation, the inflammation has so disordered the muscular action that the succession of actions which propel the food down the canal is here interrupted, as effectually as if the obstruction were mechanical.

Now in the instance of hernia, the portion of the gut which has been down in the sac, having become turgid and inflamed, when it is reduced into the abdomen, refuses to partake of the general peristaltic motion, and the symptoms of strangulation continue, although the canal is no longer mechanically obstructed. There are no motions until the approach of death; and I believe the explanation of this to be correct—that it is because mortification has taken place. Whilst there was life and inflammation in the portion of intestine, there was spasmodic obstruction; but when the inflammation has terminated in mortification, the contents of the bowels above the injured part have been urged downwards through the unresisting mortified portion; and so copious offensive stools are not unfrequent before death. Be assured of this fact, however we may reason upon it, when we examine the abdomen, after death, of a person who has died after the operation for rupture, that we find the portion of intestine which had been handled in the operation, still bearing the marks of its former confinement, dark from inflammation, and covered with coagulable lymph.

You perceive, then, that there is a question about the propriety of reducing the intestine into the abdomen: not merely whether the intestine be alive or not, but whether the intestine has been so injured, rendered so turgid by congestion, that when reduced it shall be subject to inflammation and spasmodic contraction; so obstinate, as to resist the descent of the feculent matter from the upper part of the canal. Here is the practical question; and, indeed, practice or experience will alone enable you to decide it—since you have to determine upon the degree of injury which the intestine has sustained, a circumstance which your closest study of the natural parts will not enable you to understand. With this preface, then, I would say, that when a small portion of intestine has been down in a hernia, when it has been tightly held in the stricture, and its coats have become thick and its colour dark, the patient will have a better chance for his life if

that intestine be opened, than if it be reduced into the abdomen; for if the stricture be cut, and the intestine opened, there are free evacuations immediately procured; and all that tract of intestine, from the strictured portion upwards to the stomach, is relieved of distention, and the symptoms immediately ameliorated. When we say that a man's life by such a measure is more certainly secured, we must not shut our eyes against the very formidable consequences of this measure—there is danger of permanent fistula, or anus at the groin, as it is called; a condition of existence to which some would prefer death. Yet, if this part of the operation be properly performed, I conceive we may lay a foundation for the cure of the fistulous opening, and the return of the feculent matter through its regular course.

MR. PATTISON's REPLY TO MECKEL.

To the Editor of the London Medical Gazette.

Sir,

From my having only late last night obtained Professor Meckel's letters, I have been unable until this morning to answer his statement published in the last Gazette. You will oblige me by publishing it in the next number.

I remain, Sir,
Your obedient servant,
Granville S. Pattison.

Old Burlington Street, Dec. 9.

If I were not convinced, from the ephemeral interest which personal controversy creates, that the facts adduced in their discussion are soon forgotten, I should most certainly consider it quite unnecessary to notice *Professor Meckel's account* of his negociations with the University of London, published in the last number of the Medical Gazette, as my answer to Dr. Granville contains a satisfactory refutation of it. But as it is probable that the facts then published by me may have passed from the recollection of the public, I trust I shall be excused in bringing them again forward, to refute the assertions which are advanced by the Professor of Halle.

1. I am accused of "*misrepresentation*" and "*mis-statement,*" in asserting that Professor Meckel made an "*offer of his services to the University of London.*" The facts are as follows, and from these let me be judged. Professor Meckel's friend (Dr. Spry) having "written to inquire *whether he* (Professor Meckel) *had any wish for an appointment in the London University,*" in reply he wrote a letter, of which the following are extracts:—"As you know perfectly well the disagreements of my present situation, and the little hope of its amendment, you may imagine easily that I should leave it without any pain, if I might have assurance to change it not for a less better. *If then I might be quite sure to have the value of what I have here, I should even go to Siberia.*" He then goes on to add, that from his having been informed that the Professors of the new University are to depend on their fees, *he is afraid* that those who manage it may not be disposed to give him a salary; but adds, "*But perhaps the donation of my collection might produce a more favourable arrangement.*" "*If this should be possible, I will not hesitate to go to London as soon as the same advantages I have here will be agreed on.*"—"In fact I have 2000 thaler, with the obligation of furnishing all that is necessary for the lectures on human, pathological, and comparative anatomy. *If I may have, then, a sum corresponding to this, I should with all my heart leave my present situation.*"

It therefore appears that a friend of Professor Meckel having inquired of him if he would wish to be appointed to a Professorship in the University of London, he not only writes to say that if he is sure of having the value of what he has at Halle, *he would go to Siberia,* &c. &c. but fearful that the Council might not be disposed to guarantee to him a sum corresponding to the 2000 thaler *per ann.* which he received in his present situation, his anxiety to succeed in the appointment induces him to state in his letter to his friend, and which he must have been aware would be laid before the Council, that "*perhaps the donation of his collection*" might produce "a more favourable arrangement" in his behalf—viz. secure to him a sum equal to 2000 thaler; yet, in direct opposition to the above facts, he asserts positively that he never did make an offer of his services to the University of London. But although he does so, he most inadvertently in the same sentence where he denies it, makes *himself* an admission of his

having been conditionally a candidate for a Professorship. He says—" It appears then that *I did not offer my services* to the London University, nor that *I offered my services unconditionally*, which would have been, in my situation, both silly and disreputable." First, we are told he did not offer his services, and, secondly, that " he did not offer his services unconditionally; *ergo*, he made an offer of them conditionally. Far be it from me to assert that Professor Meckel ever offered his services to the University unconditionally: I have never accused him of being " *silly*" in overlooking his own *pecuniary* interests—all I have ever asserted was, that he did make an offer of his services, and that the Council, in appointing him, had every reason to lead them to believe that " he was inclined to accept of the office." The truth of this assertion I trust I have now substantiated.

2. Professor Meckel observes, " Mr. Pattison's assertion that I had agreed (when he visited me at Halle) to be appointed, provided the sum of 1000*l.* as the whole of my receipts were granted me, *is without foundation.*" Having given the following extracts, the first taken from a letter addressed by me to the Council, dated Halle, Aug. 8, 1827, after I had been in communication with the Professor for several days; and the second from a letter addressed to the Professor himself, a few days after I left him, I shall leave it to the public to decide whether my assertion was or was not " *without foundation.*"

" Professor Meckel is of opinion that he could not live in London in a manner suitable to his rank as a Professor in the University, *unless his income amounted to* 1000*l. per ann.* I do not consider this estimate as extravagant; the only inquiry, however, which is of importance for the Council to investigate is, whether, in giving such an assurance, they would run the risk of being called on for a considerable annual payment. For my own part, I do not conceive there would be any chance of this. As a matter of course the University would pay an annuity to the Professor for his museum, and if there be added to this the small salary which it is proposed to give to the Professors, there can be no doubt but that these sums, with the addition of the fees, would bring his income to 1000*l. per ann.*," &c.—*(Letter addressed to the Council, dated Halle, 8th August.)*

" I however at the same time, in the most unequivocal language, stated to you, that all that was to be expected from the Council *was the assurance that from the annuity paid for your museum, and from the fees paid for attendance on your lectures by the students, your income should at least amount to* 1000*l. per ann.; that if from these sources this sum was not obtained, the deficit should be made good by the Council.*"—*(Letter addressed to Professor Meckel, dated Berlin, 14th August.)*

Although the letter from which this second extract is taken, and which is published at length in the Medical Gazette, vol. ii. p. 540, must have been received by Professor Meckel before he addressed his letter of the 17th August to me, he does not presume in it to assert what I distinctly state in it, viz. that he had verbally consented, when I was at Halle, to come to London, on the Council assuring to him, from fees, annuity, and salary, an income of 1000*l. per ann.* " *was without foundation.*"

3. Professor Meckel asserts that " *it is not true* that *he postponed*, from some excuse or other, his visit to London;" and states that *he did not consent* to undertake the journey until the spring of 1828. Let us see whether he is borne out in these assertions by the facts. In a letter addressed to Mr. Horner, of date the 30th Oct. 1827, he writes—" If it is possible that the journey might be deferred to the beginning of the spring, I shall be very glad to come over; *if not*, and the season allows it, *I shall be able to do so in the middle of December.*" Having been informed that it would be absolutely necessary for him to come before the spring, he addressed a letter to Mr. Horner on the 10th of December, excusing himself from making the visit at the time *he had promised*, and requesting it might be postponed until the end of February.

4. Professor Meckel's *sine qua non* as the terms of his accepting of the Professorship, communicated to me at Berlin a few days after I had left him at Halle, when, as the extracts from the above letters will incontestibly prove that he had consented to become a member of the University of London on 1000*l. per ann.* being assured to him as a *minimum* income, are as follows:—

	Per Annum.
1. A salary of - - -	£1000
2. An annuity on his own and Mrs. Meckel's life on the sum of 9000l.; say -	450
3. Two assistants, to be paid by the University, solely for his own use; say 150l. *per ann.* each - - -	300
4. A servant to be kept for him; say 60l. *per ann.* - -	60
5. That the fees of his students should be guaranteed as a *minimum* at 500l. *per ann.* he to receive the whole amount, whatever that might be - - -	500
	£2310

Professor Meckel is offended with me because I have in a *private* letter, addressed to the Council, stated, that I consider the above demand a ridiculous one. I certainly would not have published this *private* expression of my opinion, unless I had been forced by Dr. Granville to do so. But, as I am called on for my defence, I can only say, that I still think the demand an extravagant one. When it is recollected that even, according to the Professor's own showing, his income in his present situation, *which he dislikes so much that he is willing to leave it, and go even to* "SIBERIA," *is only* 400l. *per ann.* I believe the majority of my readers will agree with me in thinking, that his requiring as a *minimum* income two thousand three hundred and ten pounds sterling, to induce him to come to London, is excessively "*ridiculous.*"

5. I never, in my letters addressed to the Council, attempted to undervalue Professor Meckel's museum; but as he had, in his letter to Dr. Spry, expressed his diposition to make a "donation of his collection," if the Council would assure to him the same advantages as he held at Halle, I thought if they consented to assure him an income of 1000l. *per ann.* they would be doing much more, and that consequently he would not expect a large sum for his museum.

6. In transmitting my comments on Professor Meckel's demands to the Council, I observe, that "the most absurd condition is contained in this article—"*For reasons easily to be understood, the collection, though given under these conditions, must be only to my use.*" The Professor is exceedingly enraged with me for calling this condition an "absurd" one.

It will be observed from the statement given above, that the following were the terms on which Professor Meckel consented to give his museum to the University; and let the public judge whether, supposing they had been complied with, it was or was not "*absurd*" in him to expect that, having been so liberally paid for it, it should still be kept, at an enormous expense, *solely for his own use.*

1st. He required on his own and Mrs. Meckel's life an annuity on 9000l., say (*per ann.*)	£450
2d. That the University should pay salaries to two assistants to keep the collection in order; say they were paid at the rate of 150l. *per ann.* each	300
3d. That the University should pay a servant to wait on him; say 60l. *per ann.*....	60
(*per ann.*)	£810

I have no desire to express myself with severity in regard to Professor Meckel's conduct in his negociations with the University of London. Indeed, had the subject of them not been brought before the public by his friend Dr. Granville, and serious charges advanced both against the Council of the University and myself, they would never have elicited from me a single *public* observation. I have been forced to refute these charges, but I have endeavoured to do so temperately; and, to avoid the possibility of cavil, I have placed his own assertion contained in his letters against his assertions contained in his statement. From his own writings let him be judged: with the verdict of the profession I shall be satisfied.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of Congenital Hernia.*

WM. HEATH, æt. 40, a tall, muscular man, was brought to the hospital on Saturday, June 14th, at 9 o'clock, P. M. having a large serotal hernia on the left side. He has been subject to hernia

* This case is inserted as connected with Mr. Bell's lecture, see page 104.

for six years, and has worn a truss for the last four years. He says it was originally produeed by the kick of a horse. It has come down only onee sinee that time, and that was two years ago: it was then easily reduced. To-day, about half-past four, while riding, his horse made a sudden spring, which threw him off the saddle: at that moment, he felt something give way in his groin, and he discovered that his rupture had come down: his truss was on at the time. A surgeon attempted for about half an hour to reduce the hernia, but failing, he sent him to the hospital.

The appearanee of the tumor was peeuliar. It distended one side of the serotum, but it oceupied considerably more of the groin than is common: the upper part had a remarkable squareness, owing to a projection of the tumor, whieh extended obliquely across, towards the ilium, passing the abdominal ring. This part felt hard and inelastic, and the integuments were abraded and slightly inflamed over it. The lower part of the tumor was more compressible, as if it eontained flatus, or serum. He had nausea and frequent vomiting, which did not appear, however, to be stereoraceous: he suffered violent pain in the lower part of his abdomen, and writhed about in bed: his pulse was small and sharp, about 60; and the countenanee anxious. The taxis, from whieh the patient suffered great pain, having been persevered in without effect, Mr. Bell was sent for, who, after attempting reduction for a very few minutes, called a eonsultation. In the mean time, the patient was put into the warm bath, where the taxis was again gently tried, but with similar want of suceess. It was remarked, when he was brought baek to bed, after having been in the bath, that the tumor, instead of being diminished by the operation of the taxis, was very eonsiderably inereased in size.

Operation.—12 o'clock. An ineision, in a semi-circular direetion, three inches in length, was made opposite to the neck of the tumor. Three suceessive layers of fascia being raised, the sac appeared, perfeetly transparent, and its contents dark coloured. A projection, like a cul-de-sac, extended under the integuments of the groin. A dissection was then made to clear the neck of the sac; and the upper pillar of the external abdominal ring was exposed. The sac was opened, and about five ounces of bloody serum spouted out. The directory being passed in at the opening, and the sac slit up, a portion of intestine, of a bright vermilion colour, presented itself, and there was seen, oceupying the larger portion of the scrotum, a part of the intestine, distinguishable from that first exposed by its colour: it was of a dark lake, or bluish tint; in short, it had the colour of venous blood. When the folds of intestine were redueed, the testis was seen projecting on the back part of the inner surface of the sac, showing that the hernia was congenital.

Almost immediately after the operation, he fell asleep. Pulse 56, small. Hydrarg. submur. gr. iii.; pulv. opii, gr. i. The calomel to be continued every three hours, At four o'clock he was bled to ʒviii. as the pulse had risen.

Sunday, 15th.—Noon. The bowels have not been opened. He has had three clysters in the eourse of the morning. Pulse 84. Tongue clean. Skin hot. No thirst.—Evening. After taking an ounce of castor oil, his bowels were freely opened; and he expressed himself mueh relieved. He was bled to ʒxiv.

Monday, 16th. He has had copious evaeuations of the bowels. Early this morning he was again bled to ʒxvi. The abdomen is distended: there is tenderness on pressure upon the left side of the umbilieus; and he is unwilling to move, but he expresses himself comfortable; and he sleeps a great deal. Twenty leeehes to be applied to the abdomen. —Evening. His bowels have again been opened: the evacuations are of a fluid consistence. About 6 o'clock he had a slight vomiting, which returned a few minutes ago: it appeared to be the toast and water which he had swallowed that was returned. About three hours ago his pulse began to intermit: now it intermits irregularly, and at the same time is quick and thrilling. His abdomen is distended and hard. When it is pressed, he winces; yet, he says, he feels quite easy. The respiration short and quiek: the skin soft and perspiring. The leeches and fomentations to the belly to be repeated: he is to take the calomel and opium pill.

17th. Pulse 128. Although all the symptoms are aggravated, he expresses himself as more comfortable. The fomentations continued. A large blister

to be applied near the umbilicus.—Evening. He has vomited frequently a dark-eoloured fluid, which is very offensive. His voice is in a whisper; the abdomen more tympanitic; a cold perspiration on his face. He complains of no pain. At 5 o'clock on the morning of the 18th he expired.

Dissection: 30 hours after death. The abdominal cavity being exposed, four folds of intestine were found agglutinated together, and these converged towards the neck of the sae. On pulling them aside, the mass of intestines that had been in the herniary sac was seen: it was black, and had the appearance of being sphaeelated; but when examined with the fingers, the eoats of the intestines seemed of a natural consistence. In the neighbourhood of the sac the intestines adhered to the abdominal parietes, the peritoneal lining of which had a dull opaque colour, with ridges of coagulated lymph upon it, marking the convolutions of the intestines. The intestines above the part which had been down in the herniary sac, were distended principally with flatus: the large intestines were empty and contracted. There was partial adhesion to the external wound. The sae eontained a considerable quantity of thin purulent matter, and its surface was highly inflamed: the orifice was closed by a deposit of coagulable lymph, which was easily torn through. There was effusion of serum beneath the arachnoid membrane of the brain.

ST. BARTHOLOMEW'S HOSPITAL.

Aneurism of the Femoral Artery—Operation.

Dec. 19.—James Quinee, æt. 26, a stout, healthy looking postillion, was admitted in Darker's ward, Dec. 9, under the care of Mr. Stanley, in the absence of Mr. Vincent, having an aneurismal tumor in the right groin, about an inch and a half below Poupart's ligament. The swelling, which was very painful, was about the size of a turkey's egg, and extended downwards in the course of the vessel. There was a distinct pulsation over every part of its surface, and by pressing the vessel above it might be considerably reduced in size. He has observed it coming to the present size about a month: the first fortnight it was very small and searcely painful, but after this it suddenly became so much larger, and also so much more painful, that he was forced to desist from his usual oecupation of horse-riding, to keep his bed. He has done nothing for the swelling since it has been there. Upon examining the artery of that side below the tumor, no pulsation could be pereeived: the limb felt numbed.

As there was nothing in the man's health to interfere with an operation, it was proposed that the artery should be tied immediately, and on Saturday, Mr. Stanley. in the presence of the pupils, proceeded to take up the femoral vessel, below Poupart's ligament. He commeneed by making his incision about two inehes in length midway between the anterior superior spine of the ileum and spine of the pubes. The upper part of the incision was eommenced rather above or upon the ligament, in order that the ligature might be plaeed around the vessel as high up as possible. After the first incision through the skin, Mr. S. divided a small vein, which eomes down from the abdominal muscles to empty itself into the suphæna. It bled very freely, and it was tied with a single ligature in a half knot. It was also necessary to secure a small superficial artery. After this the operation went on without any impediment, Mr. S. cautiously making his way down partly with the edge and partly with the handle of the scalpel, until he eame to the vessel which was to be tied. It was situated rather deeply, about an inch and a half below the surfaee of the skin. When he had sufficiently bared the parts in the neighbourhood of the vessel, Mr. S. then passed a small aneurismal needle, armed with a silk ligature, beneath it. Having withdrawn the needle, he proceeded to tie the vessel. Immediately on this being done, all pulsation stopped in the tumor. The edges of the wound were now brought together with adhesive plaister, and the patient removed to bed. The operation was performed very neatly. In the evening he was quite quiet; the temperature of the limb appeared neither increased or diminished; he was in no pain.

14.—Had a good night's rest, and was doing well. He has not had a bad symptom since, and the wound looks quite healthy.

*** Correspondents in our next.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, DECEMBER 27, 1828.

PATHOLOGICAL ESSAYS ON SOME DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

[Continued from p. 7.]

ESSAY II.

Morbid Anatomy of the Internal Lining Membrane of the Heart.

The membrane which lines the cavities of the heart is very liable to disease, but not equally so in every part. Where it is thin and transparent, and admits the colour and character of the muscular structure upon which it is spread to be seen through it, it is seldom found diseased; but where it is of a denser texture, either in itself or from an admixture of other structures, whether cellular or fibrous, with its own, it is frequently, and often exclusively diseased. This latter character of a denser texture belongs to it where it forms the tough white circles which surround the apertures of communication between the auricles and ventricles; also where it is reflected upon itself, and forms the loose duplicatures of membrane, which are given off, as it were, from the internal surface of the heart, either at the fibrous circles intermediate between the auricles and ventricles, constituting the tricuspid and the mitral valves, or at the commencement of the pulmonary artery and aorta, constituting the semilunar valves.

It is remarkable how curiously disease is apt to limit itself to the spaces just pointed out. Of the fibrous circle between the auricle and ventricle, of the valves which originate from it, and of the tendinous cords which connect the valves with the carneæ columnæ, there will not be the smallest space free from disease; but the disease will abruptly stop where the tendinous cords cease and the carneæ columnæ begin *.

The membrane, however, where it covers the fleshy columns of the heart, is not exempt from the possibility of disease: but when disease actually affects it, it has seldom originated there, but has generally spread from other parts of the same membrane, although (as we have just remarked) it is apt to stop short before it reaches this.

Of the two sides of the heart, the membrane which lines the left is unquestionably the more liable to disease. But my own observation would never have led me to conclude that the membrane of the right side was so far exempt as it is commonly thought to be. Speaking from the best recollection I have of the specimens which have fallen under my examination, I should say that, in one-third of the cases where disease has been found on the left side, it has existed on the right side also, and been essentially of the same character. But there has been a remarkable difference in the extent to which it has proceeded on each side respectively: while on the left it has gone so far as to be the undoubted cause of death, on the right, although essentially of the same character, it has been only just beginning.

* General thickening of all the valvular apparatus on both sides of the heart. (St. B. 33.)

It very seldom happens that disease appertains to the lining of the right cavities of the heart exclusively; and, where it affects both, the disease in the right cavities is very seldom found in advance of that in the left.

It should seem, indeed, according to the ordinary course of things, that disease does not begin in the lining of the right cavities of the heart, until it has already advanced to an extreme degree in the left.

The internal lining of the heart, as well as of the arteries, is often found to have become of a red colour. This redness, so well known to all who are accustomed to examine dead bodies, used to be regarded as a mere stain imparted to it by the colouring matter of the blood after death. Yet a due consideration of various circumstances connected with it will hardly warrant this conclusion.

It has been found whether the heart or artery be full or empty of blood; and if blood be present it has been found, whether it is liquid or clotted; and if it be clotted, whether it does or does not retain its colouring matter. External temperature, and length of time between the death of the patient and the dissection of his body, have not made any difference in the frequency with which this peculiar appearance occurs. Lastly, no artificial methods, such as washing of any kind, can get rid of it; nor will inclosing blood within an artery for any period produce it *. This simple redness is sometimes seen universally in both sides of the heart and throughout the whole arterial system, and sometimes in patches only, of greater or less extent, whether in the arteries or in the heart.

Now, when all these circumstances are considered, although in some instances it may be a mere stain imparted by the colouring matter of the blood after death, it is plainly impossible that it should be of that nature in any large proportion of the numerous instances in which it is found.

But if the appearance in question implies (as I believe it generally does) a morbid condition, of what kind is that condition? There are the same objections to considering mere redness as equivalent to inflammation here as in the pericardium, or in any other part of the body: here, as elsewhere, in one case it may be the condition out of which inflammation is to spring; while in another it may not be destined to give origin to any change in the structure of the part beyond itself, and may itself constitute the whole disease.

It appears to me, that this mere redness of the internal lining of the heart and arteries has become a matter of undue perplexity to pathologists, because they have laboured to infer from it more than the simple fact itself will authorize. All I wish to establish concerning it is, first, that it is not always (probably very seldom) a mere stain imparted by the colouring matter of the blood after death; secondly, that it alone does not constitute inflammation.

It may not be improper to mention the circumstances under which it has occurred to myself to find it. I have met with it most frequently, and to the largest extent, in subjects whose previous disease has produced a constant and habitual impediment to the transmission of blood through the heart and through the lungs, and that impediment has gone on increasing to the hour of their death; also in those, whatever might have been the nature of their disease, whose dissolution (I mean the actual process of dying) has been tardy and agonizing, and marked by great labour of respiration; in the apoplectic, for example, in whom, after sense and consciousness were extinct, life had been protracted, with stertorous breathing, for many days.

In such subjects the countenance, the lips, and the whole skin, give evidence during life of blood pushed beyond the natural sphere of the circulation, and detained in the extreme blood-vessels. Hence it is obvious that the causes which have loaded and distended the capillaries in every part of the body have had a like influence upon the vasa vasorum.

I do not mean to say that I never met with this peculiar condition of the heart and arteries under other circumstances, or that other causes may not produce it; but that I am not acquainted with it under any other with which, from frequent coincidence, it has seemed to have a natural connexion, or which have afforded a reasonable explanation of the phenomenon.

This condition of the heart and arteries, considered as inflammation, has been assigned by some as the cause of

* Andral, vol. iii. p. 411.

fevers of the more malignant kind. The frequency with which it has been found in some particular epidemic, must have led to the conclusion. But, however this may be, from my own observation, not restricting myself to the fever of any particular season, but taking into account all complaints called febrile, and belonging to all seasons, also from the result of inquiry among medical men who have had large acquaintance with morbid dissections, and from the experience of those who have made this particular point a subject of investigation (Laënnec and Andral) I venture to conclude that it has no essential connexion with fevers of any kind, either as cause or as effect.

On some occasions the internal membrane of the heart and arteries, wherever it exhibits the appearance described, will allow itself to be peeled off from the subjacent structure with the least possible force; this facility of separation ceasing entirely beyond the boundary of the red tinge.

Here unquestionably is further evidence of a diseased condition: but of what nature? Most pathologists would consider this to be of the nature of inflammation—and I believe justly.

There is indeed much difficulty in pronouncing upon the nature of minuter changes of structure detected in the internal parts of the body after death. We are obliged to arrive at conclusions by help of analogies drawn from morbid processes, which we have watched in their progress during life, upon the external surfaces; for during life we have the functions and sensibilities of the part to aid us in forming a right judgment concerning its disease. When, during life, one tissue is separated from another, as the periosteum from the bone, or the cuticle from the skin, or the mutual cohesion between different tissues is sensibly weakened, we find it to be owing to the intervention of serous fluid which does not belong to their healthy state; and this, together with increased vascularity, or redness and heat, and pain, is enough to bespeak the presence of inflammation. All these conditions cannot remain after death. Hence, if we desire to form positive opinions concerning much which is unfolded by dissection, we must supply the defect by analogy. Thus, whenever, in any part of the heart or arteries, the cohesion between the internal membrane and th subjacent structure is manifestly lessened, and the membrane is unusually red at that part, we may regard these appearances as the vestiges of inflammation, without thinking that we go too far in so regarding them.

The internal lining of the heart and arteries is often found red solely in the neighbourhood of ulcerated spaces, when there can be no doubt concerning the existence of inflammatory action.

But the internal lining of the heart and arteries gives the most unequivocal evidence of its inflammation when it is found of a deep red colour, with coagulable lymph adhering to its surface. This condition is represented, as it was found in the aorta, in one of the beautiful plates, illustrative of the diseases of arteries, by Mr. Hodgson*. And the same condition, in the heart, I have seen in a preparation of Dr. Farre's, where lymph is deposited upon the circular zone, which forms the aperture of communication between the left auricle and ventricle. These appearances denote the most acute inflammation: they are, I suspect, very rarely met with. In the few instances in which I have heard of them, they have been found where death has taken place after short and severe suffering, and with symptoms which characterize inflammation.

But the specimens of disease most frequently met with in the internal lining of the heart, consist in an entire change of its natural structure, and in the formation of new products upon it or within it. Many of these, from the analogy of morbid actions in other parts of the body, must be considered to result from chronic inflammation.

In any of those situations which have been stated as especially liable to disease, the membrane will become thick, tough, inelastic, puckered and shrivelled; and cartilage or gristle, and bone, will enter into its structure; excrescences will sprout out from it, resembling warts and fungus; and it will become ruptured and ulcerated.

Cartilaginous depositions are often found beneath the membrane where it is single; or between its folds where it is double, in the situation of the valves; and thus they seem rather to belong to some structure contiguous to the membrane than to the membrane itself.

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* Pl. 1, fig. 5.

Such depositions will proceed to a considerable extent, while the membrane still remains free from disease. From a valve, which has been thick, opaque, and cartilaginous, I have seen the membrane separated on both sides, and transparent; the opaque and cartilaginous matter being left behind. Where, in cartilaginous depositions, the lining of the heart has become puckered and uneven on its surface, and the valves shortened and altered in their shape, the membrane itself participates in the disease, and is generally incapable of being separated from the subjacent structure. But great thickening may take place in the situation of the valves, from deposition of cartilage, without any unevenness of their surface or alteration of their shape; and under these circumstances the membrane itself you may expect to find hitherto exempt from disease*.

Osseous depositions are always, I believe, originally formed beneath, or exterior to, the membrane, both in the heart and in the arteries. There are two circumstances especially worthy of remark in this process of ossification: sometimes it is a pure and unmixed process: bone is formed, and nothing else. It is deposited in minute granules, or little brittle scales, or in plates of a larger size; and the intermediate spaces, whether in the heart or arteries, preserve their natural and healthy appearance. At first, these granules or scales, or plates of pure bone, are covered by a delicate pellicle, which is in fact the internal membrane of the heart or artery, separating them from the immediate contact of the circulating blood. But in process of time, as they increase in size, and become rough and unequal on their surface, they cause a rupture of the internal membrane, and have now nothing to separate them from the immedate contact of the blood†.

Sometimes ossification is a mixed process, or rather, I suspect, the result of another morbid process preceding it. With the cartilaginous depositions already described there is an admixture of bone. The quantity of bone generally bears a very small proportion to the cartilage when they both occur together, as if the bone proceeded from the cartilage, and not the cartilage from the bone. It is sometimes seen growing from the surface of the cartilage, and is sometimes deposited in its substance, and only detected by the knife.

Simple ossification, as it occurs in the heart and arteries, has been classed among the natural changes which the parts in question are liable to undergo after a certain period of life. Of persons above the age of sixty years the proportion is that of seven in ten according to Bichât, in which ossification is discovered in some part of the arterial system. It very rarely happens that simple ossification is found before the period of old age: still it is difficult not to regard it as a morbid process.

But ossification, when it is a mixed process, is unquestionably the result of disease. It is met with at all periods of life; and probably constitutes one of the terminations of inflammation. The kind of morbid structures with which the bone is united leads to this belief.

Fungous, and wart-like excrescences, are found in all those parts of the internal lining of the heart, which have been already mentioned as most subject to disease. They seem to be the result of a new morbid action set up in parts already disorganized; for I have not met with them where the membrane has been otherwise healthy, but only where it has been thickened or cartilaginous, or ossified, ruptured, or ulcerated. They grow either from the surface of the membrane, or from its ruptured or ulcerated edges, and are always in immediate contact with the circulating blood*.

According to my observation, when a fungous or warty excrescence has grown from the ruptured edges of the membrane, it has been from them ex-

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* Opacity and thickening of the lining membrane on both sides of the heart, without unevenness or alteration of form. (St. B. 33).

Opacity and thickening in the valvular apparatus between the left auricle and ventricle, with shortening of the chordæ tendinæ, and such alteration of structure and form as to produce a considerable contraction of the aperture. (St. B. 26).

Such thickening of the whole valvular apparatus as to narrow the aperture of communication between the left auricle and ventricle to a mere slit. (St. B. 19).

Shrivelled and contracted state of the semilunar valves, in which a cartilaginous substance has entirely taken the place of the natural structure. (Hodgson, pl. 1, fig. 6).

† Osteum aortæ almost closed by ossified valves, (St. B. 15); (Hodgson, pl. 1, fig. 2).

* Fungus growing from the aortic valves, which are thickened and shortened. (St. B. 6, 20).

Fungus form the aortic valves, which are ulcerated. (St. B. 21).

Larger specimens of fungus, growing from the ulcerated edges of two of the valves of the aorta. (Hodgson, pl. 1, fig. 7).

clusively, and from no other part of the lining of the same heart. And as rupture of the membrane seldom occurs in more than one situation at a time, the heart of the same individual seldom presents more than one excrescence of this kind: and as the aortic valves are the parts most liable to rupture, it is there that this single excrescence is most frequently found; not that rupture may not take place elsewhere. I once saw a single *chorda tendinea* ruptured; and a single fungous exerescence of considerable size hanging from it into the cavity of the left ventricle.

Now, this morbid growth is evidently connected with the lacerated state of the membrane in the conditions of its production, whereby it is limited to a small space.

It is probable that the membrane is first ruptured; that its lacerated edges inflame, and then throw out unhealthy lymph, or unhealthy granulations, in the shape of these fungous or wart-like excrescenees. When they have sprung from a ruptured membrane, they have, in the specimens which I have examined, been larger than when they have arisen under other conditions.

But when such exerescences grow from the surface of the membrane which is thickened and cartilaginous only, but not lacerated, they are more apt to occur in many parts of it at the same time. I have seen the valvular apparatus between the auricles and ventricles on both sides, as well as the aortic valves of the same heart, studded with them. They were all about the size of hemp seeds: they adhered to the membrane with different degrees of tenacity, and wherever they were capable of being detached, they left a rough surface. The lining of the arteries has been known to give origin to morbid growths of the same kind, which have obstrueted the passage of blood, and given occasion to the formation of a coagulum, which has obliterated the pulse.

The internal lining of the heart is liable to ulceration, not as a common consequence of simple inflammation, but as an occasional consequence of some of those diseased conditions which have been deseribed.

It is most commonly found around scales and spieulæ of bone, and under such cireumstanees as to leave no doubt that the bone itself has furnished the source of irritation from which it springs. The uleeration commences from the very border of the bony seale, as if it was a process of nature for detaching it, and to a considerable distance around the uleeration the membrane is reddened, and easily detached from the subjaeent structure. Where there are several distinct scales of bone, it is not uncommon to find a eircle of ulceration around each of them.

Ulceration is also met with where there is a thiekened and cartilaginous state of the membrane without ossifieation. Under these cireumstances, as far as I know, it affects no definite form. It is often a very destructive process of disease, obliterating large portions of the valvular strueture, and penetrating deep into the muscular substance of the heart.

Rupture of the internal lining of the heart is not easily distinguished from uleeration. In colleetions of morbid anatomy, many unquestionable speeimens of ulceration are described as specimens of rupture. Rupture must always be looked for in the valvular apparatus of the heart, *i. e.* in the valves themselves, or in the chordæ tendineæ which are their appendages. It is probably incapable of taking place elsewhere, exeept as a part of a rupture, which involves the whole organ.

That solution of continuity which is evidently without loss of substanee; that of which the separated edges when they are brought together are completely adapted to each other; also that which is unaecompanied by any thiekening or other morbid eondition of the valve; the solution of continuity which is found under these circumstances, may safely be considered to proceed from rupture, and not from ulceration*.

But it is probable that these characteristie conditions do not long remain after the oceurrence of the rupture. Complete speeimens of them are very rare; but specimens are numerous where the solution of eontinuity, by its form and direction, bespeaks rupture, while its rounded edges and the general thiekening of the valve denote uleeration. These, it may be fairly conjectured, do in fact exhibit a eompound of both. The membrane was originally ruptured, but disease has subsequently arisen and obscured the character of the mechanical injury.

The greater number of those con-

* Dr. Baillie's plate.

cretions, which were regarded by the older anatomists as polypi of the heart, were unquestionably portions of mere blood, which had undergone coagulation after death. The blood remaining in the heart after death discharges itself of its colouring matter as it coagulates, and, giving off processes between the muscular fasciculi, assumes a shape which has suggested the name of polypus*.

I have often found (I presume, therefore, that it is not an uncommon occurrence) coagula of an irregularly laminated texture having their colouring matter not entirely discharged, but unequally distributed through them, which have been most intimately adherent to some part of the lining of the heart. Of these some have admitted of separation, while the surface of the membrane and the surface of the clot were left rough at the place of contact, and others were incapable of being detached without the membrane being detached along with them. The appendix of the left auricle is a situation in which they are apt to occur, and they are generally accompanied by an extensively diseased condition of the lining membrane. These coagula, from their laminated texture, and from the intimacy of their union with the internal lining, seem to be essentially different from polypi of the heart. They appear to be connected with a process of disease in the membrane, and to have obtained their union with it long before the death of the patient.

I once saw two separate tumors, entirely resembling what are called polypi, between the carneæ columnæ of the left ventricle, and firmly adherent to the heart; and in the centre of each a distinct formation of pus. The heart was otherwise healthy†.

There are three preparations in the museum of the College of Surgeons, put up by Mr. Hunter himself, and noted by him as exhibiting "Tumors on the inner surface of the right ventricle, seemingly composed of layers of coagulable lymph one upon another, the central part having the appearance of glary mucus." This last appearance (the mucus) no longer remains in any of the three, but in its stead there is a cavity. The tumors which I have mentioned as originally containing in their centre a distinct formation of pus, also now present in its stead a cavity. The preparation preserved at St. Bartholomew's, and those at the College of Surgeons, are probably specimens of the same disease.

Here what in the recent parts seemed to be pus or glary mucus, and the cavities still remaining in the preparations, must suggest the suspicion, that these tumors, whether they grew from the surface or were deposited from the blood, had become organized, and afterwards inflamed; and that the inflammation had terminated in the formation of an abscess.

ESSAY III.

Morbid Anatomy of the Muscular Substance of the Heart.

Dr. Baillie, speaking of inflammation of the substance of the heart, says, "When the pericardium covering its surface is inflamed, the inflammation sometimes passes a little way into the substance of the heart:" and then he gives these as the characteristic marks of such inflammation—that "it (the substance of the heart) becomes much more crowded with small vessels than in its natural state, and there are sometimes to be seen a few spots of extravasated blood." Now, this undue vascularity, and these few extravasated spots, where inflammation unquestionably belongs to a contiguous structure, may be deemed sufficient evidence of the muscular substance of the heart participating, or beginning to participate, in the same disease; but, absolutely and exclusively, it may be doubted whether more is not required to give a certain assurance of its inflammation. Here, as elsewhere, we must look for some of the proper products of inflammation; or for some of the permanent changes of texture which naturally result from it, according to its several modes of disorganizing.

It is a very rare event to find pus among the products of inflammation of the substance of the heart: yet this event has occurred twice to my observation. In one instance the whole heart was deeply tinged with dark-

* Polypous coagulum in the ventricle. (Coll. of Phys. 4, A. 16).

Coagulum firmly attached to the lining of the left auricle, with enlargement of its capacity. (St. B. 19).

† (St. B. 13).

coloured blood, and its substance softened; and here and there, upon the section of both ventricles, innumerable small points of pus oozed from among the muscular fibres. This was the result of a most rapid and acute inflammation, in which death took place after an illness of only two days. In another instance, after death, which terminated an illness of long duration and characterized by symptoms referable to the heart, a distinct abscess was found in the substance of the left ventricle, closed externally by a portion of adherent pericardium, and connected internally with an ossified portion of the lining membrane.

This diffusion of pus, or rather its formation in innumerable separate points, throughout the muscular structure of the heart, by a rapid and acute inflammation, is a singular occurrence. No such case has ever fallen within the knowledge of the most experienced in morbid anatomy, of whom I have made inquiry; neither has any such (as far as I can learn) been recorded in books*.

A single collection of pus†, constituting an ulcer or abscess of the heart, and resulting from chronic inflammation, is also a rare occurrence, yet not so rare but that a specimen of it may be found in most collections of morbid anatomy‡.

But independent of the formation of pus, softening and attenuation, as well as induration and thickening of the muscular substance of the heart, do, in different cases, according to the circumstances under which they are found, both bespeak inflammation.

Together with the unequivocal evidence of inflammation in other parts of the heart, the muscular fibres have at the same time been found very soft and loose, and easily torn; and with this looseness of texture the heart has sometimes presented a dark and almost black appearance, and sometimes it has been almost blanched and colourless. The deep dark tinge shews that the muscular substance is unnaturally loaded with blood; whereas the absence of colour shews that it is destitute of its natural quantity. These different appearances do, in fact, belong to different stages of the same disease. The first indicates inflammation of the muscular substance in its present state of activity; the second, an irreparable disorganization of the muscular substance left by inflammation, when it has been unarrested in its earliest stages. The first is found when death takes place *in a few days after* the accession of the disease; the second, when the patient survives the first attack, and dies at a remoter period.

The inflammation, which produces softening and attenuation of the muscular structure, is, I believe, always of an acute kind.

But induration and thickening of the muscular substance of the heart is also the result of inflammation. This must be distinguished from hypertrophy, or mere augmentation of bulk, of which we shall speak hereafter. In this induration, which proceeds from inflammation, there is, besides increase of bulk and firmness, a manifest alteration of texture A substance* is produced offering a peculiar resistance to the knife. This condition unquestionably must result from an interstitial deposition of new matter among the muscular fibres. From concomitant circumstances, as well as from its own character, I presume that it proceeds from chronic, not from acute inflammation. I confess that I never saw a specimen of what I now allude to. It is described with some minuteness by Corvisart; but it may be presumed to be very rare, since Laënnec admits that it never fell under his observation.

These opposite states of softening and attennuation in one case, and induration and thickening in another, are known to those conversant with morbid dissection as the evidences of inflammation in other parts of the body besides the muscular substance of the heart.

But there are changes of structure incident to the muscular substance of the heart which are independent upon inflammation, or, perhaps, upon any process which can properly be called morbid. They consist of simple augmentation and simple diminution of bulk and consistence. This simple augmentation of bulk and consistence is owing exclusively to a more ample development of natural structure. The muscular substance is more red than

* It occurs sometimes in the uterus.

† Memoir. de l'Acad. des Sciences. Morand, 1732. Morgagni, Epist. 27.

‡ Andral, v. 3, 466; Hodgson, plate 1, figure 7; St. B. 14.

* Corvisart, cap. 4. sect. 1.

natural, its carneæ columnæ are increased in thickness, and its proper fibrous texture is every where more strikingly manifest; but there is no interstitial deposition of matter new in its kind. It has been called hypertrophia of the heart, and the name conveys a tolerably just idea of its actual condition.

The simple diminution of bulk and consistence is a condition the exact opposite of the former. The muscular substance is less red than natural; its proper fibrous texture less distinguishable; but there is still the appearance of muscle shrunk and withered, as if from an insufficient supply of nourishment. It may be called atrophia of the heart.

Conjoined with augmentation, as well as with diminution of strength and bulk in the walls of the heart, there is almost always an increase in the capacity of its cavities; and in whichsoever part of the heart the walls are thus augmented or diminished, it is the cavity appertaining to the same part which undergoes the increase of capacity. Hence it appears either that one of these conditions is the immediate and necessary consequence of the other, or that both are the simultaneous effects of the same causes.

Dilatation of any cavity of the heart, with thickening of its walls, is called *active dilatation*; and dilatation of any cavity, with attenuation, is called *passive**.

Active dilatation may appertain to every cavity of the heart simultaneously; and so may passive dilatation. But such occurrences are very rare: for one cavity being naturally more liable to this species of dilatation, and another to that, it most frequently happens that specimens of both conditions are found in the different cavities of the same heart.

The left ventricle is much more liable to active dilatation than the right; and the right ventricle more so than either of the auricles; and of the auricles unquestionably the left. Upon the whole, perhaps, the fact may be truly stated thus—that the left ventricle commonly gains an increase of bulk and strength, with an increase of capacity; and that all the other cavities, at the time that they expand, are rather apt to become attenuated.

It sometimes (though rarely) happens, that, with an increase of strength and bulk in its muscular structure, the left ventricle suffers a diminution of capacity in its cavity. In a case reported by Laënnec, the left ventricle was an inch and a half thick at its broadest, and an inch thick at its thinnest part; and yet its cavity was only capable of containing an unblanched almond. I have seen the same condition in a less degree. — (*Laënnec*, vol. ii. 698.)

The circumstances under which these opposite conditions, this hypertrophy and atrophy of the heart, with the enlargement or diminution of its cavities, arise, must be explained hereafter. At present I would only remark that they are often found conjoined with actual disease in other structures of the heart, such as osseous or cartilaginous thickening of internal lining, adhesion of the pericardium, and ossification of the coronary arteries, to which they owe their origin; and, moreover, that they are often found where the heart is otherwise perfectly sound in texture, and where their cause must be sought in other parts of the body.

The heart is liable to undergo a simple dilatation of its cavities without either thickening or attenuation of its muscular substance. This simple dilatation is sometimes of the whole organ, sometimes of one side, and sometimes only of one auricle or ventricle. When it is of one cavity only, it may be complicated with active or passive dilatation of another, or of all the rest.

There is reason to believe that the heart sometimes undergoes a temporary dilatation, and again returns to its natural capacity; but that the dilatation can only subsist for a short time without becoming permanent.

The power of thus enlarging its cavities, and restoring them to their natural condition, belongs more especially to the right side of the heart.

A large accumulation of fat is sometimes met with about the heart.

The healthy heart is always more or

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* Active dilatation of the left ventricle. (College of Phys. 4, c. 10.)

The thickened walls of the left strikingly contrasted with the attenuated walls of the right ventricle. (St. B. 9).

Active dilatation of the left ventricle. Its capacity is strikingly contrasted with that of the right. (College of Phys. 4, c. 11.)

Passive dilatation of both ventricles, especially of the right. (St. B. 10).

less marked upon its external surface with streaks of white, and this appearance results from the deposition of fat in the cellular texture, which unites the serous covering with the subjacent muscular structure. It is found principally where the venæ cavæ unite to form the right auricle; also at the base of the ventricles, and along the line which marks the boundary between the two, and around the origin of the great blood-vessels as they emerge from the heart. But when fat is deposited in more than these situations, and in more than the natural quantity, it is not so much added to the healthy substance of the heart, as existing at its expense and detriment, and the muscular structure is that which especially suffers. The fibre of the fat heart is pale and wasted, like that of a paralytic limb.—*Mus. of the Coll. of Surg.* 327.

A rupture of the heart is sometimes met with; but all the cases of reputed rupture are not such in reality. An aperture in the walls of the heart, through which blood escapes into the cavity of the pericardium, may result from ulceration as well as from rupture, or from a mixed process of one and the other; but whatever be the precise nature of the process by which this perforation of the heart is effected, it is undoubtedly of rare occurrence.

Where it has been found, there has generally been at the same time some peculiar condition of the organ, which might be presumed favourable to its production. Its muscular substance has been so soft and loose of texture, that it could be pierced through by the weight of a probe*; or it has been converted into, or greatly intermixed with fat†; or its muscular fibres have been absolutely defective, leaving a certain transparent space, where the internal lining and the pericardium have been in contact, and served to maintain the completeness of the cavity, until the rupture has taken place‡.

Not that a rupture has not been found where the texture of the parts has seemed to offer no natural facilities to its occurrence—as in the case related by Harvey himself, who found a lacerated aperture in the left ventricle, capable of admitting his finger, through which blood had escaped into the pericardium, the walls of the ventricle being increased in thickness and strength, while an obstacle existed at the entrance of the aorta*. Here the heart must have torn itself asunder by the simple violence of its contraction, in contending against the impediment to the egress of blood from its cavity. This is an effect which would hardly be thought capable of being thus produced; but I can well believe it possible after having seen one of the recti muscles of the abdomen literally torn in twain, in a man who died of tetanus†.

[To be continued.]

* Morgagni, Epist. xxvii. 7.
† Ibid. 2.
‡ Ibid. 3.
Rupture of the left ventricle, with attenuation of its muscular structure. (St. B. 18).
Rupture, without attenuation, but with softening and looseness of texture in the muscular substance. (St. B. 22).

* Harvey, Exercit. altera.
† Rupture of the left ventricle without change in its structure. Bone deposited at the commencement of the aorta. (St. B. 27).
In turning over the Memoirs of the Royal Academy of Sciences, I find two cases of rupture of the heart, reported by M. Morand. They both occurred in the year 1730; and, strange to say, one was that of a Duchess of Brunswick, who was of the same family as George II. who also died of a ruptured heart. In the one, that of the Duchess, there was a manifest ulceration through the walls of the right ventricle, its structure being otherwise unimpaired; in the other, where the aperture was in the left ventricle, there was probably a simple rupture, for the flesh of the heart was so soft that the point of a probe would pass through it wherever it was rested. (Mem. de l'Acad. Roy. des Sciences, Ann. 1732).

DILATED ŒSOPHAGUS.

To the Editor of the London Medical Gazette.

Sir,

Permit me to send the following case to you for insertion in the Gazette.

Mary Blores, æt. 33, was admitted into the Middlesex Hospital on the 16th of November. She was in a state of extreme feebleness and emaciation. Those who brought her said that during the preceding month she had appeared to swallow nothing: what she took as food seemed to her to stop in the gullet, and after a few minutes returned. I found, however, that a large œsophagus-bougie passed readily into the stomach, meeting with no obstruction beyond a spasmodic resistance in the pharynx. A draught of milk and water was given her—she swallowed it without much effort, but it quickly returned. In the course of the

afternoon a pint of beef tea was injected through an elastic tube into the stomach—it was thrown up directly.

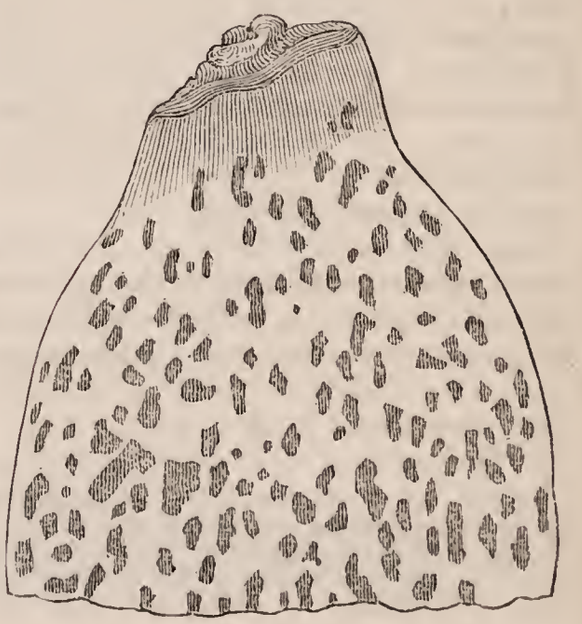
I now learnt from her that she could swallow liquids much more readily than solid food; that when she took a small quantity, it seemed to her not to reach the stomach, and in three or four minutes was invariably thrown up; that on taking a large draught she had an impression that it reached the stomach—in this case vomiting did not follow so soon, and some part of the draught was permanently retained; that she craved food and drink, and was literally dying of hunger and thirst; that the vomiting which took place was not preceded by nausea, although in its progress it had all the appearance of ordinary retching; that the matter vomited was not thrown up at once, but by successive efforts; it consisted of the food she had last taken, mixed with colourless mucus. The belly was so shrunk that the umbilicus was not more than an inch distant from the spine, upon which the pulsations of the aorta were readily felt: there was no enlargement or hardness about the stomach, no particular tenderness on pressing the epigastrium, no sensation of pain or heat now or formerly.

The complaint had began ten years ago, during pregnancy, since when she had never been free from it, although at times her sufferings had been less, and she had been able to retain some portion of her meals. She had borne in this period three children; the vomiting had lasted during the whole period of her pregnancies, and during her confinement. The principal remedies which had been used for her relief were a succession of blisters on the pit of the stomach—but they had produced no benefit. Latterly her symptoms had been greatly aggravated.

This patient was attended by Dr. Watson and myself. But the means which we tried to enable her to retain her food, and to support her expiring strength, had scarcely a temporary effect. She died on the 2d Dec. sixteen days after her admission. The body was carefully examined, at the expressed wish of her relatives.

The unusual appearances found in the abdomen were—1. the smallness of the first part of the duodenum, which was but half the ordinary size of the ileum; 2. the capaciousness and fulness of the gall bladder, — from which, however, on compressing it, the bile flowed readily into the intestine; 3. a contraction of the middle of the stomach of the length of two inches, for which extent the peritoneal coat was thickened and opaque, and the inner membranes folded in deep longitudinal rugæ, the mucous surface of which was partially suffused with circular spots of red. The breadth of the contracted part of the stomach, as it lay collapsed, was an inch and a half.

But it was in the chest that the most remarkable circumstance presented itself. The œsophagus gradually enlarged from the pharynx, which was perhaps rather narrower than usual, to an extraordinary degree of dilatation; the greatest breadth which it attained was situated about four inches above the cardia: the tube then contracted more abruptly, so as to render the termination of the œsophagus, like its commencement, of nearly the usual dimensions. The structure likewise of the cardiac extremity for about an inch, and of the pharyngeal end for about half an inch, was healthy. The intermediate part presented, when inverted, the following curious appearance:—The inner membrane was thickened and opaque, and had *the appearance* of having partially yielded from dilatation; at the upper part the furrows or thinner parts of the membrane followed in some degree a longitudinal direction; at the lower part the surface was pitted with shallow depressions of various figures. I have represented in the adjoined sketches these appearances, which on the middle of the œsophagus passed from one into the other; at the furrows



or depressions the membrane seemed of the natural thickness and colour; the intermediate raised and thickened part was opaque and whitish. The muscular fibres of the œsophagus were of the natural colour and thickness.

I remain, Mr. Editor,
Your obedient servant,
HERBERT MAYO.

19, George-street, Hanover-square,
Dec. 6, 1828.

HYDROPHOBIA.

To the Editor of the London Medical Gazette.

SIR,

As the following case may throw some additional light on the pathology of hydrophobia, I have sent it you for publication.

I am, Sir,
Your obedient servant,
F. GODRICH.

Grove House, Little Chelsea,
Nov. 29, 1828.

On Thursday morning, the 25th ult. I was called up about seven o'clock to see a man who I understood was exceedingly ill, and waiting in the surgery very impatiently for my arrival. I found my patient (Mr. Barham), a fine looking old man, about 60, labouring at intervals of about five minutes under strong spasmodic paroxysms, affecting the muscles concerned in breathing and deglutition. There was a wildness and an impatience depicted in his countenance, totally different from any thing I had ever observed in other spasmodic affections. His bowels were open, tongue clean, skin moist, pulse full and a little accelerated. I took away twenty ounces of blood, and prescribed a mixture containing 3ss. of laudanum for a dose every hour until I should see him again. He walked home half a mile from my house (Gloucester Road, Old Brompton), and left me ruminating on the possible cause of so much mischief occurring suddenly in a fine healthy subject. At ten a message was sent, saying that he was much worse, and requesting me to call as soon as possible. He received me tranquilly, and said he was very glad that I had come to see him, for he was very ill. His symptoms were now more distressing than when I first saw him: he looked wildly and suspiciously at every one entering his apartment, and his breathing was accompanied by a short convulsive sobbing. On looking at his medicine I perceived he had taken none, and expressing my surprise, he assured me it was impossible for him to swallow a single drop, as the attempt had been followed by violent spasms, and produced so much distress, that he had desisted. At this period no one had the slightest idea of the origin of his malady. I poured out some medicine into a tea-cup, the very act of which produced much excitement and alarm. My first impression as to the true nature of his disease arose at this period, from the circumstance of his requiring a tea-spoon, with which he endeavoured to take some of the medicine. The attempt produced much excitement and alarm, and after two or three painful efforts at deglutition, with one desperate effort he swallowed a tea-spoonful, threw away the spoon, and begged, unless I wished to destroy him, that he might have nothing more to swallow. I now left his room, and inquired of a bystander whether any thing particular had occurred to him within the last few weeks. On recollection she said, "About a month since, late at night, a strange dog came into the premises and fought with his own dog; he got out of bed to separate them, and the strange dog bit him in two places, on the left arm and hand; and bit a puppy, which died about a fortnight after in a strange

way, which was thought to be some kind of a fit." To ascertain if this occurrence had produced any effect on his mind, while again bleeding him I said, "You have been in the wars, Sir, and had your hand and arm torn; how did it occur?"—"Oh!" said he. carelessly, "that was done by a dog a long time ago, but it healed." The circumstance was never again mentioned to him, and he died in total ignorance of the cause of his malady. The wounds were perfectly cicatrised, and there was not the least action going on indicative of recent absorption. He bore the bleeding pretty quietly: 40ʒ. were removed, which on cooling presented strong marks of inflammation.

Ordered ♏iv. Acid. Hydrocyan. omni horâ, in a little water.

Twelve o'clock.—With much difficulty he has taken two doses of the acid; pulse full and hard, 110. 30ʒ. more blood were removed.

Three o'clock.—Has taken two more doses; complains of a dreadful sense of suffocation, and implores that nothing more may be given him. Pulse full, and beating at 120 to 130. Continue the acid.

Eight o'clock.—Pulse full and hard. Has taken in all 24♏. of the acid, but so painfully distressing has the deglutition now become, that all attempts at repeating his medicine are discontinued.

V. S. ad ʒxxx.

During the bleeding he looked wildly at the basin, and begged that no more might be spilt (a drop or two had fallen), repeating frequently, in great agitation, as the blood was running, "Take care! take care!"

Between two and three o'clock next morning my assistant (Mr. Davies) visited him. He found him tolerably passive, but observing every movement with intense anxiety. Pulse full and hard, face flushed, eyes denoting cerebral irritation. He had been at times outrageous. On its being intimated that bleeding was again necessary, a paroxysm came on more intense than any preceding,—and with great effort he submitted. As the blood flowed he became more and more alarmed, till at length he got quite unmanageable; he raged violently at his nephew, who was holding the basin, and ordered it peremptorily to be removed. 30 or 40ʒ. were taken away. It was found necessary to put on the straight waistcoat. About four o'clock Mr. Davies wished him to take some more of his medicine. He said, "I can take no more," and on reaching the bottle to put out a few drops, he became violently agitated, threw himself from side to side, and, as well as the incessant spasmodic sobbings would allow, he begged that not one more drop of any thing might be offered him, and that the bottle might be taken from his sight. He did not become tranquillized until its removal. He lingered on till ten A.M. in the same state, a few minutes before which he insisted on getting up, and walked a short way down his garden, returned, laid down on his bed, and died.

Mr. Frederick Salmon, of Old Broad Street, and Mr. Wilson, of Chelsea, were kind enough to assist me in conducting the post mortem examination. On opening the chest, the heart was free from disease, with rather more water in the pericardium than natural; the lungs were completely gorged with grumous blood, and the pleura adherent on the right side. On removing the cranium, which was remarkably thin, and cutting the substance of the brain, numerous red spots presented themselves in the medullary portion; about a table-spoonful of water in each ventricle; the plexus choroides was turgid; the corpora, striata, thalami, and basis of the brain every where preternaturally injected; the cerebellum, crura cerebri, and cerebelli, in a high state of inflammation. On removing the spinous process of the vertebra, the whole cord was considerably inflamed; and opposite the two last cervical and dorsal vertebræ the cellular substance was studded with dark patches of coagulated blood, the theca vertebralis thickened, and the cord in an active state of inflammation. The larynx and pharynx bore not the slightest vestige of disease. The preparation of the cord is deposited in the museum of the London University.

The post mortem examination of this case tends to prove the correctness of Professor Thompson's theory of the proximate cause and seat of this afflicting malady; and the plate accompanying a case recorded by him, in the 13th volume of the Med. Chir. Society, gives a faithful delineation of the state in which the spinal cord was found in this case.

CASE OF LONG PROTRACTED CONSTIPATION.

To the Editors of the London Medical Gazette.

GENTLEMEN,

PERHAPS the following case may interest some of your readers, and if you think so, its insertion in your Journal will oblige

Your obedient and
humble servant,
S. D. BROUGHTON.

12, Great Marlborough Street,
Dec. 3, 1828.

On Tuesday, Nov. 25, I was called upon at the St. George's and St. James's Dispensary to advise for an infant at the breast, of five months and fourteen days of age, that had not passed any fæces during six weeks up to the day before I saw it. After its birth it had no passage till the fifth day, and this had apparently been effected by the introduction of a bougie, and which was subsequently continued at intervals for a short time. The infant was otherwise healthy and strong at its birth, and remained so until it had gone about three weeks without any evacuation, when it was observed to be weak in the lower extremities; and at the period of my seeing it the legs were much fallen away in flesh, hanging flaccid and inert. Many aperient enemas and medicines had been given, and, as a last resource, one drop of the croton oil had been prescribed the preceding evening. The infant appeared to suffer from distention, and to be disposed to coma, and the croton oil had distressed it much some hours after it was given. The fæces could be felt blocking up the intestine, but the irritation of the finger produced no attempt at evacuation; very small pieces only having been brought away. Hot baths also had frequently been used some time ago.

Considering the case as one of paralysis in the parts naturally employed to relieve the bowels, I recommended the suspension of all purgative remedies by the mouth, and a table-spoonful of the following injection to be substituted, and to be thrown up with three table-spoonfuls of thin gruel occasionally during the day, by means of a syringe.

℞ Spir. Terebenth. ʒiij.
Træ Zinzib. ʒj:
Aquæ, ℥iss. M.

The following liniment was also directed to be rubbed in frequently along the course of the spine.

℞ Linimenti Saponis, ℥iss.
Liquor. Ammon. Comp. ℥ss. M.

The result justified my expectations; for, during the night after this prescription, two injections having been given, some large and hard ash-coloured lumps came away, and these were shortly followed by a forcible spouting out of a continued stream of feculent dark liquid; a brisk diarrhœa having been kept up till the Saturday following. The infant's appetite is become voracious, its appearance lively and healthy, and its legs as firm and strong as is usual at such an age. Cold water is recommended to be dashed upon the loins, the liniment to be continued occasionally, moderate doses of magnesia and rhubarb to be given when required, and the turpentine injection to be used if any return of the complaint should be threatened.

DISLOCATION OF THE PATELLA.

To the Editor of the London Medical Gazette.

SIR,

HAVING seen a case of dislocation of the patella, reported by Mr. Mayo, in your Journal a few weeks since, in which there was experienced some difficulty in the reduction of the bone, I beg leave to send you the following, in case you may think it worth insertion.

On Saturday last, I was called to a young woman who had dislocated the patella of the left knee joint outwards; the inner edge rested upon the outer surface of the external condyle, and was immoveably fixed, and caused great pain when touched. She says it was occasioned by her foot slipping backwards from one stair to another, and she immediately fell down.

I commenced the reduction, as stated by Mr. Mayo, but I could only produce semiflexion, and that gave her great pain; insomuch that I was obliged to desist, and the patella remained in *statu quo*. But when the knee was thus semiflexed, I desired my assistant to extend the leg suddenly; and having my fingers on the patella at the time, and pressing

it inwards, it immediately returned to its natural position.

I must confess, sir, that I should have been afraid to have continued the flexion as described in Mr. Mayo's case, "by bending the knee to the utmost," fearing that the remedy might be worse than the disease, and the result proved that in this case it was not necessary.

I remain, Sir,
Your obedient servant,
P. M. Hoskings.

168, Fleet-Street,
Dec. 3d, 1828.

VACCINATION.

To the Editor of the London Medical Gazette.

Sir,

The mistake of the printer in substituting the word "every" for "even," in the paper on Vaccination (p. 40), so materially affects the sense of the passage, that I must request the favour of the following insertion:—

"3d. That while the vaccine cicatrix retains even one distinct fovea or depression, the individual continues unsusceptible both of small-pox and of re-vaccination; but that," &c.

I am, Sir,
Your obedient servant,
Thos. H. Burder.

2, Brunswick Square, Dec. 15, 1828.

SINGULAR BICEPS MUSCLE.

To the Editor of the London Medical Gazette.

Sir,

The valuable paper communicated to your Journal, by Mr. Stanley, last week, has brought to my recollection a singular appearance of the parts in front of the shoulder-joint which I dissected about two years ago. It is a fact worth recording; and perhaps you will be kind enough to insert it in your next number.

The circumstance was this—that in the right arm, instead of there being a biceps muscle having two origins, the one the shorter from the corocoid process, the other the longer from the upper part of the glenoid cavity of the scapula, there was simply a one-headed muscle arising from the corocoid process. I could find no tendon passing through the joint answering to the long head of the biceps, neither was there any appearance of a biceptical groove; the capsular ligament was, perhaps, thicker than it is found in ordinary cases.

I knew nothing of this man during life, and am therefore unable to give any account of the use which he made of this arm.

I am, your obedient servant,
C. M. Burnett.

House Surgeon's Apartments,
St. Bartholomew's Hospital, Dec. 8th.

STETHOSCOPE.

To the Editors of the London Medical Gazette.

Gentlemen,

As you did me the honour, on a former occasion, to publish some remarks in defence of *auscultation*, against its enemies and detractors, I trust you will permit me to say a few words in reference to a communication in a late number, from a gentleman who appears to be a friend of that method of diagnosis, but whose ignorance of the subject is likely to be more injurious to the cause than either open enmity or secret detraction. The case in question (page 780, vol. ii.) appears, from the dissection, to have been clearly *emphysema of the lungs*, as there stated; but I appeal to every one practically acquainted with the physical signs of diseases of the lungs, whether the results of the exploration with the stethoscope, as narrated in the case, were those pathognomonic of that disease? I say they were not only not pathognomonic of this affection, but they were actually incompatible with its existence. The same ignorance of the subject is shewn in relation to the disease of the heart, which, I boldly maintain, no one was justified in pronouncing to be *hypertrophy of the left ventricle* from the stethoscopic indications stated in the case.

It is just possible that the writer of the case may have made further explorations on which his diagnosis was founded; but if he had such in his case-book, it is equally unfortunate for the credit of the stethoscope and his own, that he suppressed them in his printed case.

I have the honour to be,
Gentlemen,
Your obedient servant,
A Stethoscoper.

Nov. 25, 1828.

MECHANISM OF VOMITING.

To the Editor of the London Medical Gazette.

Glasgow University, Nov. 26, 1828.

SIR,

HAVING lately perused, in the 35th Number of the Medical Gazette, some observations "on the mechanism of the act of vomiting," by Dr. Marshall Hall, in which, after controverting the different opinions which have been entertained by physiologists on this question, he endeavours to prove that vomiting is an effort, not of *inspiration*, but of *expiration*, and advances this opinion as having originated in himself, I beg, through the medium of your Journal, to refer that gentleman to Richerand's Physiology, where, on the subject of vomiting, page 70, he says, "Sometimes the action of the muscular fibres of the stomach is quite inverted; they contract from the pylorus towards the cardia; and this antiperistaltic motion, in which the contractions act with more force and rapidity, and in a manner decidedly convulsive, produces vomiting. The action of the abdominal muscles then connects itself with that of the stomach; the viscera are propelled upwards and backwards, by the contraction of the large muscles of the abdomen; *the diaphragm ascends towards the chest; if it descended, in contracting, the œsophagus that passes between its two crura would be compressed, and the expulsion of food through the cardia could not be effected.* It is also observed, *that during expiration only, any thing can pass from the stomach into the œsophagus.* Again, on respiration, page 147—"*In every effort of expiration*, as coughing and *vomiting*," &c. Here, then, we see that Dr. Hall's views, as far as regards vomiting being an effort of expiration, have long since been advanced by Richerand.

The profession are certainly much indebted to Dr. Hall for his corroboration of these views; at the same time he should not have taken to himself the merit of having first suggested them.

Sir,

Your most obedient servant,

A SUBSCRIBER.

CHARACTER OF THE LANCET.

To the Editor of the London Medical Gazette.

Dec. 19, 1828.

SIR,

THE events disclosed during the late trial in the Court of King's Bench, must fill every well-disposed mind with astonishment and horror. The moral aspect of the case is marked by every feature capable of exciting a sense of shame for our profession, and of sorrow for our kind. Can it be that a publication conducted in the spirit of the extracts produced at the late trial of Cooper against Wakley should be fostered and encouraged by a large proportion of the medical public? Is it indeed true that no feeling of loathing and disgust should have induced the purchasers of the Lancet to protest against its glaring injustice, its undisguised ferocity and malignity?

I am not a reader of that work myself, and but for the disclosures recently made in our courts of justice, together with what I have learned from your own pages, I should know little about it. Some of its early numbers convinced me that it was a production not deserving of support, whatever ability there might be connected with it; subsequent events have amply justified this decision, and I now address these few hasty lines to you, to express my humble hope that all the respectable medical men throughout the kingdom will arise, and with one voice oppose this moral pestilence, which at once corrupts and degrades their profession.

The *odium medicum*, bitter and vindictive as it unfortunately has been, never, I believe, appeared in a form so repulsive. Are we living in the nineteenth century? Have arts and sciences, which are asserted of old to soften the manners and temper the violence of our nature, produced no such fruits amongst us? Is serious, and perhaps irremediable injury, to be inflicted on reputation; and is the sufferer thereafter to be dared to mortal combat, and this too by the wrong-doer? Is it thus that professional justice is to be awarded? Is it thus that knowledge is to be advanced, the dignity of our profession to be maintained, its benefits enlarged, and its usefulness transmitted? Is it thus that the young men are to be taught how to acquire an unworthy and discreditable notoriety; to disregard all

the decencies, charities, and higher virtues of life; and to bring into the exercise of our art the insidious cunning of the knave, the vulgar dishonesty of the pilferer, and the audacious bearing of the bravo?

I know not how others may feel on the present occasion: I am entirely unacquainted with the parties who have been at issue in the late suit—I have no bias of any kind, but what must arise in the mind of every man who has any regard for the profession to which he belongs, or who loves truth and fair dealing—I am sure that it is not less for the interests of society at large than for the advancement of medical science, that just principles should regulate all our dealings, both with the public and with each other. It is manifest that of late we have signally and woefully departed from them; and it is most distressing to know that this departure has been sanctioned by so many members of the profession. I now entertain a confident hope that all who reflect on the character of the late libel will feel that their own *character* is at stake if they do not mark their disapprobation of it in every possible way. Sure I am that, if the principles which guide the Lancet become generally acceptable, it will mark an æra of moral degradation which no surgical dexterity, no medical acquirements, however eminent, could possibly redeem.

VERITAS.

DURATION OF HUMAN LIFE IN RUSSIA.

CASES of longevity are not only much more common, but also more extraordinary in respect to a greater duration, in Russia than in any other part of Europe; thus, from the report of the holy synod, published in 1827, it appears that there were living in 1825, among those who professed the Greco-Russian religion throughout the empire, not fewer than 848 males who were 100 and more years old; among whom, 32 had passed the age of 120, 4 were between 125 and 130, and 4 others between 130 and 135 years of age. Out of 606,881 males who died in 1826, 2785 had passed the age of 90 years; 1432 that of 95; and 818 that of 100. Among the latter, 38 were more than 115 years of age; 24 more than 120; 7 more than 125; and one was 160 years old at his death.

MEDICAL GAZETTE.

Saturday, December 27, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ANALYSIS OF WAKLEY'S DEFENCE ON THE LATE TRIAL.

WE last week presented our readers with a full* and, we trust, accurate account of the trial for libel, which has recently excited so much interest; and we offered some remarks of a general nature upon its result and tendency. We had purposed at the same time to subject Mr. Wakley's mode of conducting his cause to a critical investigation, but this we were prevented from doing by want of time and space. We thought it likely, too, that the Editor of the Lancet would have fairly met the question in his next publication, and himself put the facts of the case, at least, on record: instead of this, however, he has devoted his pages to compliments to himself, and scurrilous and absurd abuse of Sir James Scarlett, in which he informs us that in his opinion that gentleman is "prodigiously overrated even as a lawyer," and says many other things, which serve only to shew how dreadfully Wakley himself had smarted under his lash.

We find the general opinion to correspond with that which we expressed last week—that the defendant had managed his cause in a very bungling manner; and the estimation in which he and his witnesses were held by Judge and Jury is apparent from the charge of the one, and decision of the other.

* The trial as published in the Lancet occupied less than 2[pages—in the Gazette it extended, in the same type, to 33 pages and a half. In the Lancet, those parts, both of the evidence and speeches, which told most against Wakley, were omitted.

Both, indeed, regarded the asseverations of his whole *family party* as dust in the balance against the testimony of one single competent and honourable man—Mr. Callaway; for on his evidence the result obviously hinged. Our contemporary affects to look upon the verdict as a triumph on his part—so he would if the damages had been five hundred or a thousand pounds, for in truth he has nothing else for it; and with all our hearts we wish him many such victories.

With regard to the amount of damages, we certainly should have been better pleased had it been larger; but we did not expect that it would—nay a reference to our number which was published while the trial was going on, will shew that we were even doubtful of the verdict, because we know how extremely difficult it is for a jury to comprehend such a complicated question—how easy for a knave to impose upon their ignorance by misrepresentation and falsehood. It is quite obvious that if the jury had believed one syllable of the evidence of Wakley's witnesses, they must have given the verdict in his favour. In a case like this, where *one individual only*, and he the plaintiff, can be fully aware of the difficulties which had to be overcome, it is almost impossible to bring evidence into a court of justice capable of satisfying the minds of twelve unprofessional men. From this circumstance alone it was that we expressed a doubtful opinion of the result. But besides all this, it is well known to all—*that one talesman might go determined to starve out the rest—that ten special jurymen might wish to give* 500*l. and yet that, by the absurd constitution of the English law, their verdict might be thus controlled by one individual friendly to the defendant.*

Most fortunately for the cause of truth, Wakley had the vanity and folly to conduct the defence himself, and, judging of other men's estimation of moral character by his own, he did not hesitate to place in the box witnesses whom no counsel would have suffered to go there, and who, being unable to stand the cross-examination, led to what must have been to Wakley a most humiliating exposure. Next to this, the most beneficial effect produced was that of the defendant's cross-examination of his opponent's witnesses: it was amusingly absurd, and shewed a lamentable want of tact, always eliciting something which he ought to have avoided. Lastly came the reply, of which he tells us he is himself ashamed —"We may state most unfeignedly," says he, "that we look back with regret to our errors in point of omission." Nor is this the only part of it for which he has cause to blush, for any thing more miserably deficient we never heard: it was a mass of confusion throughout—a repetition of the same ideas and expressions—and a most injudicious betrayal of rancorous feeling, at the very moment he was profanely invoking heaven to witness that he bore enmity to no man. In speaking of his reply in our last number, we declared it to be "false in statement—sophistical in argument—coarse in language—and diabolical in tendency;" and we now proceed to illustrate these several qualifications, in doing which little more will be necessary than to select a few passages, and arrange them under their appropriate heads.

False in Statement.—One of Wakley's principal objects was to impress upon the Jury a belief that he had not in any way attempted to influence his witnesses, nor even spoken to most of them, anterior to the trial. "Out of nine witnesses I have placed in the box, (says he) I never saw five of them, nor even spoke to five of them till yesterday." We appeal to any man of

common sense, whether it be probable that this is true. It is possible indeed, and only just possible, that he was contented with employing others to question his witnesses, and ascertain what evidence they would give; but even if it were so, the assertion was not the less false in a moral point of view, because his intention was to convey the belief that he had inquired no farther than merely whether or not the witnesses had been present at the operation. But incredible and absurd as this was, he ventured a step farther, and assigned a reason for the choice made of one witness—(Lee the potatoe-merchant.) "I had heard (said Wakley) he was present at the operation—an honest man, and that he was a friend of Mr. Bransby Cooper, under the highest obligation to the Cooper family. Without asking him a single question I put him into the box, as I was most anxious you should hear all the evidence that could be adduced, and from *unsuspected and untainted quarters.*" This lie carried with it its own refutation; for Lee swore that he had never even spoken to Mr. Cooper; and we are therefore amazed that Wakley should have hazarded so gross an assertion, as it could only have been effective on the supposition of his addressing a jury of absolute simpletons. But again—"Who were my witnesses? not men whom I had trained and lectured on models, and sketches, and drawings. Has it been shewn to you that I was closeted with any person or set of persons?" Yes, Mr. Thomas Wakley, it has been shewn, and by no less an authority than that of your *fidus Achates*, Mr. James Lambert. "The defendant (says the worthy author of the libel), the defendant was there whilst I was explaining the parts to persons who were to be witnesses—*the defendant also explained them to the same persons.*" And again, "I have heard explanations given to persons who were to be witnesses in this cause FOUR OR FIVE TIMES within the last six weeks." So also that excellent thorough-going witness, Mr. Jeffry Pearl: "a *gentleman* of the name of Lambert introduced me to the defendant; THE DEFENDANT *and Mr. Lambert endeavoured to shew that the forceps had passed between the bladder and the rectum.*" So much for placing men in the box because they are friends of Mr. Cooper—so much for procuring evidence from "untainted quarters!"

This is only to be matched in effrontery by the statement of some wiseacre at the radical meeting on Tuesday night. Being asked why no notice had been taken in the Lancet of a successful operation of lithotomy performed by Mr. B. Cooper, soon after the publication of the libel, he assigned as the reason that Mr. Wakley thought it might increase the damages, and otherwise injure Mr. Cooper! What a noodle the man must be to expect any one to believe him*!

Mr. Wakley asserted that the evidence of his witnesses remained "untouched—wholly uncontradicted;"—whereas there was scarcely a single point in their statements which was not contradicted either by Mr. Callaway, who was present at the operation, or Mr. Key and Dr. Hodgkin, who examined the parts after death. But what is more remarkable, there was scarcely a circumstance on which his own witnesses agreed—for example, they differed with regard to the nature and direction of the incisions; with regard to the manner and frequency of introducing the forceps; with regard to the number of instruments used, and the mode of applying them; with regard to the size of the wound; with regard to the degree of force employed, and with regard to the appearances after death. Yet, in the face of all this, Wak-

* See passage in Italics, page 137.

ley had the impudence to tell the jury that his evidence remained "uncontradicted." We have no hesitation in asserting that his own witnesses (putting Mr. Cooper's out of the question) advanced no charge of which they did not also furnish the refutation.

Mr. Wakley asserted that Mr. Cooper was incapable of telling why he could not extract the stone, even "while he had his finger in the bladder." This is false: neither Mr. Cooper nor Mr. Callaway were able to reach the bladder with the finger at all, owing to the depth of the perineum.

Mr. Wakley told the jury that the plaintiff did not like the bladder to be exposed, "because to surgeons there is indisputable proof that Bransby Cooper did not perform that operation as he ought," and that "Mr. Key and Mr. Callaway knew it." This is false: Mr. Key, Mr. Callaway, and Dr. Hodgkin, who had examined the parts, all deposed that there was nothing in them indicative of the operation having been improperly performed. Indeed, had it been as Wakley asserted, the plaintiff would not have been so foolish as to have had the parts preserved at all.

Sophistical in argument.—One of the pieces of sophistry on which Wakley seems chiefly to have depended, inasmuch as he went over it *six times* in the course of his speech, was, that if his account of the operation had been incorrect more of those who were present would have been brought forward to prove it so. But, as we stated in our last Number, to have objected to Wakley bringing forward pupils, on the ground of their being incompetent, and then to have done the same thing, would have been grossly inconsistent. Lord Tenterden, in his charge, said, "he did not see whom he (Mr. Cooper) could, with propriety, have called besides Mr. Callaway; the others were all young men, only pupils, and probably too young and inexperienced to form any judgment on the case that could be relied on." There is also another person who has objected to these witnesses whom we may mention—not, indeed, one for whose authority we have the highest possible respect, but of whom the defendant in this case probably thinks more favourably—we mean Mr. Thomas Wakley, who, speaking of the Letter formerly published by Mr. Cooper's pupils on the subject of this operation, says, "their united opinion of the skill, dexterity, and self-possession exhibited by Mr. Bransby Cooper on this occasion, is not likely to influence the judgment of the profession, whatever it may effect with the public."

The use made by Wakley of Sir Astley Cooper's expression, "give him time," is another specimen of sophistry. Sir Astley evidently meant merely to say that, *ceteris paribus*, a man who had been twenty years surgeon to an Hospital would be more experienced than one who had held the situation but one-fourth of that period. This we believe to have been his sentiment, though nothing was ever less happily expressed. Accordingly it was not lost upon the defendant, who exclaimed, "Is that the way in which our hospitals are to be conducted? Is that the mode in which your poor patients are to be treated?—that young and inexperienced men are to be placed there to *learn their profession*—not to know it before they get there, but are to go there to learn it—and learn it upon whom?—upon individuals who are as much entitled to the best and most scientific practice of surgery as any nobleman in this land." All very fine—but we should be glad to know how or where a practical acquaintance with surgery is to be acquired but in public hospitals—and if no man is to be appointed till after he has gained experience, where are such men to come from? Where are ready-

made surgeons to be found fit to operate even before Lambert, without his being able *to make a hole* in their reputation?

One of the most knavish attempts in the whole speech, to take advantage of the jury, was exhibited in his description of the operation. How different from the clear, perspicuous, and candid narrative of Sir James Scarlett. You are told, says Wakley, that the stone was shelved *above* the pubes and *behind* the pubes; but, continued he, (placing a pelvis in the position in which it is during the operation,) a stone cannot be lodged above the pubes, because, you see, the pubes is above the bladder! This was, indeed, calculated to confuse men unaccustomed to the subject, and who did not probably reflect that above and below are merely relative terms, which must change with every change of position, and that it was not meant that the stone was between the pubes and external integuments, which, in the position for lithotomy, would be the literal meaning of *above the pubes*, but that it was in such a situation as, in the ordinary position of the body, was above the pubes. But Wakley assured the jury that it was impossible for any stone to be *above* the pubes, for there was a tendon to prevent it which no force could overcome; and he affected to ridicule the idea of there being anything unusual, any extraordinary shelf behind the pubes, in which the stone could have been lodged. "Had there been a shelf here," said he, — "had there been a crooked passage—had there been a cavity, or any place for the deposition of the stone, do you suppose that shelf would not have been produced? Had there been any thing particular in the formation of the pubes, would they not have cut out the man's bone as well as the bladder?" It is probably impossibly for any but medical men to appreciate fully the impudent imposition—the fraud of this statement,—this knavish artifice to mislead the jury. No attempt was made in any part of Mr. Cooper's case to show that there was such malformation, or that the stone was in the position which Mr. Wakley demonstrated it could not occupy—*thus answering an argument which had never been advanced.*

The following is a good specimen of sophistry and stupidity. Finding it proved that there was no opening between the bladder and rectum, Wakley wanted to make out that he never had said otherwise, having stated the cellular membrane to be *lacerable*, and therefore not *lacerated*. And then, forgetting the nature of his argument, immediately added, "remember this; the gorget is not as wide as the finger, and that it is not an uncommon thing for an unskilful operator to drive the gorget in between the bladder and rectum." Thus insinuating what had been proved to be false, and what he had just argued, from the words of the libel, he could not have meant.

Coarse in language.—This scarcely requires illustration. But as specimens, on the present occasion, of vulgar slang and miserable attempts at wit, we may mention his talking of "hole and corner" proceedings,—his comparing Sir James Scarlett to sour milk, and which happy thought he has, in hand-bills pasted about the town, converted into "Knight and Professor of Sour Milk,—his explanation of the term *bat* as applied to surgeons, "because they live in the dark, they suckle their young, and live in creaks and crevices of old walls, hospitals, and dungeons, *thriving and fattening on their own species*,"—his address to the "*gang*" of hospital surgeons, whom he represented as wading "through blood up to the neck,"—and lastly, his exclamations, several times repeated,

perhaps with *prophetic* phrenzy, that he "would die in a dungeon and expire in a ditch."

Diabolical in tendency.—The general tendency of Wakley's writings, and especially of his address to the Jury on this occasion, so far as such ravings can have any influence, is to sow distrust between men in every class of society and their medical attendants; to poison the sources of public charity, and arrest the hand of benevolence; to contract the relief afforded to human suffering, leading the poor and uninformed to suppose themselves the objects of cruel and wanton experiment, thus encouraging them rather to suffer disease to run its course than seek relief in such abodes of blood and horror as he most falsely represents our public hospitals to be.

One of the first ebullitions of this demoniacal effort consisted in representing to the Jury, which he did in two different parts of his address, that the patient had been kept *bound* during the operation, as if some unusual degree of coercion had been employed. "Yet, in opposition to the patient's cries—in opposition to his repeated entreaties to be unbound, still the operator kept him upon the table."—"Gentlemen," continued he, "I should like to know upon what principle it was that the man was kept *bound* upon the table when he implored to be loosened. Was he not a free agent?" And then he goes on to put into Mr. Cooper's mouth not only words, but a sentiment he never uttered.—"No, no, (says the operator,) my *reputation* is concerned. You were brought here to have the stone extracted, and extracted it shall and must be—*if you were to die upon the table.*" Unless Wakley was intoxicated we cannot in any other manner account for an argument at once so absurd, so unprofessional, and so malignant. It evidently excited no feeling but that of disgust in the minds either of the Judge or the Jury.

The next paragraph to which we shall allude is a masterpiece of hypocrisy—"Let me ask you (said he) what you have heard respecting the miseries of the individual on whom the operation was performed? Not one word has escaped the lips of the counsel on that subject—not one word from the mouth of one of the witnesses. No, gentlemen, they are hospital surgeons themselves, and they know too well what the practices of our hospitals are, and the sufferings *patients are in the habit of enduring at their hands,* to feel for this man, or for any other man placed in a similar situation!" Canting hypocrite! this from the man who in the very case before us published his account of the patient's sufferings in the form of a drama, mingled with low and scurrilous gibes. Mark also the following—"Give such a verdict as shall satisfy the *poor*—as will shew that men are not to go into offices of this sort where the *poor are to be killed,* and that they shall not be at liberty to wade and ride through blood up to their necks to eminence in their profession. Ah! gentlemen, give such a verdict as shall satisfy the *poor!*"

There is in the various paragraphs we have quoted, more deep-rooted malice—more abandoned violation of the truth—more hypocrisy—and more open outrage of common sense, decency, and feeling, than we ever remember to have met with, even in the pages of the Lancet. It is now quite obvious that Wakley, alarmed at the change which has taken place in the estimation of his work within the last few months, finds it necessary to adopt a new system; he therefore throws off the mask, and openly declares himself the champion of the ignorant and illiterate*—conjuring up to their imaginations evils which do not exist—

* The defendant, on leaving the court, was cheered by the populace in Palace Yard.—Lancet, Dec. 20.

denouncing the medical profession as one of blood and murder — medical men as "thriving and fattening on their fellow-creatures" — and calling upon the "humane contributors to our hospitals and infirmaries" to support him.

Why really now, if the times of political turbulence were to return, and radical reform again to come into vogue, Cobbett and Hunt would have a most valuable coadjutor; but as it is, we almost think the sphere he has chosen is too limited for such a genius. Humbug, to be successful, ought not to be very open to deteetion; alleged abuses ought not to be of a kind which every man can satisfy himself are entirely without foundation; and he who professes disinterested motives ought not to begin by raising a subscription for himself. We offer these few hints to Wakley, in hopes they may be of use to him in his new career; above all, we advise him to be sparing in protestations: there are some already who look upon his sincerity with a suspicious eye; for although it is no doubt true, that he would "rather die in a dungeon, and expire in a ditch," than injure any man, yet somehow an idea has got abroad, that his constant habits of lying and slandering are not quite in keeping with these assertions. Nay, we have heard of some even of the "humane contributors" to our charitable institutions, who have been so unreasonable as to disbelieve all Wakley's stories about the *cannibalism* of hospital surgeons, and to look upon the whole system of the Lancet as one of knavery and imposition.

WAKLEY'S SUBSCRIPTION MEETING.

A most amusing scene took place at the Freemasons' Tavern on Tuesday evening, of which we subjoin an account. The object of the meeting was, "to present Mr. Wakley with some decided mark of their approval of his spirited conduct in his late trial;" or, in other words, if possible, to raise a little money, and bolster up the Lancet a little longer. The persons present were small in number, but great in zeal; and as much noise, hissing, laughter, and shouting, took place as would have done credit to a much larger assembly. As this is a merry season, and it may amuse our readers, we subjoin the speeches of the principal orators on either side: it will be perceived that both the Gazette and Lancet had some handsome compliments paid them; and that Wakley got thoroughly abused even by some of those who went to the meeting as the champions of reform. There was not a single individual present of any weight in the profession, and the chair was occupied by a young man wholly unknown, except as secretary to the meetings held two years ago on the subject of surgical reform. Could no one whose name might sound familiar in the public ear be prevailed upon to go?—could none be found but Pateys, Wallers, Mills, Elliots, Childs, and the Lord knows who? Where was he, the idol of the Lancet, who on other occasions graced the chair—where he who first ycleped that Journal the "invaluable"? Alas! poor Wakley, what an exposure of a sinking cause! even thy former friends tremble for their reputations, and desert thee.

SURGICAL REFORM.

A meeting was held yesterday evening at the Freemasons' Tavern, in pursuance of an advertisement calling on the "Friends of Surgical Reform, the Supporters of a free Medical Press, and the humane Contributors to our Hospitals and Infirmaries," to meet there, in order to adopt measures for presenting Mr. Wakley, the Editor of the Lancet, with some decided mark of their approval of his spirited conduct, in his late trial in the Court of King's Bench, at the suit of Mr. Bransby Cooper, and of the principles which he so powerfully advocated on that occasion.

[Mr. Patey, who was called to the chair, stated the object of the meeting; but as his speech was rather long, and contained nothing of the least interest, we omit it.]

Mr. Waller, in proposing the first resolution, adverted to the terms of the advertisement, and remarked that the question for them was not whether they would sup-

port Cooper against Wakley, or Wakley against Cooper; but whether they would have a free medical press or not—(cheers). Every body must admit that there was only one medical publication that was entitled to be considered free—only one that dared to tell the truth. Another had been attempted to be set up against it, but this wretched rival was gagged and manacled, and its reports were only a medium which distorted truth, and were almost unintelligible. It was not, however, to support any particular man, or publication, that he came to that meeting, but to support the general cause in which they were all interested. He concluded by moving, as the first resolution, that "the best interests of the medical profession and of the public are identified with the cause of medical and surgical reform; and that Mr. Wakley, as Editor of the Lancet, having given the first impulse to that cause, and having subsequently advocated it with undeviating firmness and fidelity, is entitled to the cordial thanks and support of this meeting."

Mr. Mills seconded the resolution.

Dr. Shiel said this was an important meeting, in his opinion; for, if this resolution were passed, it would identify the medical profession with the Editor of the Lancet. If the principle embodied in that resolution went forth to the world, it would be attended with consequences deeply injurious to the profession. He knew neither Mr. Bransby Cooper nor Sir Astley, and therefore he was perfectly impartial. The first question was, how far the medical press was conducted with advantage to medical science and the members of the profession. Now he contended, but with great respect, and disclaiming all personal hostility, that the Lancet had nowise contributed to the progress of medical science or the improvement of the profession—(loud hissing, and some cheers). He trusted that the meeting had not been got up by a few of the friends of Mr. Wakley, and he was sure that that gentleman was too respectable and too dignified in his proper person to need any such attempt—(applause). He trusted that the meeting was before the British public to ascertain how far the Lancet was useful or advantageous to medical science; and he hoped that, however partial the gentlemen present might be to Mr. Wakley, they would be governed in what they should do by the real interests of science—(hear, hear). The question was one of great interest; for it was one that embraced not only the freedom of the press but the advancement of medical science. With respect to the freedom of the press, they lived in a country where the law always maintained that principle. When Mr. Abernethy had applied for an injunction against the Lancet, Lord Eldon said that there could be no doubt that the Lancet was a most useful publication—(applause). He did not know whether that observation had been brought forward at the late trial; but taking the case—what was it? It appeared that the operation was one of peculiar difficulty, as stated upon oath by some of the most experienced surgeons of the day. This operation was laid hold of by the Lancet, and published not as a medical but as a tragical performance, in which all persons without science or knowledge were appealed to, and no opportunity afforded to Mr. Cooper to vindicate himself. Here, then, was a low and pitiful attempt made through the medium of malice and calumny (loud hisses and uproar). Here was a rude and pitiful attempt by malice and calumny (renewed signs of disapprobation). And yet it was contended that this had advanced the medical profession. The evidence on the trial went to shew that the dangers by which the operator had been surrounded were not small, and that there was no just reason to accuse him of unskilfulness in what he did; and was it then to be said, in the face of the British public, that a Meeting had been held at the Freemasons' Tavern to offer praise and reward to the individual whose conduct had, by the verdict of the Jury, been stamped with the accusation of untruth (hear, hear! and hisses)? He would not deny that there was a degree of talent displayed in the Lancet; but neither could it be denied that it was a public depredator by means of reports surreptitiously obtained; and the title of "literary raven," which had been applied by Sir James Scarlett, appeared to him to truly depict its character (great hisses and uproar). Was it to be contended that any one had a right to come into a private lecture-room, and catch up all he could hear, and then to publish what he had thus surreptitiously and fraudulently obtained (immense uproar and hisses)? As far as the medical interest was concerned, he looked upon the Lancet as one of the most injurious publications that had ever appeared (hisses). All the best writers on the subject had dwelt with peculiar emphasis on the necessity of secrecy among the members of the profession, but the Lancet broke through this good rule, and made public whatever came within its notice; and he had no doubt that if it could get at the cases that occurred in private practice, it would give them without any scruple (uproar).

The *Chairman* begged to remind the speaker that at all events Mr. Wakley had not as yet done so.

Dr. Shiel.—I am arguing on the principle which appears to actuate Mr. Wakley.

Mr. John Elliot rose to order. He could not allow Dr. Shiel to be going upon suppositions; the thing that he supposed had never been done.

Dr. Shiel was sure that whatever turn might

be given to the subject in England, that at all events the conclusions that the Meeting appeared to be coming to would be resisted abroad. The weight of Sir Astley Cooper's name abroad would overpower any such attempt, and, in fact, would render it contemptible; so that any attempt to prop up so low, pitiful, and mean an attack, must inevitably be attended with disgraceful failure (hisses).

A gentleman observed, that he was much surprised at what had fallen from Dr. Shiel. He had been induced to suppose that the Lancet possessed talent, as he had heard it praised in so many directions, and he certainly had never heard till that evening that it was only to be found in the hands of the illiterate (hear, hear! and a laugh). He had always understood that it was only destined for the use of students and other members of the profession, and that it was likely to be of great use in reforming the abuses of the medical practice (hear, hear! and cries of "So it will!"). For his own part, he was glad that medical men were occasionally cut up, because when they did what was wrong it was proper that they should be told of it; and when they did what was right, it added a fresh stimulus to their exertions (applause).

Mr. Thomas observed, that he had not intended to say any thing at the present meeting; but as Dr. Shiel, in the course of his speech, had thought proper to make some remarks tending to calumniate Mr. Wakley's witnesses on the trial, of which he was one, he felt called upon to say a few words (hear, hear!). Dr. Shiel seemed to consider them all as the mere scum of the earth—as a miserable band, collected together to support Mr. Wakley, whatever might be the consequence; as though he was desirous of going the whole length of the Medical Gazette, which stigmatised them for what it called "their deep-laid contrivances—their rankling enmities, and their bitter revenge." For himself he could say, that it was not till the evening previous to the trial that he had been supœnaed, and that he had previous to that time never seen Mr. Wakley.

Dr. Shiel said that he could not have alluded to the gentleman who was speaking, as he did not even know his name.

Mr. Thomas then went on to observe, that as Dr. Shiel appeared to be the advocate of the opposite party, he also supposed that he was a contributor to the aristocratical (Medical) Gazette ("No, no!" from Dr. Shiel). If he were not, at all events he had put forward ideas that were quite consonant to the sentiments expressed in that Journal. In giving his testimony, he had not spoken of the instruments employed in the operation, but of his own impression on the subject, having been present thirty-five minutes; and that impression certainly was, that the operation had been performed in a bungling and unscientific manner (loud applause, mingled with hisses). Was he then, because he happened to be a witness on the occasion, to be put down, pell-mell, by the unfounded imputations of any one? The highly-principled, honourable-minded Medical Gazette, that had determined never to admit any personalities, had loaded Mr. Wakley and Mr. Lambert with all sorts of abuse. Was this what they intended to call acting on principle (applause, and cries of "No, no!")? He certainly had heard that Mr. B. Cooper was an amiable man in private life; but what had that to do with the question at issue? What had they to do with the private character of a man in a public office (cheers)? Surely the witnesses of Mr. Wakley were as competent to speak of the manner in which the operation was performed as those who had not been present (applause); and as he had seen many operations performed he conceived that he was a competent judge of the skill of the operator (applause).

A gentleman, who appeared to be a student, thought that the introduction of any attack upon the witnesses, or indeed of anything that occurred at the trial, was irrelevant (hear, hear!). The way to answer a speaker was not by hisses, but by disproving his arguments and rebutting his facts (applause). If questions were to be settled merely by strength of lungs, he was afraid that instead of the right side prevailing, success would uniformly attend those whose physical powers probably much exceeded their mental (laughter and applause). He could not agree with the gentleman who had stated that the law of England was the protector of the freedom of the Press; for it was well known that the Judges had decided, over and over again, that truth was a libel (applause). It was only the vehicle that conveyed public sentiment, and not the force that impelled it forward. He was convinced that any attempt to connect medical reform with Mr. Wakley should be studiously avoided and disclaimed. As a friend of free discussion in every case, and anxious to uphold the principle, whatever he might think of the instrument, he intended to propose, as an Amendment, "That the latter part of the Resolution, relating to Mr. Wakley, should be omitted." This would save the cause of medical reform from being identified with Mr. Wakley, of whose impartiality he would give a specimen. In the last number of the Lancet, the report of the late trial was given from the Times, but with a remarkable omission. The Lord Chief Justice had rebuked one of the defendant's witnesses for not answering the questions in a straightforward manner, and this passage was omitted. If Mr. Wakley would do this on such an occasion, would he be more candid when the public eye was less upon him? He, therefore, wished to have the question of medical re-

form kept separate from Mr. Wakley individually. The first part of the Resolution would be carried without a dissenting voice, as on that principle they were all agreed, whatever they might think of the conduct of individuals.

[One or two persons then made speeches for or against the amendment; which was negatived, and the original motion carried.]

Mr. Hensley then, after observing that Mr. Wakley's conduct was highly praiseworthy, because it tended in every way to the benefit of humanity, moved the second Resolution, which was to the following effect:—

"That the purposes for which the Hospitals and Infirmaries of the Metropolis were founded, and that the views of the humane contributors to their funds, are materially promoted by the weekly publication of reports detailing the medical and surgical treatment of the unfortunate patients; and that Mr. Wakley having originated the practice of publishing Hospital Reports, has conferred important benefits on Medical Science, and on the cause of humanity.

The resolution was then carried unanimously.

Mr. John Elliott, on moving the third resolution, said that he did not come there to interfere in the quarrels of Wakley and Cooper. They had acknowledged that Mr. Wakley's exertions had been very conducive to medical reform, by the last resolution they had passed. Indeed, there could be no doubt that he had greatly served the cause of humanity, by preventing idleness on the part of medical persons, and compelling attention to the poor placed under their care. It was his opinion that the editor of the Lancet ought to be indemnified for the whole expense entailed on him by the late trial, including the damages awarded against him. This would not be a private subscription, like Brodie's, but one open to the world, and not to be questioned in a court of justice. He would not support Mr. Wakley if he had attacked private character; but he would, as the editor of the Lancet and the representative of the medical free press. He concluded by moving—

"That the independent and impartial principles on which the Lancet was first established, have been preserved by Mr. Wakley at all risks; and as it was acknowledged at the late trial, that the legal expenses of his opponents on another occasion have been defrayed by certain hospital physicians and surgeons *, it is farther resolved, that a subscription be opened for the purpose of defraying the expenses of the late action."

[Dr. Shiel here spoke very strongly against entering into a subscription—while some spoke in its favour.]

A discussion then arose about the question of whether an account of a second operation for lithotomy by Mr. Cooper (in which he had been successful) had been sent to Mr. Wakley? It was stated that such was the case, but as the action for the present libel was then commenced, *Mr. Wakley thought that he perceived something in that second report that might tend to aggravate the damages, and which, at the same time, would be farther injurious to Mr. B. Cooper.*

The third resolution was then carried by an immense majority, only five hands being held up against it.

Mr. Evans moved, "That the statement of professional facts in an unprofessional form, such as the dramatic instead of the narrative, is highly reprehensible in the individual, and detrimental to the best interests of science."

This resolution, after some turbulent discussion, was withdrawn.

Mr. J. L. Stevens then moved, as the fourth resolution, that "In accordance with the feelings this meeting has expressed, Mr. Wakley be invited to attend a Public Dinner, and that a Committee be forthwith nominated to arrange the same."

Mr. Rogers seconded the resolution, and it was carried unanimously.

The members of the committee were then named, and power given to them to add to their number.—The chairman then vacated his office, and the meeting separated.—*Morning Chronicle, Wednesday.*

In the course of the evening, the conduct of one of the speakers gave for a short time an amusing turn to the discussion, which for a great part had appeared to many extremely dry and tedious. The gentleman in question, (not a medical man), in order to show the opinion he had entertained of the object of the meeting, proposed to read for the audience a letter which he himself had written to the chairman of the committee, asking permission to attend. He began, but he had scarcely got through a few words when he declared he was not able to make out his own writing, and requested the chairman to assist him. The chairman made the attempt, but was not more successful. Another gentleman then undertook the task, but with no better effect. The audience received each unsuccessful effort with loud laughter, which so much annoyed the writer that he took back the letter, and again tried to go through with it, but not being able to make it out, he proposed to read for the meeting two letters which he wrote on the same subject to the editor of a Sunday paper. (Loud laughter followed this proposition, which was increased, when, on an attempt to read one of them, he had no more success than before.) The gentleman, after complaining of the want of courtesy in the meeting, resumed his seat, declaring that he would give the letters to the reporters.—*Times, Wednesday.*

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* This we believe is false; nothing of the kind either occurred, or was stated at the trial.—E. G.

HOSPITAL REPORTS.

GLASGOW ROYAL INFIRMARY.

Injuries of the Head.

D. M'Millan, æt. 40, seaman;—while he was employed in the hold of a vessel, a heavy iron block, of a round form, fell from the rigging, a height of 20 feet, and struck him on the head. He was knocked down and stunned, but was able to rise and to walk with a little support. He was brought about a mile and a half in a hackney-coach to the hospital, and admitted by Mr. Cowan at one o'clock P.M., half an hour after the accident. At this time he had a stupified look, but was quite collected, and was able to walk across the ward; breathing and pupils both natural; pulse 75, of moderate strength. There was a wound in the scalp, commencing nearly over the centre of the sagittal suture, and running about three inches backwards and towards the left; along this a portion of skull, corresponding to the wound in size, was felt fractured, detached, and irregularly depressed. His right arm was benumbed and nearly powerless, but no mark of injury was observed on it.

It was determined to remove the detached piece of bone, and the original wound being extended lengthwise in both directions, an incision was made through the scalp at right angles to it over the left parietal bone, thus bringing the fractured portion into view. This was found to be broken down into several fragments, some of which were firmly impacted under the surrounding cranium, and one spiculum, driven through the dura mater, had penetrated the brain. The trephine was applied a little to the left of the fracture, and the intermediate part removed with Hey's saw; the detached pieces of bone, ten in number, of various sizes and irregular shapes, were removed with the forceps, the scalp replaced and retained in position by a stripe of adhesive plaister and very light dressings. During the operation one artery required ligature, and about ℥v. of blood were lost: he had lost perhaps as much before. He remained quite sensible, bore it well, and shortly afterwards had half a glass of port wine in warm water.

Ten P. M.—Has been tolerably easy; complains of pain of fore-part of head; pulse 82, firm.

Fiat V. S. ad ℥xviii.
Sumat statim Submur. Hydr. gr. viii. Pulv. Antimon. gr. vi.
Applic. Capiti Lotio ex Alcohol. et aq. calcis.

Second day.—After bleeding, thought feeling of numbness of right arm somewhat lessened, and to-day has rather more power of it. Passed a tolerable night; a little head-ache; countenance pretty natural; tongue slightly loaded; thirst; no stool.

Sum. stat. Sulph. Magnesiæ ℥j. et rep. vesp. si opus.

Third day.—From an aversion to use the bed pan, he rose to stool last night, and fell forwards on the floor, seemingly from having entangled himself in the bed clothes; he got into bed without assistance; had a shivering fit shortly after, but has had a pretty good night; bowels freely opened; head-ache slight; pulse 84, soft; tongue dry in middle. Towards the evening of this day he appeared drowsy; and on the fourth day he is reported as seeming confused and uneasy; countenance anxious; articulation difficult; the right arm was more paralysed, and indeed the whole right side seemed now to partake in the paralysis; a small part of the wound had adhered, the remaining part was flabby, discharging thin serum. In the evening the difficulty of articulation and drowsiness had increased. Twelve leeches were applied to each temple, and in a short time he seemed a little livelier.

Fifth day.—Much in the same state; took a little beef tea.

Sixth day.—Paralytic symptoms increased; breathing laborious. Blister to the neck. It may be worthy of remark, that in the few words he now spoke he never made use of the English language, but of the Gaelic, which was his native tongue; and even when told that he was not understood, he persisted in repeating the Gaelic phrase.

Seventh day.—A small fungus was observed in upper part of wound, to which lint dipped in lime water was applied, and moderate pressure. The fungus continued to increase.

On the eleventh and twelfth days he had slight bleedings from the scalp,

which stopped spontaneously. Stupor, &c. greatly increased, but he still recognised his friends; took a very little chicken soup or beef tea daily, with lemonade, &c. for drink.

On the evening of the thirteenth day bleeding to the extent of ℥iv. or v. took place from fungus: it was checked by application of saturated solution of alum, but he sunk rapidly, and died that night.

Inspection 36 hours after death.—The fungus protruded considerably beyond the scalp, and was rather larger than a hen's egg, of a dirty brown colour, and a soft spongy consistence; it completely filled up the opening made in the skull by the trephine and removal of detached bone. The pericranium to the inferior side of this opening was found detached from the bone, to the extent of a crown piece, and beneath it the bone was rough, and covered with thin purulent matter. The dura mater, for two inches around the fungus, was covered with pus; this membrane, by sloughing, had allowed the fungus to protrude, and its edges adjacent to the aperture were thickened. On removing the dura mater, the fungus was observed to arise, partly from the middle, but chiefly from the posterior lobe of the left cerebral hemisphere: it occupied a space about three inches in length, and an inch and a half in breadth, extending to within a line or two of the roof of the ventricle; at its anterior part was an abscess, containing ℥ss. of pus. The fungus seemed to be a degeneration of the cerebral substance; sections of it showed the cerebral matter first dotted with an unusual number of bloody points, then assuming a greyish colour, which gradually passed into a dirty brown. With the exception of these bloody points, the brain presented no unusual vascularity: it was quite firm, except in the immediate neighbourhood of the fungus, where it gradually became softer as the colour of the cerebral substance became deeper, till in the centre of the fungus it was nearly of a broken down consistence. A quantity of serum was found in each ventricle.

Another man who had been struck by the piece of iron which fractured M'Millan's skull was brought up to the hospital at the same time. He had received the blow on the vertex of his head. On admission he was in a state of fury, requiring the efforts of several men to hold him. His head was bruised out of all shape, quite depressed behind, and a fracture also of the frontal bone; there were evident symptoms too of fracture of the base of the skull. The case was hopeless. Several large depressed and detached pieces of bone were removed, but he died a few minutes after the operation.

During the same week an old woman was brought up to the infirmary, who, the day previously, had fallen headlong down a stone staircase. She laboured under the severest symptoms of concussion, and besides had a comminuted fracture of the humerus into the elbow joint, and of the radius into the wrist joint of left arm. She was past all treatment, and died on the second day. The case is mentioned chiefly to remark, that although no external injury of the head could be observed, on inspection a fracture was found extending completely across the anterior part of base of cranium.

There are no dispensaries in Glasgow, but such of the poor as are unable to obtain admission into the Royal Infirmary, and those who are not so ill as to submit to the confinement of an hospital, or for other reasons prefer remaining in their own houses, are prescribed for, and, if necessary, visited at the public expense. For this purpose the city is divided into districts, and a surgeon appointed to each. The "district shop" thus resembles a dispensary, where the surgeon prescribes in the presence of his pupils, who indeed, under his superintendance, have the management of many of the cases, both among the patients who receive advice at the "shop," and those who are visited at home. Although under the care of a surgeon, the diseases treated are both medical and surgical, for there is little distinction made between the two branches of the profession here.

The following case occurred under the care of Mr. Stirling:—

W. M. æt. 28, while returning home during the night in a state of intoxication, fell from a height of ten feet, into a court paved with stone. He was rendered insensible for some time, but on recovering was able to crawl to the nearest door, and was conveyed home. Medical assistance was immediately procured.

On the forehead, about an inch above the nasal process of the frontal bone, was a cut an inch and a half in length, extending obliquely downwards from the right side; through this a triangular fracture was felt, the base of which was in the direction of the external wound, and the apex pointing downwards; the fractured portion of the bone was slightly depressed; the bones of the nose were also fractured, and there was great discharge of blood from the nostrils. One third, or nearly, of the upper lip was cut off, and a good deal of blood had been lost from the labial artery; the lower jaw at the symphysis was fractured and comminuted, and several pieces were perceived to be loose. Was quite sensible, remembering every thing up to the period of the accident Pulse 80; has vomited frequently. Wound of forehead was dressed with adhesive plaister; the loose pieces of bone were removed from the lower jaw, and it was afterwards retained in juxta-position by a chin bandage.

Early next morning he was bled to ℥xii. and had a purge of jalap and calomel, by which his bowels were freely opened. That night he felt considerable pain of head; pulse 90, full, and strong. He was bled again to ℥xxv. Blood first drawn had the buffy coat. After the bleeding the pain of head diminished, and he continued to do well. When the swelling and tenderness of face had subsided, it was observed that the fracture communicated with the frontal sinus. On holding his nose and attempting to blow it, matter and air escaped by the fracture. The man was anxious for a speedy cure, and for this purpose an operation to remove the depressed piece of bone was at one time thought of; there was no constitutional disturbance, however, and the case was left to nature. The discharge gradually diminished, and the wound healed up in about a month. The bones of the nose retained their position, and the broken ends of the jaw, after the swelling had subsided, were kept in their proper situation by a pasteboard splint till re-union took place. The lip also healed easily, and no deformity is now observable.

GUY'S HOSPITAL.

Inflammation of Hernial Sac.

The previous report of this case (Gazette, No. 51) conducted it to Nov. 18th, the tenth day from the operation, and the third on which fæces had been discharged from the wound; that discharge continued on the 19th, but on the 20th pus only was seen.

Nov. 22.—Yesterday the dresser, Mr. King, observed a portion of *solid* fæces make its escape, and to-day a similar discharge, in the fluid form, is manifest.

Nov. 26.—Since the 22d, nothing but healthy pus has been seen; the wound is rapidly healing, and the patient's general condition as good as can be desired.

Dec. 4.—He has begun to wear a truss, and is to-day allowed to leave his bed.

Dec. 8.—As regards his original complaint, the man is perfectly convalescent, but he now discloses a small abscess in the scrotum, which has been gradually forming, and will detain him in the house some time longer.

If it be a sound surgical maxim that, in strangulated hernia, the patient's safety depends upon an early operation, it is also a maxim no less sound, that where the evidence and symptoms of strangulation are imperfect, or dubious, the benefit of the doubt should be given to the operation, and it should be performed: for it is better that buboes should be laid open, or inflamed sacs cut into, twenty, aye, fifty times in succession, than that in one case a man should be suffered to die with strangulation of the intestine unrelieved.

These remarks apply strikingly to this case of Mr. Key's, in which, although no hernia was found, they perfectly justify the operation. No case of strangulation could be more distinctly marked, or more clearly call for the knife, than did this; and had Mr. Key refused to use it, he would have deserved the scoff which, by a contemporary, has so preposterously been thrown on the "no hernia case." But, more than this, the operation was not only justifiable, but beyond a doubt *beneficial*—beneficial inasmuch as it at once relieved the distress of the patient, secured him from more extensive suppuration, from farther sloughing of intestine, and probably from extravasation of fæces into the abdomen; rendering also the process of reparation more easy and rapid.

Hereditary Hare-Lip.

Dec. 4th, Mr. Key performed the operation for hare-lip on a child a few months old, whose case was remarkable only as it afforded an instance of *hereditary* malformation. The father of the child had congenital hare-lip, for which no operation had been performed, and of his six children *two* were born with the same malformation.

Queries.—1. If the father's lip had, in his infancy, been restored to the natural form, would the malformation in that case have descended to his children?

2. Is the casualty in these cases to be traced *directly* from the father to the incipient embryo, or *indirectly*, through the medium of the mother's imagination?—It has been said that paternal resemblances are produced in the latter mode. G.

PARIS HOSPITALS.

Hôtel Dieu.

Cases of Gangrene of the Lungs.

Some interesting cases of gangrenous suppuration of the lungs were published by Dr. Chambers, about eighteen months ago, in which he particularly pointed out the horrible fœtor of the breath as a diagnostic mark of the disease. The following cases which recently occurred at the Hôtel Dieu are good illustrations of more extensive destruction of the lung by a similar disease.

Case I.—A man, aged 32, of good constitution, laboured under bronchitis for some weeks, to which he paid little attention, when he was suddenly seized with pain in left side, dyspnœa, considerable cough, and a rigor, followed by fever. He was admitted into the Hôtel Dieu next day. Crepitation was perceptible over the whole extent of the left lung, posteriorly, and reaching to the site of the pain in the side, which was increased by percussion; great oppression, with frequent cough, and expectoration of violet-red colour, mixed with mucus; pulse frequent and small; constant chilliness; cheeks flushed.

Next day the symptoms remained unabated, and *fœtor of the breath* was observed. Two days after it is stated that the expectoration maintained the same appearance, but *was now fœtid*; the breath was, however, still more offensive, and during the fits of coughing particularly so. In the evening the breath is said to have become *gangrenous*.

21.—The cough was small, difficult, and painful, producing an expectoration of violet-coloured matter, approaching to chocolate, *with a characteristic odour*.

22 to 25.—Expectoration and breath emit an *intolerable stench*. On the latter day the patient died.

Examination.—The body not emaciated. Strong adhesions of the left lung to pleura costalis. At its posterior part a large gangrenous layer, occupying the two superior thirds of the lung, covered at some points by a false membrane. The lower third, and the parts round the gangrenous portion, in different degrees of inflammation, and hepatised; the putrid mass was in great part black or violet-coloured, containing fragments of the pulmonary texture; the smell gangrenous, but less so than that of the breath during life; pus might be squeezed from the adjacent part of the lung.

Case II.—A man, aged 55, enjoyed good health till the beginning of May, at which time he experienced pain in the left side of the thorax after exposure to cold. During the next few days the cough was frequent, and the expectoration tinged with blood. A rigor now came on, followed by a distinct exacerbation of fever, and he came to the Hôtel Dieu. At this time he presented symptoms of inflammation of the lungs, and was bled with relief; he left the hospital in twelve days, being sufficiently well to resume his occupation. Scarcely had he done this, however, when he had a relapse, accompanied by great lassitude, oppression of breathing, and frequent cough. At the end of a week he returned. He was now at the twenty-first day of the attack. His skin was yellowish; face pale or of leaden hue, and greatly altered; his cough frequent, with abundant expectoration of matter like chocolate, with small specks resembling pus, and little bodies about the size of peas, which appeared to be portions of the lung. This putrid mass exhaled a *gangrenous odour*, and the expired air was impregnated in a high degree with an equally disgusting smell, which surrounded the patient's bed with a conta-

minated atmosphere. Percussion gave a clear sound over the whole extent of the chest; auscultation did not discover the pulmonary expansion on the right side. The pulse was weak, but not frequent; the patient was in a state of extreme prostration. Next day the odour of the breath and expectoration was, if possible, more dreadful. He lingered two days longer, during which time the fœtid smell somewhat diminished, and the proportion of pus in the expectoration increased.

Examination.— The left lung had contracted firm adhesions, particularly above and behind. It was torn in attempting to remove it, and there issued from the middle and posterior part a large quantity of dark-coloured matter, similar to what had been expectorated. An incision was made along the back part of the lung, and laid open a large cavity, occupying all the extent of the pulmonary organ, and still in part filled with the same kind of dark putrid matter. On washing out the cavity it was perceived that it was lined with a smooth and white membrane, to which were still adherent, at some points, dark filamentous shreds; these were removed by the least touch, and left the surface smooth beneath. The boundary was formed by a false membrane, about a line in thickness, which separated the mortified from the sound parts. The lung was reduced to a kind of bag, the parietes of which were on an average about an inch thick. In the upper part of the lung, which was hepatized, an incision discovered a number of smaller tubercles, which in the centre were in a crude state; and at one point several had suppurated, forming a cavity large enough to contain a nut.

[The Editors of the *Journal Hebdomadaire*, from which these cases are abridged, add, in a note, that although the fœtor of the expectoration, such as above described, is usually dependent on gangrene of the lungs, yet that this is not invariably the case. In confirmation of this assertion they refer to three instances of fœtid expectoration—in the first, the patient is still alive; in the second, there was chronic bronchitis, with considerable dilatation of numerous bronchi; and in the third, bronchitis with some appearances of chronic pneumonia. Laennec gives a case of dilatation of the bronchi, with remarkably fœtid expectoration. The argument derived from the first patient having survived we consider to be altogether erroneous, as patients more frequently recover from this than other forms of purulent expectoration.—Ed.]

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

December 6th, 1828.

James Arnott, Esq. in the Chair.

Pursuant to announcement, Mr. Mackelcan introduced the subject of concussion of the brain. After remarking on the several symptoms, and mentioning the other affections of the head with which concussion is apt to be confounded, Mr. M. directed the attention of the society more particularly to the treatment in the stage of collapse, adopted by Professor Andrini of Florence.

Dr. Duffin stated, that having been in Florence, he had witnessed the employment of three, four, or six ounce bleedings employed by the Professor in the stage abovementioned. The principle on which they were used was that of their acting as a stimulus to the brain; and really the plan was not apparently attended with any bad effects. When re-action has ensued, the practice of M. Andrini is the same as that resorted to in this country.

The discussion then wavered between apoplexy and concussion, and ended by some good-humoured sparring between Dr. Addison and Mr. Gilbert Burnett, on the capability of the brain containing more blood at one time than another.

The President announced from the chair that a special meeting would take place on Friday evening, December 12, at 7 p.m.

December 20th, 1828.

Cæsar Hawkins, Esq. in the Chair.

After some business had been dispatched, to which we shall allude in another place, Mr. Jewel related the particulars of a case of "supposed extra-uterine fœtation." The case, which is one of much interest, is as follows:—

Mrs. F. a robust, healthy woman, ætatis 27, had been married one year, and aborted once; when, in the month of September 1827, she quitted her husband in London, and accepted a situation in the country. After the expiration of a few weeks she received permission to come to London for a day; and, naturally enough, passed that night, (November 8th), with her husband, returning again to the country next morning. Soon afterwards, the morning-sickness, heart-burn, and other sympathetic affections

of pregnancy, appeared; but the catamenia still returned at the regular periods, though scanty and paler in colour than natural. She now quitted her situation, returned to her husband, and engaged a midwife to attend her in her expected confinement. The circumstance of quickening occurred in the latter part of February, and was accompanied by a severe paroxysm of fainting, whilst the abdomen gradually enlarged, and the motions of the child (as was imagined) could not only be easily detected with the hand, but were visible to the eye. On the 9th of August, making a period of 274 days, she was seized with the usual premonitory symptoms of labour; the midwife arrived; found her walking her chamber, and concluded that the process had considerably advanced. Three distinct uterine contractions took place subsequent to the midwife's arrival, the last of which was so severe as to compel the patient to grasp firmly the back of a chair, and induce, after its subsidence, excessive faintness. From this time no further parturient effort was made; no examination per vaginam was instituted; neither was there noticed any sanguineous vaginal discharge. When Mr. Jewel saw her, examination detected nothing unusual in the os uteri, and the symptoms she presents are these. The abdomen is about the size of a woman's in the sixth or seventh month of pregnancy, the enlargement being general. Her general health is much disturbed: she complains of pain in the left hypogastric region, particularly when the abdomen is compressed by the hand or stays—and she also complains of weight in the abdomen, especially on leaning forwards. The woman herself has a strong prepossession that "something is to come away," or that she might be relieved by an operation. The woman believes that she still feels the motions of the child, though feebly.

Having read this case, Mr. Jewel concluded by offering some observations on the subject of extra-uterine fœtation. He considered this as probably an instance of "graviditus abdominalis," and remarked that the uterus not having expelled its dezidua, was no conclusive proof to the contrary, Dr. Blundell and Mr. Langstaff having examined cases where this was wanting.

Dr. Locock never saw a case where laceration occurred in the early months of pregnancy. Dr. L. remembered the particulars of a case where the uterus was lacerated in the fourth month, and the ovum escaped into the cavity of the abdomen, and the symptoms of pregnancy were exceedingly strong. Dr. Locock almost doubted whether Mr. Jewel's was an instance of pregnancy at all, for frequently women enjoying sexual intercourse have enlarged abdomens, and many of the other symptoms of pregnancy, which a few doses of purgative medicine will remove.

Two remarkable instances of extra-uterine fœtation were related by Mr. Burnett and Mr. Cæsar Hawkins; and towards the conclusion of the evening the discussion turned on the powers of the ergot of rye. Dr. Locock had frequently tried it in amenorrhœa, and, on the whole, without any very good effects. In one remarkable case, where the lady particularly wished to have children, Dr. Locock having boiled an ounce of the ergot in a pint of water down to half a pint, gave an ounce and a half of this decoction three times a day. After the young lady had taken about half a pint, the most violent convulsions succeeded, which placed her life in imminent hazard, and from which it was long before she completely recovered. She menstruated twice after that, but then the discharge again was arrested, and has never since returned, nor has she become pregnant.

The practice of "bougieing the uterus" in cases of dysmenorrhœa was brought upon the tapis, and excited a good deal of laughter, the members appearing to consider the proposal ridiculous in the extreme.

MR. LAMBERT.

At the last meeting of this Society it was proposed, on the recommendation of the Committee, that Mr. James Lambert should be expelled; and after some discussion it was agreed that the sense of the members should be taken by ballot at the next meeting, Saturday, January 3, 1829. It was thought that proceeding at once to his expulsion might give the appearance of the measure originating with a party, and that the delay would enable the deliberate judgment of the whole Society to be passed upon his conduct.

HUNTERIAN SOCIETY.

Dec. 10, 1828.

Dr. Billing, President, in the Chair.

Mr. Leese, Jun. exhibited to the meeting a specimen of medullary sarcoma, taken from the forehead of a man after death, with a portion of the os frontis. The man was fifty-eight years of age, long asthmatic, and appeared to die of hydrothorax. He never suffered any pain in the tumor, but expressed a sense of distention. It was immoveable at the base, and there were some fissures in the os frontis, from caries. The dura mater at the corresponding part adhered firmly to cranium, and on its being removed some spiculæ from the carius inner table remained adhered to it. There had never been any symptoms of cerebral affection. A tumor of the same nature had formed on the scapular extremity of the clavicle, and had occasioned anasarca of the limb.

Mr. Key supposed that the tumor had originated from the diplöe, and believed that the only chance of relief in such a case would be trephining; but he acknowledged

that there was little encouragement to operate in these cases, owing to the tendency of the disease to return in some other part. He related an instance of the true medullary fungus taking its origin from the cancellous structure of the os femoris. The limb was removed, but the patient died. A circle of fungoid glands was observed at the base of the heart, and some of the bronchial glands were in the same condition.

Dr. Conquest expressed his belief that carcinoma was always a constitutional affection, and stated that at least in nine cases of cancer uteri out of ten, there was carcinomatous affection of the pylorus, mesenteric glands, or liver.

Mr. Key and Dr. F. Ramsbotham had not observed, in their examinations, the coincidence noticed by Dr. Conquest.

The remainder of the evening was occupied by a discussion on the different kinds of ulceration that occur about the os and cervix uteri, and the circumstances under which the removal of the uterus, or the amputation of the cervix, may be warrantable.

Dr. Babington adverted to the occasional existence of a family disposition to carcinoma. He had known three sisters successively die of cancer in the breast.

MEDICAL SOCIETY OF LONDON.

Dec. 13th and 20th, 1828.

Dr. Haslam in the Chair.

The subject of discussion, at the first of these meetings, was stricture of the rectum, when the diagnosis and treatment of carcinoma of that part came under consideration. There was a remarkable discrepancy in the opinions of Messrs. Lloyd and Salmon as to the symptoms and management of carcinomatous affections of the rectum. Mr. Lloyd maintained that these affections of the intestine were sometimes attended with pain and sometimes not, and that the patients were often materially benefited by the use of bougies; while Mr. Salmon affirmed, that the disease was always painful, and not to be mitigated by the employment of these means.

A variety of subjects came before the society at the next meeting. The president read a letter from Mr. Wansborough, of Fulham, describing the "original stomach-pump," a specimen of which accompanied the letter: the instrument Mr. W. stated to be of 25 years' standing.

Mr. Shearly exhibited, among other morbid specimens, a uterus, on the external surface of which the disease termed the "white tubercle" was in progress: there was also a small polypus near the os uteri. Mr. Pereira exhibited to the society a fine specimen of medullary sarcoma of the liver. The organ was so enlarged as to have occupied two-thirds of the abdomen. The other viscera were not involved in the disease. The progress of the disease, as far as it could be ascertained, was excellently detailed by Mr. Smith, a visitor. The symptoms were obscure.

Mr. Armstrong read an extract of a letter from Mr. Morgan, of the Bristol Infirmary, a corresponding member of the Society, describing a curious conformation of the œsophagus in a child, which lived 106 hours only, during which period every attempt to swallow food produced considerable distress. The œsophagus was found to be divided into two portions; the upper or pharyngæal extremity terminating in a *cul de sac* behind the bifurcation of the trachea; and the lower or ventricular extremity arising from the trachea at this point, between the bronchi, proceeding down the spine, and terminating, as usual, at the cardiac orifice of the stomach. Mr. Drysdale mentioned a somewhat similar malformation occurring in two children in one family. Mr. Callaway related a case of concussion of the brain, which terminated fatally, after the restoration of the intellectual functions. The whole of the anterior lobes of each hemisphere of the brain was broken down, and mixed with effused blood. The remarkable feature of the case was, the return of consciousness, and the possession of this power for six days, under the disorganization of the brain described; and the questions particularly agitated were, Did this extent of mischief exist immediately after the concussion? What was the degree of laceration of the brain at that period? and, How could the recovery of the intellectual faculty be reconciled with so much injury of the brain?

The Society then adjourned to the 12th of January, 1829.

COOPER *v.* WAKLEY.

Notes of the Cause, Cooper *v.* Wakley — We understand that Mr. Cooper is about to publish a verbatim account of the above trial, from Mr. Gurney's short-hand notes.

ERRATA.

The Advertisement of Mr. B. Cooper's, in our last Number, ought to have been dated "*December* 15," instead of "*Oct.* 15." Also, for "*Mr. Elton,*" the name of one of Mr. Cooper's witnesses, read "*Mr. Hilton.*"

In our last leading article, *for* "can no friend of Wakley be named?" *read* "can the name of no friend of Wakley be mentioned?" The alteration is necessary, to connect it with the conclusion of the paragraph.

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THE

LONDON MEDICAL GAZETTE,

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OF

Medicine and the Collateral Sciences.

SATURDAY, JANUARY 3, 1829.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

(Continued from page 40.)

SYPHILITIC AFFECTIONS OF THE EYE.

I next come to the consideration of syphilitic affections of the eye, which include conjunctival inflammation and iritis. The former of these affections is most generally, I might say always, attendant upon some eruption, which it sometimes precedes, at others is found to make its attack at the same time. These eruptions are generally of the papular kind: sometimes one eye, at others both are the seat of disease; and the appearance is so peculiar as not to be easily mistaken when it has been once seen. The eye appears weak, dull, and blood-shot, but there is no intolerance of light, and but little, if any pain. The palpebral linings will be found more vascular than usual; the tarsal glands occasionally, but not always enlarged, and with increased secretion. The vessels of the conjunctiva, covering the ball of the eye, are also injected with red blood; but the muddy dull appearance of the eye is a very remarkable feature of the complaint. This symptom is easily combated; in fact, it seldom demands a local remedy. A wash, made with the oxymuriate of mercury, in the proportion of one grain to eight ounces of water, generally is of use; but the internal exhibition of mercury effects the most rapid change in the condition of the eye: and if the tarsal glands are much inflamed, their edges may be smeared at night with an ointment, composed of spermaceti cerate and red precipitate. There is seldom occasion to have recourse to depletory measures; and it is equally pleasing and remarkable to observe with what rapidity this symptom yields to the action of mercury on the system. It is strange, that among practical surgeons, so many different opinions should have been entertained respecting this condition of the eye, which is one of the most common as well as the most distinctly marked of any syphilitic affection with which I am acquainted; and I believe this to be principally owing to a remnant of the deference which was paid to the opinions of Mr. Hunter, who did not believe that syphilis ever attacked the eye; and his reasons for so thinking appear to us, in these days, to be very frivolous. The one is, because ulceration did not take place; and the second is founded upon his belief that venereal inflammation was not accompanied by any marked or violent degree of pain. This last circumstance is precisely that which distinguishes this state of the eye from common inflammation, though there is no reason why common inflammation should not attack a part affected with syphilis sometimes, the result of which is commonly that it totally supersedes and destroys the specific character of the symptom; and therefore it is, that when inflammation has taken place, and a rapid destruction of the parts ensues, the constitution is generally saved from after consequences. With regard, also, to ulceration not being produced in this instance, it is surprising that Mr. Hunter should not have considered that this is not the usual termination of inflammation in these parts, and that such an event could not be expected in any circumstance. However, although Mr.

Hunter did not acknowledge this symptom, it is some satisfaction to me to be able to say, that Scarpa most accurately describes it, and points out the mode of cure which I have detailed, which he relies upon with equal confidence. I now proceed to say a few words upon iritis, as a symptom of syphilis. The accurate discrimination of this disease is one of the boasts of modern surgery, for it was not until the beginning of this century that it was described by Schmidt of Vienna, by Saunders in England; and has been since illustrated by the labours of Dr. Vetch, Mr. Travers, and many others. There is little in the character of syphilitic iritis to distinguish it from the idiopathic, but Mr. Saunders points out a few circumstances which will assist us in forming our judgment, although practically this is not a matter of great importance, since the mode of cure is the same in both, and the rapid introduction of mercury equally indispensible. The diagnosis, says Mr. Saunders, between syphilitic and simple inflammation of the iris may be formed from the following appearances. In the syphilitic the iris is much more thickened and puckered; the texture appears more changed; the irritation, on exposure to light, less. The pain is most intense at night; red vessels are seen in the substance of the iris—a circumstance not often observed in the early stage of simple inflammation of that part in which patients, from the severity of the pain, are sooner induced to apply for relief. The pupil is not so much contracted as in the simple inflammation; and although the general appearance of disease be greater, the pain is actually less; the blindness is often total; to which, perhaps, may be added, that the lymph is deposited, as it were, in drops, and assumes a tubercular appearance.

A great deal of useless discussion has taken place respecting the possibility of curing iritis without mercury, as well as that of its being occasionally found to take place when the constitution has been under the influence of that medicine: both of those assertions are true in a qualified sense; though, in the last instance, Mr. Travers informs us that even then mercury is most effectual, not only in curing the symptom, but even in causing the absorption of the effused coagulable lymph, which takes place towards the termination of the complaint. And here we have the satisfaction to find, that however professional men have disagreed in theory, they all unite, even Mr. Carmichael among the number, in calling in the assistance of mercury in the cure of this disease. The appearance of the eye in iritis has thus been most accurately described. The vascularity of the sclerotic coat is very much increased, that of the conjunctiva remaining nearly natural. The inosculations of these minute vessels form a zone round the edge of the transparent cornea, and are not continued over it. The irritation, on exposing the eye to the light, is very great; and the iris is then seen diminished in lustre, thickened, and puckered, as it were; the pupil contracted and irregular; there is often much pain in the orbit, and in the surrounding parts. This inflammation most usually terminates in adhesion. Lymph is deposited on the anterior surface of the iris, and often in so large a quantity as to pass through the pupil, and to fall to the bottom of the anterior chamber. The pupil at last becomes obliterated, or the iris adheres to the capsule of the crystalline lens, leaving only a very minute aperture, which is most commonly occupied by an opaque portion of the capsule or of organized lymph, the result of which is total blindness. Perhaps, however, there is no disease which is more controllable by the vigorous employment of medical means than the one which I have just attempted to describe; but it is only by vigorous practice that this happy termination can be expected, for there is neither time for delay, nor will the symptoms tolerate half measures. The measure of the first importance is blood-letting; and here the rapidity with which the blood is taken away, and the quantity taken, form the principal consideration. An impression must be made upon the system; and I should prefer bleeding at once to syncope, if possible; but in the adult I should certainly not be contented with the abstraction of less than thirty or forty ounces of blood at once. Mercury must then be had recourse to without delay, either in the form of blue pill or calomel, internally exhibited, assisted by mercurial frictions, if necessary; for the object is to get the system as quickly as possible under the influence of that medicine. I have given two or three grains of calomel every two hours,

combined with opium; and have thus got the gums affected in a very short time; and whenever that is the case the beneficial results are generally marked in a most decided and satisfactory manner. It is some consolation also to know that even when surgical assistance has not been sought for from the commencement of the attack, and where there is a deposition of lymph, the action of mercury will in general remove it. Here, also, the use of the extract of belladonna is very apparent, and its application should never be neglected where the adhesive inflammation has made much progress. We are informed by some anti-mercurialists that as soon as the mouth is affected with mercury we may discontinue its use. I do not think so. Even should iritis appear as a solitary symptom, such practice, I think, is not to be commended. I would certainly moderate its action; but to keep it up for a certain length of time will, I am sure, be necessary for the safety of your patient. What that exact time may be, I cannot always pretend to say: I am not one of those who think one particular symptom of syphilis invariably demands the same space of time for its cure; because I believe that the remedy will operate with more power in some habits in a week than in double that space in another; and, therefore, I am generally satisfied with a fair removal of the diseased appearance or symptom, merely pursuing the remedy, in a mitigated degree, for a few days, or a week, or fortnight, depending upon the severity of the complaint I have had to contend against. With respect to local remedies in iritis, they are of very subordinate importance. I generally prefer the warm decoction of poppies in all inflammatory affections of the eye; it is most soothing to the feelings of the patient; and in inflammatory diseases, I must believe that whatever is most agreeable to the patient is, *cæteris paribus*, the most beneficial.

The success of the above-mentioned line of practice is so great, that perhaps there is no other disease wherein medical means can perform so much, when called in in the early stage of the complaint. Mr. Carmichael says, that one failure in a hundred instances will not take place, and yet there are practitioners who, warped by prejudice against the employment of mercury, trust entirely to evacuants and other antiphlogistic means, and they boast also of their success. They may be fortunate, but surely there can be no good reason for neglecting that line of practice which has been found to afford results so gratifying; and until I am convinced that the exhibition of mercury necessarily entails upon the sufferer all those evils which it has lately become the fashion to attribute to it, I shall not only advocate, but pursue the practice I have now so strenuously urged. In mentioning to you the general line of practice which I should pursue, much must of course be always left to the discretion of the practitioner in the treatment of an individual case: to bleed largely is usually indispensible, but it may be sufficient afterwards to apply leeches, or to take away blood by cupping, instead of recurring to the general abstraction of blood; neither must free purging in the commencement be neglected, nor afterwards the application of blisters or counter stimulants; but still mercury is our strong hold, and whatever else we do, this must not be omitted.

There has been much said relative to the apparent contradiction as to the supposed origin of iritis: it has been attributed to the use of mercury, as well as to syphilis itself; though those who have advanced this opinion have still declared their belief, that even then mercury has been equally efficacious in its removal. That iritis has often come on during the employment of mercury, there can be no doubt, for it is so stated upon the authority of Mr. Travers himself; but I would suggest—first, whether in those cases mercury has been producing its legitimate effects, or whether the original disease may not have been pursuing its course in spite of it? How then, it may be asked, does the continued exhibition of that medicine operate a favourable change in the symptom? To this I would reply, that probably the large abstraction of blood, and the free purging combined with it, are the very circumstances required in order to give effect to the action of the mineral; for though we may agree with Dr. Farre in believing that the mercurial action is one of the most effectual means of arresting the disorganising process of adhesive inflammation, yet who, acting upon that belief, would prescribe it in any internal inflamma-

tion, without previously having had recourse to the abstraction of blood?

With respect to the powers of mercury in promoting absorption it is not necessary to say many words, since that has long been established beyond dispute or contradiction; and, therefore, whenever we have been applied to too late to prevent the effusion of lymph in the anterior chamber, or elsewhere, the exhibition of mercury may be pushed or resorted to with the confident expectation of procuring its entire removal.

SYPHILITIC AFFECTIONS OF THE EAR.

I come now to speak of deafness as a symptom of syphilis. This will not detain us long—it is not a symptom of much importance, nor does it in general proceed to any great extent. The part affected is the Eustachian tube, the membranous lining of which is thickened, and labouring under the effects of chronic inflammation; and this arises most commonly from the communication of disease from the tonsils or throat: the small bones of the ear never, I believe, become affected in consequence of syphilis. There are no particular directions to be given respecting the cure of this symptom; it goes away in proportion as the system becomes affected by the remedy, and it never occurs, I believe, as a solitary symptom.

SYPHILITIC AFFECTIONS OF THE SKIN.

Syphilitic affections of the skin next demand our attention. This is among the most complicated and extensive inquiries which the disease presents to our view. On reading the Treatises that have from age to age been published upon the venereal disease, nothing is more likely to excite astonishment than the confused, imperfect, and contradictory statements that are to be found relative to affections of the skin arising from this source. This remark applies with equal force to the ancient almost as well as to the whole of the modern writers, including Hunter, Swediaur, Foot, and Howard, in this country; and even the indefatigable Astruc himself, who does not devote above a page or two to the discussion, though small as is the space he has allotted to this part of his task, he has left the impression of his good sense and ingenuity upon the little that he has said. In fact it is only since the discrimination and classification of diseases of the skin has been undertaken and accomplished by Willan and Bateman, that authors have begun to investigate this subject, and to draw something like order out of the chaos that formerly prevailed. If we take up the Treatise of John Hunter, for example, or that of Mr. Foot, it might be supposed that I am attaching a greater degree of importance to these eruptive symptoms than they deserve; for in the first-mentioned author scarcely the fourth-part of a very short chapter is occupied in the discussion; whilst Mr. Foot dismisses the subject really in a few words. Perhaps I might be inclined to insinuate that in those days venereal eruptions neither ran the same course exactly, were not so regularly looked for, or permitted to make their appearance, as they have been of late; for it is certain that a familiarity of intercourse is an excellent mode of acquiring an intimate knowledge of our acquaintance, and I am much afraid that we have something to reproach ourselves with in having obtained so accurate a knowledge of this class of symptoms, however fortunate the event. However that may be, it is now my business to arrange and describe them as well as I can, and afterwards to make such observations on their different terminations, and the modifications in treatment which they require, as experience has pointed out to me; nevertheless I must premise the inquiry with one remark, which is, that I consider the occurrence of secondary affections of the skin in syphilis as in some degree a reproach to modern surgery, inasmuch as it most commonly proceeds from either want of judgment or want of decision and firmness on the part of the surgeon who has treated the primary affection,—he has either been led away by over refinement and speculative views, or he has weakly consented to administer mercury in situations, or under circumstances, where its beneficial operation could not be relied upon; for this, indeed, he may not always be to blame, but he is bound not to risk the chance of a failure in his cure without explaining to his patient the probability of such an event, where no attention is paid to proper precautions whilst under the influence of the remedy. This remark certainly affords many exceptions, and we must also recollect that it is only applicable to the better

classes of society; among the poor, from various causes sufficiently obvious, we shall never want abundant examples of secondary syphilitic affections of every description, without recurring to any error of the medical attendant.

The forms of syphilitic eruption which I acknowledge are the papular, the pustular, and the tubercular; and these may be said to form so many distinct classes. The former of these is by far the most numerous, and includes the mere blotch or spot, that which desquamates in its latter stage, as well as that which is upon its first appearance covered with whitish scales, and bears some distant resemblance so far, and so far only, to the leprous eruption. Of the pustular eruptions there are no absolute varieties, at least they are only such as difference of size, their being more or less clustered, or met with in conjunction with spots or papulæ, constitute. The tubercular eruption, which, in fact, imply a deeper taint of the constitution, are of two distinct kinds, one of which is small and less prominent than the other, though both leave behind them ulcerations disposed to spread from the edges, and both affect the circular form. In addition to these eruptions, secondary ulcerations are occasionally met with, the principal situations of which are, upon the lower limbs, round the anus, between the toes, and round the roots of the nails. Another form of ulcerations often arises in the limbs, principally commencing as small round tubercles under the skin, gradually advancing to the surface, and suppurating imperfectly; ulceration ensues, the edges of the sore are jagged, the discharge unhealthy, and the surface, which is at first ash coloured, assumes the dark brown coppery hue so peculiar to this class of sores, their forming generally also tending to the circular.

On consulting books, whatever confusion you may find in particular description, you will observe that the copper colour of the spot in the one case, or of the margin of the ulcer in the other, forms the criterion as to the nature of the disease; for there is not one form of eruption which I have mentioned above that you will not meet with independently of any syphilitic taint, and you have only to read what Dr. Bateman says of Lichen, of Pustule, and of Russia, to be convinced this is the case; therefore it is that the countenance and previous state of health of the patient must be studied and inquired into: the loss of flesh, the want of sleep, the rheumatic pains (as they are often called), will open your eyes to the real situation of your patient, even in those cases where you are not able or have reasons to avoid a more particular inquiry into the previous history; yet, after all, a very nice discrimination is sometimes requisite, for the above able writer tells us, and experience amply confirms the remark, that syphilitic eruptions are so infinitely varied as to defy all minute arrangement, and that they possess no exclusive marks by which their nature can at all times be determined, though the experienced eye will often readily detect them in conjunction with some of the appearances I have alluded to above; but another observation, of at least equal importance, must here be impressed upon you: it is the possibility of every form of eruption which is usually considered syphilitic arising from the profuse exhibition of mercury; a fact most undeniable, but which has been contested upon this principle, that mercury, prescribed however largely for any other disease (as hepatitis, for example), is not followed by such an effect. That this is not always true I can positively affirm from my own experience, though I am ready to admit that it is an event that occurs but seldom; but still I do not conceive that I am bound to penetrate the hidden arcana of the action of mercury under every different condition of the system, or under every modification of diseased action; it is enough if careful and repeated observation has shewn that a rash or profuse exhibition of mercury can and does frequently produce a crop of papulæ so like the original eruption for which that remedy has been prescribed, as often to have confounded the surgeon, and subjected the unfortunate patient to a second course of mercury, ending too frequently in a train of anomalous symptoms, and leading to a thorough misconception and confusing of the real nature of the original disease. Such a case is related by Mr. Hunter in very express terms, and it is so interesting that I shall beg to draw your attention to it in this place.

A gentleman had for some time

blotches on his skin; the face, arms, legs, and thighs, were in many places covered with them, and they were in their different stages of violence. In this situation he applied to me, and I must own they had a very suspicious appearance. I asked him what he supposed those blotches were? He said he supposed them to be venereal. I asked him when he had a venereal complaint? He told me not for above twelve months. I then asked him how long he had had the blotches, and the answer was above six months. As this was a sufficient time for making observations upon them, that might ascertain better than the appearance what they were, I asked him if any of the blotches that came first had disappeared in that time, and he said many. I desired to see where those had been, and on examination I found only a discoloured skin, common to the healing of superficial sores. I then declared to him that they were not venereal, for if they had arisen from that source none of them would have disappeared. He now informed me that he had been taking mercury, and this information obliged me to have recourse to further inquiries; and I therefore asked him whether, while he was taking mercury, many of the first got well? The answer was, yes. And was the cure of those imputed to mercury? The answer was again in the affirmative. I then asked him if, while he was taking the mercury which appeared to have cured some, those that now remained arose? Yes. My next question was, how long had he taken mercury? He said for six months. I then declared they were not, nor ever had been venereal. I asked him what was now the opinion of his surgeon? He said that his opinion was they were still venereal, and that he should go on with mercury. I advised him to take no medicines whatever, to live well, avoiding excess, and to come to me in three weeks; which he did, and then he was perfectly well, only the skin was stained where the blotches had been. He now asked me what he was next to do? I told him he might go to the sea and bathe for a month. This he did, and returned well and healthy, and has continued so.

You see in this case what mischief would necessarily have ensued had not Mr. Hunter pursued his inquiries minutely into the history of these symptoms, and that the continuation of mercurial treatment could only have been followed by an aggravation and renewal of the eruption. The only expression which I do not like in the above narrative is that wherein Mr. Hunter declares that the eruption never had been venereal: for this opinion he had no other ground than his belief that no venereal eruption could fade away without the administration of mercury.

Now I am thoroughly convinced that all such cases have, with few, perhaps no exceptions, their origin in the mode in which mercury is too often resorted to on the first appearance of the eruption, of whatever character it may chance to be; and here I am approaching very nearly to the practice of Mr. Carmichael, which, in this stage of the complaint, is highly judicious. All these eruptive symptoms are preceded by fever of an inflammatory character, of a greater or less degree of severity; and if, under these circumstances, you at once begin to throw in mercury, as was formerly recommended, you will soon have reason to repent your so doing: but having subdued that state of the system, the eruption being fairly established, and the patient brought to a proper state for the remedy, I would advise its exhibition rather in a more decided manner than Mr. Carmichael has done, and keep up its action for a longer period; for he admits that the natural cure requires many months to overcome the disorder, which will disappear and recur again and again in successive crops of the eruption, until at length, to use a familiar expression, it has entirely worn itself out. Now this is the painful and tedious process which I hold to be unnecessary—this is what I am confident may be prevented by a properly timed and judiciously managed exhibition of mercury. One other general remark occurs to me, which is this—you will meet with these eruptions frequently in constitutions decidedly strumous, where there is a tendency to enlargement of the lymphatic glands, and not unfrequently a strong disposition to pulmonary affection: these cases require nice management; they never, I believe, occur excepting where the symptoms have been long established, or permitted to run their course without check or control.

[To be continued.]

PATHOLOGICAL ESSAYS
ON SOME
DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.
Physician to St. Bartholomew's Hospital

[Continued from p. 121.]

ESSAY IV.

General course of Diseases of the Heart, and general character of their Symptoms.

In order to ascertain the nature of healthy structure, the anatomist finds it necessary not only to examine each particular organ of the body, but also to distinguish each into the separate tissues of which it is composed; to examine these tissues apart; and to familiarize himself with the visible characters which constitute their healthy condition. So too, in order to ascertain the nature of morbid structures, he must search and discriminate the traces of disease in all the primitive tissues of the body, separating each from each, and ascribing to every one its own.

Thus, the diseases incident to the different tissues which compose the structure of the heart, have, for the convenience of anatomical description, been hitherto considered apart from each other; the diseases of the pericardium apart from those of the lining membrane, and the diseases of the fleshy substance distinct from both.

The separate knowledge of the diseases of each necessarily precedes the knowledge of the manner in which they are combined together, the order in which they arise, and the relations which they bear to each other.

It sometimes happens that several, or even all the tissues composing the structure of the heart, become simultaneously diseased; that while the pericardium is inflamed, and, according to its own mode of morbid action, is depositing lymph in the shape of membranes, and contracting adhesions, the internal lining is also inflamed, and, according to its mode of morbid action, depositing lymph in the shape of warty excrescences; and that at the same time the muscular substance is becoming loose of texture, and the cavities of the heart enlarging themselves. But instances, I believe, are very rare in which disease can be shewn to have thus begun, and been continued in several or all the structures of the heart equally and simultaneously.

Again, it sometimes happens that disease will begin exclusively in one structure of the heart, and will be strictly limited to that structure, no other part of the organ undergoing any morbid change whatever in consequence of it. But this, too, is a rare occurrence.

When disease begins, and is continued in all or several of the structures of the heart equally and simultaneously, it is, I suspect, always of a very acute character. The most striking specimen within my knowledge is the following. A boy, twelve years of age, was in perfect health on Saturday night, and dead on Tuesday afternoon at two o'clock. Upon dissection the disease was found in the heart. Four or five ounces of turbid serum, with flakes of coagulable lymph floating in it, were discovered in the pericardium, which had its internal surface covered, in various situations, with a thin layer of reticulated lymph. Thus far there were the evidences of the most intense inflammation of the pericardium at an early stage. There was no adhesion of the opposite surfaces; the lymph and serum were effused together; and the serum had partially washed away the lymph as it was deposited. Further, when the heart itself was divided, the muscular fibres were dark-coloured almost to blackness, loaded with blood, soft and loose of texture, easily separated, and easily torn by the fingers; and upon the cut edges of both ventricles small quantities of dark coloured pus were seen among the muscular fibres. The internal lining was of a deep red colour, without any effusion of lymph. Here the acute inflammation of the muscular structure was evinced in a manner which is seldom seen; the softening and friability of its texture would have been enough to bespeak it inflamed, but here was an actual deposition of pus. It was a singular specimen of disease; I never saw another like it; and I know of no other like it upon record. (Med. Chir. Trans. Vol. 7, 323.)

When disease begins in one structure of the heart, and never afterwards spreads beyond it, it is generally of a chronic character, and occupies only a small space. A loose cellular adhesion, limited to some small portion of the

pericardium, has been found to consist with a perfectly healthy state of the heart; as the same condition of the pleura with a perfectly healthy state of the lungs. So, too, the pericardium has been marbled and streaked with lymph, inherent in its texture, or deposited upon its surface, while the heart has been as free from disease as the liver has been often found to be when the same streaked and marbled condition has belonged to its peritoneal covering.

But it is neither usual for diseases of the heart to begin and be continued in several of its structures equally and simultaneously, nor to begin in one structure, and ever afterwards to be limited to it strictly and exclusively. But the habit of diseases of the heart is, to begin in one structure, and to impart themselves, or an irritation derived from them to other structures, so as directly or indirectly to produce an injury to the organization of the whole. Thus, the heart may be, and generally is, utterly spoiled as an organ whenever any one part of it is permanently diseased. If a portion of lymph be effused upon the pericardium, and there remain and contract a permanent adhesion, or if a spiculum of bone be deposited in one of the valves, there may, and generally does, follow such derangement of structure as will change the natural bulk and capacity of the entire heart, and baffle and perplex, and finally abolish its natural functions. There is no organ of the body in which the perfect soundness of every part is so essential to the health and harmonious action of the whole.

Concerning diseases of the heart, it is especially important to know in what part they begin, and what is the manner, conditions, and rate of their progress from one structure to another. But mere dissection is insufficient to furnish this information. In order to obtain it it will be necessary to bring the results of clinical observation into comparison with the objects of anatomical research.

I am not going to pursue a minute analysis of symptoms with the pretence of displaying the subject nosologically, but only to appeal to them so far, (and it will be very generally), as they serve to illustrate the pathological conditions out of which they arise.

Of the signs by which physicians become acquainted with diseases in the living body, some are expressive of their nature, and some are expressive only of the parts they occupy. The first flow directly from their essence; the second are derived from the disturbed functions and sensations of particular organs. This distinction between essential and accidental symptoms is one of great practical importance.

Essential symptoms bring diseases within the scope of clinical diagnosis, and within the compass of rational treatment. Accidental symptoms only discover where they are, not what they are, or how they are to be treated.

Some diseases have both orders of symptoms most strongly marked. An acute inflammation has its essential symptoms, which are generally the same, in whatever part of the body it is found; general heat and general excitement of the vascular system; and these teach us that it really is an acute inflammation, and how to treat it. Moreover, it has its accidental symptoms, which are different according to the part it occupies, as the brain, the lungs, or the heart; such as palpitation in one case, impeded respiration in another, and disturbance of the senses and the intellect in a third; but these alone teach us nothing concerning the inflammation, and give us no guidance or direction in the treatment of it.

Again, some diseases have no essential symptoms whatever but those only which are accidental, and which appertain entirely to the organs they occupy. A fungous excrescence, or a scrophulous tubercle, being situated in the brain, may be accompanied by a pain in the head, an hebetude of the senses and intellect, and an impaired exercise of the voluntary muscles; but the same symptoms have arisen from tumors of other kinds, and even from the lodgement of a foreign body, such as a musket ball, in the same situation. They have nothing to do with the essence of the tumor in question, and profit us nothing in suggesting any method of cure.

There is, in fact, no diagnosis of such diseases, and no rational treatment; and simply for this reason, because they have no essential symptoms.

The symptoms which flow from the essence of the disease are present with its very beginning, and accompany the whole process of its formation; whereas

the symptoms which are accidental to it do not appear until it is already formed, and often not until it has endured for a considerable period, and reached a considerable magnitude. Further, it may be stated generally, that essential symptoms belong more especially to acute diseases, and that diseases, in proportion as they are more chronic and of (what is called) a specific character, are apt to lie concealed under symptoms which are derived less from their own nature than from the parts they occupy.

With respect, then, to diseases of the heart, as far as they are declared by essential symptoms, we have an early intimation of their existence, a knowledge of their real nature, and a guidance in the administration of remedies for their cure; but as far as they are suggested by accidental symptoms only, our knowledge is not of their nature but of their effects, and our treatment is not directed to their cure, but to the palliation of inconveniences which are consequent upon them.

Now diseases of the heart are found to fall under one or the other of these predicaments, according to the particular structures which they occupy. Between diseases of the pericardium and of the internal lining there is this remarkable difference, that the former are for the most part of an acute, the latter of a chronic character; and this essential difference in their nature determines the difference in the degree of knowledge we have concerning them. As morbid anatomists, we can see and describe the visible characters of both with equal precision; but as physicians, seeking to mark the period of their origin, and to measure the rate of their progress, as the indispensible conditions of adapting a remedy to their cure,—as physicians, we know but little concerning the diseases of the internal lining, while we know much that is certain and useful concerning diseases of the pericardium.

Diseases of the pericardium, by virtue of symptoms which are essential, and derived from their own nature—of symptoms which are present with their beginning, and accompany the act of their formation—do often (I will not say always) submit themselves with tolerable certainty to clinical diagnosis, and to medical treatment with tolerable success. They often bring (I will not say always) the knowledge of their existence within the period which includes the possibility of their cure.

But diseases of the internal lining having no symptoms arising out of themselves in the process of their formation, admit no diagnosis of their kind, and no rational treatment.

The time of their accession, and every stage of their further progress, are alike unknown; and the notice of their existence is only at length supplied by the evidences of new changes of structure in the heart itself, and new disorders in the constitution at large, when both the original and all the consequent diseases, are absolutely incurable.

Diseases of the heart, how complex soever and extensive they may be, have often their original seat either in the pericardium or in the internal lining. If in the former, their history is capable of being traced from their commencement, and pursued throughout their course regularly and connectedly; if in the latter, their history must be taken up at a period remote from their origin, and will always be most doubtfully and imperfectly made out.

[To be continued.]

CASE OF CYNANCHE TONSILLARIS, WITH HÆMORRHAGE.

To the Editor of the London Medical Gazette.

Sir,

If you think the annexed case of cynanche tonsillaris, which, from unusual circumstances, terminated fatally, likely to interest your readers, it is at your service.

For the sketch which accompanies it I am indebted to Mr. Mayo.—I am, Sir,

Your obedient servant,

Thomas Watson.

Henrietta-Street, Cavendish-Square, December 1, 1828.

Joseph Smith, a coachman, 26 years old, was admitted into the Middlesex Hospital on the 22d of October. He complained of sore throat and inability to swallow. The external fauces were considerably swelled on both sides. He could open his mouth to a very small

extent only; and he was unable to protrude his tongue, which was large and furred. It was, therefore, impossible to obtain a satisfactory view of the back part of the mouth; but the tonsils could be indistinctly seen very red and large, and on the left tonsil a white speck was visible. His breath was peculiarly offensive, and he complained of an unpleasant taste in his mouth. The pulse was about 90. The bowels were confined. He said that the soreness of throat had come on in the evening, five days before. He had been more than once wet through, in the preceding week; had felt unwell, and had some shivering, a day or two before the throat became affected.

Twelve leeches were immediately applied to the outside of the throat, beneath the angles of the jaws. Five grains of calomel were given in the evening, and the "haustus sennæ compositus" of the hospital pharmacopœia the next morning.

On the 23d the outward swelling was not apparently diminished, but he said that he had experienced great and immediate relief from the leeches, and the bowels had been freely purged. He was directed to use a myrrh gargle, and to take ʒj. of the sulphate of magnesia in ʒiss. of the compound infusion of roses, every eight hours. From this time to the 5th of November there was but little variation in the daily reports, and not much change had occurred in the local symptoms. There was still much swelling of the external fauces on each side, and the same difficulty existed of obtaining a fair view of the tonsils. The patient was still unable to move his tongue, or to separate his jaws to the width of more than half an inch. During this period he had occasionally felt an obscure sensation of throbbing in the throat, and he sometimes complained of pain shooting from the throat into both ears. He was much distressed throughout by the accumulation of viscid and ropy mucus in the fauces, and was almost continually, whilst awake, trying to hawk up the mucus. The same offensive fœtor was present: this was in some degree corrected by a gargle containing the chloruret of lime, in the proportion of 15 grains to the pint of distilled water. The bowels continued freely open; the pulse was a little above 100, and of moderate strength and fulness; the skin cool. Leeches were repeatedly applied to the throat, always with relief to his uneasy sensations there, but never with any decided influence upon the external swelling, which remained hard and somewhat tender. A blister to the left side of the neck, and poultices, had also been applied, and the steam of warm water for some time diligently inhaled. No apparent benefit resulted from these measures. He obtained sleep and ease, after one or two very disturbed and restless nights, by the occasional exhibition, at bed-time, of half a grain of the acetate of morphia. He was able to swallow soft food.

On the 5th of November the swelling had somewhat subsided, especially on the right side of the neck; the fluctuation of matter was perceptible just below the symphysis of the chin, and, a puncture being made by a lancet in this part, a considerable quantity of very fœtid pus was discharged. The tongue was still large and yellow, and immoveable by any effort of the patient. He could swallow somewhat more easily. He was much quieter, and less distressed by the accumulation of mucus in the throat. The next day he could open his mouth better, yet still imperfectly; no ulceration of the tonsils could be detected, but the fauces were embarrassed by tenacious and stringy mucus.

On the 7th November, about 9 o'clock in the morning, a quantity of florid blood was suddenly discharged from the mouth, and continued to flow till 12 or 14 ounces had escaped. Infusion of roses, containing an additional quantity of sulphuric acid, was injected by means of a syringe against the back part of the mouth, and this apparently restrained the hæmorrhage. The blood which had been discharged coagulated into a tolerably firm clot, and contained here and there some portions of a curdy whitish substance. Obscure fluctuation was now detected at the lower part of the throat externally, a little to the left of the thyroid cartilage. A lancet was passed through the skin, and a very small quantity of horribly fœtid pus was evacuated. At half-past 9 in the evening the hæmorrhage recurred from the mouth, and a pint or more of florid blood was discharged in a small but continued stream; and more was excreted, mixed with mucus, afterwards. To so small an extent could

the patient open his mouth, that it was found impossible to mop the fauces by means of a sponge fastened on a probang, and soaked in a saturated solution of alum. The alum solution was therefore injected against the fauces, and the hæmorrhage ceased. At half-past four the next morning it returned again, and nearly two quarts of florid blood were lost, when the bleeding stopped, and he became so faint that it was necessary to give him a little wine and water. On that day (the 8th Nov.) the patient was seen by Dr. Southey and Mr. Mayo, as well as myself. There was then no hæmorrhage. The pulse was small and rapid. It appeared impossible to ascertain precisely even from what part of the mouth or throat the bleeding had chiefly proceeded. The mouth could be opened sufficiently wide to allow the finger to reach the fauces, but no ulceration could be felt. There was considerable fulness and swelling in front of the throat externally, and the orifice made by the lancet the day before was of a livid colour, and apparently gangrenous; and this appearance extended a quarter of an inch around it. The peculiar fœtor was still great. The expediency of tying one of the arteries was considered: but as it was very uncertain from what exact place, or even from which side of the throat, the blood came, this did not seem advisable or justifiable. It was supposed that ulceration had laid open some artery, probably the lingual, but whether the lingual, or some other branch, and on which side, could not be certainly made out. The incipient gangrene also was thought to be unfavourable to tying the carotid, even if the side whence the hæmorrhage proceeded could have been determined. It was resolved therefore to support the patient's strength as cautiously as possible, and to endeavour to apply some styptic, or to act according to circumstances, if the bleeding should return. A stale-beer poultice was applied round the neck, and the following draught was prescribed, to be taken every three hours:—

℞ Quinæ Sulphatis gr. ij.
Acidi Sulphurici Diluti ℥xv.
Decocti Cinchonæ ℥iss. M. fiat haustus.

The next day, the 9th, the hæmorrhage had not returned. A considerable quantity, however, of dark coagulated blood had been discharged from the external opening, at the lower part of the throat; and the swelling of that part had nearly disappeared. It was plain, from this circumstance, that a communication existed between the external wound and the place which gave issue to the blood internally; the gangrenous appearance had not spread. On the 10th a small slough had separated, the gangrene having been trifling in extent, and quite superficial. A puriform discharge, unattended by fœtor, had taken place from the external wound. There had been no return of hæmorrhage, and he swallowed better. On the 11th and 12th he is reported as going on well, except that his nights were restless. The pulse 108; the skin rather above the natural temperature, and the sore continuing to discharge. The same medicines were continued, and an opiate given in the evening, after which he slept well.

From this time to the 21st—that is, for a fortnight from the period of the last hæmorrhage—he continued slowly to gain strength. The bowels acted regularly, and matter was still discharged from the sore; he could not, however, move his tongue, nor articulate his words, nor open his mouth, except to a slight extent.

His appetite was good, and at his earnest request he was allowed a small portion of tender mutton chop, to be cut into small pieces, and swallowed with caution. Soon after taking some of the meat, which, though divided into very small fragments, excited coughing when it was swallowed, blood was found to be trickling in small quantity from the external wound: when gentle pressure was made over the wound, blood came from the mouth; the hæmorrhage, however, lasted but a short time, and was so trifling in amount that it was not thought necessary to apprise me of its occurrence.

At half-past eleven at night it suddenly recurred profusely, and from one to two pints of blood were lost, when the bleeding ceased. About twelve o'clock I reached the hospital, where I found Mr. Mayo, who had also been summoned upon the renewal of the bleeding. The patient was then quiet, but weak, languid, and pale; and the pulse was feeble, and beating 144 times in the minute, and he complained of being very chilly and cold. It was

found that a probe introduced into the external wound passed towards the left side of the neck; and on further examination with the finger, the os hyoides on that side could be felt quite denuded and rough. It was now evident that the bleeding vessel belonged to the left side of the neck, and it was determined, in consultation with Mr. Joberns, who had also arrived, that a ligature should be put upon the left carotid artery, as affording the patient the only chance of security against death by hæmorrhage. For this purpose he was carefully moved from his bed to a table in the ward. Before, however, the operation could be commenced, the hæmorrhage recurred afresh; it became necessary to raise him into the sitting posture, and blood, fluid and clotted, and mixed with tenacious mucus, was expelled with difficulty from the mouth, by efforts partly of hawking and partly of something like the action of vomiting. Mr. Mayo was able, by inserting his finger into the wound, to compress the artery between the finger and thumb, and to arrest the hæmorrhage; but the patient was now dying; his efforts to clear the throat had become less effectual, his countenance was covered with perspiration, and a little flushed. He was laid down again upon the pillows, became slightly convulsed, and presently expired.

From time to time after the last breath was drawn, and at considerable intervals, a convulsive motion of the chest, or ineffectual effort to inspire, took place, whilst the pulse went on, though reduced in frequency to probably half its former number of beats; and the action of the heart against the intercostal muscles could be seen. At each convulsive motion of the thorax, the force of pulsation at the wrist was, for five or six beats, sensibly increased; but the pulse gradually ceased to be felt, the action of the heart was no longer perceptible, the face became pale, the eyes fixed, and the pupils dilated. The mode of death was clearly by asphyxia, and not by syncope.

This conclusion, which the symptoms attending the act of dissolution had not left doubtful, was confirmed upon the examination of the body on the 23d, thirty-seven hours after death. The carotid artery had been previously injected, and its branches were filled with wax: these branches were severally traced. It was found that an abscess had existed, which opened internally behind and below the left tonsil, and nearly opposite to the epiglottis; through this outlet the bleeding into the mouth had taken place; the wall of the abscess where it opened internally was very thin. This abscess ran along the left side of the larynx, leaving the os hyoides rough and bare, and terminated externally by the opening already described, and which was made by the lancet. The facial and lingual branches of the carotid arose (as they are known frequently to do) by a common trunk. The lingual branch was traced to the situation of the abscess, where it terminated by an open mouth, about which the matter of the injection was found extravasated; on tracing the same artery beyond the abscess, it was seen to be quite empty. There could be no doubt that this was the artery from which the hæmorrhage had proceeded, and that it had been divided by ulcerations at the place where the abscess was situated. On slitting up the trachea, bronchi, and their branches, they were found to contain coagulated blood; there was a firm clot in the larynx; and another, composed partly of tenacious mucus, in which the coagulum of blood was mixed and entangled, remained at the summit of the fauces. The lungs were large and distended, and blood could be traced through many of the bronchial ramifications into the very air vesicles; this was more the case in some parts of the lungs than in others. A section of those parts where it was most evident presented just such appearances, but smaller and more numerous, as are seen in what Laennec has called "pulmonary apoplexy." On the external surface of the lungs, as is frequent in that disease, some well defined spots, of an uniformly dark colour, were visible; upon cutting into these they were found to have been produced by a sanguineous engorgement of the extreme vesicular branches of the air tubes, the boundary depending apparently on the extent of the lobules in the several cases. In some parts of the lungs this appearance did not exist—in those parts where it occurred, it was partial; blood had been forced to the extremities of some air tubes, and not of others. The blood in the blood-vessels was fluid, and escaped before the condition of the cavities of the heart, in

regard to their contents, was ascertained. No vestige of ulceration could be perceived on either of the tonsils.

In the adjoining figure the dark part is intended to represent the inner surface of the abscess, with the opening into the fauces below the left tonsil, and nearly opposite the epiglottis; a bristle is supposed to be passed from the fauces through the abscess into the ulcerated lingual artery.

BLOOD-LETTING.

To the Editors of the London Medical Gazette.

Gentlemen,

You did me the favour, in your Number for December the 13th (p. 60 of the present volume), to insert a short, but very accurate account of my paper, read before the Medico-Chirurgical Society on the preceding 26th of November. I have since entitled my paper rather differently — thus: "On the varied powers and susceptibilities of the system in regard to the effects of loss of blood, in several diseases, and on the use and due administration of blood-letting;"—for these two subjects are perfectly distinct, although they throw much light upon each other.

That paper is confined to a consideration of these questions in regard to inflammation, intestinal irritation, and exhaustion with reaction: but the same questions are full of the deepest practical interest in relation to each of the whole range of human maladies; yet they have, I think, been greatly overlooked. I purpose, therefore, to pursue this subject; and with this view, I now beg your insertion of the following plan for collecting facts, and mode of arranging them, and request the favour of your readers to furnish me with such results as shall flow from their trials and observations.

I purpose to arrange the results of every case in which blood-letting is fully used in the following manner:—

Disease.	Age and strength of the patient.	Quantity of blood taken in inducing incipient syncope.	Repetition of the blood-letting.	Event of the case.	Remarks.

I suppose that, *cæteris paribus*, each disease has its own peculiar power, or susceptibility, in regard to the effects of loss of blood, and that this may be ascertained by placing the patient very erect and bleeding to incipient syncope, the quantity of blood drawn denoting that power, or that susceptibility, respectively. Thus inflammation protects the system from the effects of loss of blood; intestinal irritation renders the system more susceptible of these effects.

It would be very interesting to determine this question in regard to pure fever and fever complicated with inflam-

mation—to delirium tremens, and the various forms of insanity—to the tendency to apoplexy, and apoplexy itself, in its different periods or stages—to inflammation of the various cavities, organs, and textures, respectively, &c. as well as to the cases of intestinal irritation, and exhaustion with reaction. In some of these cases it may be difficult to ascertain the susceptibility to the effects of loss of blood, because it would be wrong to bleed; but accident may bring to light facts which could not have been known in any other way.

It is from the multitude of such facts that our deductions are to be made. It is on this account that I propose to register them in a tabular form, that the general results may be accurately observed. The whole of these facts must also be compared with the powers and susceptibilities of the system in health, and *exceptions* to the general rule must be most carefully noted.

I may mention in this place, that the greatest quantity of blood which I ever knew to be taken at once, in the erect posture, was 70 ounces. The case was one of the threatening of apoplexy; the patient was remarkably athletic and bon vivant.

On the other hand, persons affected by taking ardent spirits easily faint from blood-letting. This leads me to remark that if the mode of blood-letting which I have recommended had been adopted, the disastrous event recorded in the very Number of your Journal containing the notice of my paper, (p. 63,) could not, I believe, have occurred. The inability of the patient to bear depletion would, I think, have been indicated by early syncope on the first blood-letting; and I cannot but *hope* that all such events *may* be prevented in future.

I would remark in this place that I have never known either delirium tremens or puerperal delirium fatal in the first attack, except in one instance of the former and two of the latter; and in each of them the patient had, in my opinion, been improperly and unduly bled. In the case of delirium tremens, and in one of the cases of puerperal delirium, the dissolution was sudden; an event often observed in cases of exhaustion.

I believe it will be found that, in every case in which the patient is little disposed to syncope, he will also be little prone to those other effects of loss of blood which I have described as reaction, and as sinking; and that a susceptibility to syncope is also one of proneness to those secondary effects of loss of blood. In the same manner, early syncope from blood-letting also indicates feeble restorative powers, and is therefore followed by a tardy recovery from the state of exhaustion produced by the loss of blood. It is to establish these points firmly, upon numerous facts, that I have added the subjects of the two last columns of the table.

It will be very plain, from this short sketch, that this inquiry must be pregnant with numerous and very important facts; and it will be perceived, by a recurrence to the notice of my paper already mentioned, how immediately these facts bear upon the practice of physic. The inquiry is also both new and extensive: I may be excused, therefore, for once more requesting the co-operation of my medical brethren in the investigation.

I am, Gentlemen,
Your obedient servant,
MARSHALL HALL.

London, Dec. 26, 1828.

BLOOD-LETTING IN PLEURISY.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IF you consider the accompanying case of pleuritis, combined with hæmoptysis (wherein blood-letting was carried to the extent of SEVEN QUARTS, in the space of seven days) worthy of insertion in your truly interesting Gazette, you will confer a favour on

Your very obedient servant,
P. DARBY,
Member of the Royal College of Surgeons in London.

Drogheda, Ireland, Nov. 22, 1828.

CASE.—John Trainer, ætat. 48 years, fireman to the steam-engine of Cowdroy and Hill, English merchants, of low stature, sallow complexion, much inclined to dissipation and the use of ardent spirits, complained, on the 8th of August, of acute pain in the left tho-

racic region; much dyspnœa, pulse 120, hard and full; anxious countenance; bowels confined.

Emittatur Sanguis e Brachio ad ℥xxx.
℞ Sub. Hydr. gr. iv.; Pulv. Jalap. gr. xx.; Syr. Simp. q. s. Fiat bolus, statim sd.

9th.—Blood much buffed and cupped; cough very troublesome; throws up florid blood after coughing; slept little; pulse as yesterday; bowels free.

Emittatur Sanguis e Brachio ad ℥xl.
℞ Infusi Ros. ℥viij.; Sulph. Magnes. ℥j.; Acid. Sulphur. dil. 3j. M. sumat cochl. tria tertiis horis.

10th.—Blood much buffed and cupped; continues to throw up blood as yesterday; pulse 112, hard and full: bowels free; pain extending to the right thoracic region; bad night.

Repet. V. S. ut heri. Rep. Mist.

11th.—Spent a restless night; pain still troublesome, and impedes the act of respiration: cough as before; continues to throw up blood of a dark colour; blood buffed and cupped; pulse 110.

Repet. Venæsectio et Mistura, ut heri.

12th.—Blood buffed and cupped; pulse 120; anxious countenance; pain continues in breast; cough still troublesome; bowels open; throws up blood as before after coughing; slept badly.

Repetatur Venæsectio ut heri.
Repet. Mist.; adde Træ. Digitalis 3j.

13th.—Blood not so much cupped, or buffed; bad night; pulse 112, hard and vibrating; in other respects as before.

Emit. Sang. ad ℥xx. Rep. Mist.
Applic. Emplast. Canth. inter Scapulas.

14th.—Blood buffed and cupped; pulse 100, continues vibrating; pain relieved; breathing better; spent a tolerably good night; bowels open; saliva tinged with blood after coughing.

Emittatur Sanguis e Brachio ad ℥xiv.
℞ Submur. Hydrar gr. xx.; Pulv. Digitalis, gr. x.; Pulv. Opii, gr. x. M. divide in pilulas decem æquales; sumat unam sextâ quaque horâ.
℞ Lactis Ammoniaci, et Mucil. Acaciæ, aa. ℥ij. Træ. Digitalis drachmam, cum ss. Træ Opii Camph. 3vj. Syr. Scillæ 3j. M. fiat Mistura, sumat Cochl. ampla urgente tusse.

15th.—Blood not cupped, a little buffed; cough much better; expectoration not tinged with blood; breathing easy; pulse 90; bowels open; spent a good night.

16th.—Gums affected; desired to leave off the pills; continues the use of the other medicines; pulse 84, and soft; has had a good night; all bad symptoms declining.

17th and 18th.—Rapidly improving.

℞ Sulph. Quininæ, gr. xij; Aquæ Font. ℥x.; Acidi Sulph diluti, 3i. M. sumat cochl. tria ter in die.

20th to 26th.—Going on well; is capable of walking about his room; extremely feeble, but in good spirits. I now directed his removal to the country, and I learn that he is rapidly improving.

REMARKS ON DR. FARRE'S ANALYSIS OF A CASE OF AMAUROSIS, &c.*

To the Editor of the London Medical Gazette.

SIR,

As soon as Dr. Farre had completed his Journal, with his usual urbanity he favoured me with a copy, and I read with no displeasure his animadversions on my views relative to an interesting case which occupies a place in the work. Though not convinced that he was right, the deference due to his rank in the profession, and to his attainments in pathology, and the assurance that no motive could actuate him in attempting to show that I had been in error except his desire to awaken attention to very momentous points, restrained me from any attempt to confirm the opinion I had ventured to express. When, indeed, his analysis was placed in contradistinction to mine in the Gazette†, I did feel myself called upon to offer reasons for my opinion; but some impediments having arisen at the time, the subject passed from my thoughts, and would not have been revived but for a circumstance which happened last night, and which fills up a chasm in the examination the Doctor regarded as having been suffered to occur.

There are two points on which we appear to have been at issue. I have

* Journal of Morbid Anatomy, Part I. xx.
† Medical Gazette, No. 46.

ascribed the origin of the disease to derangements of the digestive organs, and have sanctioned the employment of blood-letting and mercury; whilst the Doctor considered the disease as seated in the heart and arteries, and both the bleeding and the mercury as improper. Care is necessary that we do not dispute about words, because in my remarks on the case I have implied that there did exist a morbid condition of the vascular system "favourable to the inducing of passive hæmorrhage." I admit also that in every case of protracted and severe disease, the heart and vascular system participate; but it surely would be sophistical to maintain, on this account, that the disease was seated in these organs. The hypothesis that disease almost universally originates in the heart, large vessels, vasa vasorum, or capillaries, stands upon no better foundation than that which ascribes all diseases to the liver, because the functions of that viscus usually become deranged when other parts severely suffer. It must also be admitted that the capillaries are among the agents employed in taking down the body as well as in building it up; so that when, in the case under consideration, derangements in the digestive functions are spoken of, it is not intended to exclude the arterial economy of the viscera referred to; but it would surely be a great perversion of current language to say that the vascular system was necessarily the cause of all the disorder. If a person heard that Highgate Hill had been removed by a company formed for the purpose, would he have any idea that those shareholders who really caused the removal were the persons who actually removed it with their spades, pickaxes, barrows, and carts? There is a power beyond the vascular system which often induces the morbid action.

When there is disturbance in some part of the vascular system, it is hypothetical to suppose that the root of the system must necessarily be diseased. As well might the householder who derives his supply of water from the New River, suppose that there is something wrong at the river head when the current to his own cistern alone is irregular and intercepted.

So with respect to hæmorrhage; there may surely be both active and passive, without the existence of cardiac disease. A man whose fields are inundated in consequence of a crevice in the embankment, may as well suppose that there has been an overwhelming tide, as for a pathologist to attribute all hæmorrhages to the state of the circulating system. Although the vascular system was the apparent agent in all these disturbed actions, the cause might have been seated in the nervous. If there is disease at the root, the whole tree must necessarily suffer. In the case in question there never were any symptoms of disease in the heart; at least there were none of the symptoms usually regarded as indicative of disease in that organ. With the total absence of these symptoms there were, for two years, slight indications of dyspepsia, and these were followed by neuralgic affections. With continued derangement in the organ of supply, it is not necessary to suppose that the arterial tree was primarily and radically weak, to account for the phenomena of the case.

At the meeting of the Hunterian Society last night, my friend, Mr. Callaway, who assisted in the examination, aided my recollection as to the state of the heart. I have not usually recorded healthy appearances, unless the symptoms had excited expectations that were not confirmed by dissection, and therefore I had made no minute of having examined the heart, and believe I told Dr. Farre that the chest was not opened. On reading Dr. Farre's analysis, Mr. Callaway referred to his own minutes, and there discovered that, although we did not open the chest anteriorly, on account of the long time that had been occupied in the examination of the brain, and from the absence of any signs of thoracic disease, yet that the heart, vessels, and lungs, were examined by division of the diaphragm, and were found quite healthy. It seems that we thought the heart rather large, but not from disease. There was a little fluid in each cavity of the chest.

As to the employment of bleeding and mercury: the patient had just returned from the coast, where he had been living as usual, eating animal food and drinking his two glasses of wine daily. He had symptoms of commencing disorganization on one side of the cerebrum, and indications of congestion in other viscera. A moderate abstraction of blood, to relieve an oppressed viscus, under these circumstances, I think is not incompatible with the asthenic

state: and so I would remark also of mercury, which is, perhaps, one of the most effectual means of equallizing circulation, due attention being paid to the maintenance of power by means of diet. I have already given evidence, in my notes to Morgagni, and also in my last publication on the Digestive Organs, that I am not an advocate of indiscriminate bleeding, where increased action may appear, and have attempted to shew the necessity of a cautious discrimination between irritative and inflammatory action; and though I give precedence in this case to derangements in the digestive organs, no person who has read the last work alluded to will suppose me a bigot on this topic.

I would not have presumed to offer these observations in reply to so excellent a pathologist as Dr. Farre, but from the circumstance that the doctor only saw the patient twice—the first time when under mercurial excitation, and the second when his powers were failing from accumulation of disease.

I am, Sir,
Your most obedient servant,
WM. COOKE.

39, Trinity-Square, Dec. 11, 1828.

DISLOCATION OF THE PATELLA.

To the Editor of the London Medical Gazette.

SIR,

A FEW weeks ago Mr. Mayo and myself sent to you an account of a dislocation of the patella outwards, in which we mentioned, that, *after all the methods usually employed had failed*, we made use, with success, of another and a novel method which occurred to us upon examining a dissected limb. This method consisted in a sudden and complete flexion of the knee-joint, when the patella, being thus disengaged from the condyle, spontaneously returned to its place. The patient was a stout and powerful dragoon. We did not recommend this practice to supersede gentler methods, but described it as an available resource when they had failed.

I have taken the liberty to bring these facts to the recollection of your readers, as I observe a letter from Mr. Hoskins in your last number, by which he appears to have overlooked the peculiar circumstances under which our mode of practice was applied. He states that he has, since reading our communication, had a case of dislocated patella—but which occurred in *a young woman*. That instead of using the methods which we had first adopted, he *began* his treatment by a semiflexion of the knee, intending, as he implies, to use our last method. Finding, however, that the partial flexion of the joint gave pain, he did not persist in it, but, changing his plan, reduced the dislocation in the usual way.

No doubt, in adopting the common mode in this case, he acted very judiciously: he is only mistaken in supposing that Mr. Mayo and myself would have acted differently; a mistake the more surprising as we expressly stated that in our case *we* first resorted to those gentler means which proved sufficient in Mr. Hoskins's case.

I am, Sir,
Your obedient Servant,
S. D. BROUGHTON.

12, Great Marlborough-Street,
Dec. 27, 1828.

NEW MODE OF EXTRACTING A STONE.

To the Editor of the London Medical Gazette.

SIR,

As I consider your Journal the most efficient antidote to the poison of the Lancet, I beg to offer, through its medium, a few remarks on the long anticipated investigation of the lithotomy case at Guy's hospital, which is now fairly before the public. I well recollect a similar case; which, by referring to my adversaria, I see happened in March 1807. I was at that period senior physician to a county hospital. One of the surgeons of the establishment received a boy, 12 years old, for the express purpose of being operated upon. He was a good subject: came into the house on Thursday, and the operation was dexterously performed on Monday following, in presence of all the professional officers and pupils of the institution. On the opening being made into the bladder, the forceps were introduced, but no stone could be found. In this state of embarrassment, it occurred to me that the calculus might be enclosed in a fold of the bladder upon the sudden

discharge of its fluid contents. Under that impression, I took a full pinch of snuff from my box, which happened to be in my hand, and applied it effectually to the boy's nostrils. He gave a violent sneeze, and the stone was ejected *instanter* upon the floor, to our mutual joy, for we had no evil spirit amongst us ready to take advantage of any unforeseen casualty, to which we are all liable. Now it occurs to me that Mr. Cooper's case was of a similar character—whether the stone did or did not lodge above the pubes; and I am warranted in that opinion by the acknowledged smallness and flatness of the stone, which was not the case in the instance I have alluded to.

It would be quite superfluous in me to offer any comment upon the conduct of Mr. Thomas Wakley; he is too notorious to require it. But what must every conscientious man feel on reading Lambert's and Dr. Hodgkin's contradictory evidence? If the young man had studied to destroy his future prospects in life, he could not have adopted a more likely course; and I should suppose he will be visited by expulsion from all honourable society, for who would be safe with such a malcontent and vindictive associate? Clapham, also, exhibited a melancholy picture of depravity; and I hope, for example sake, will not be suffered to escape unpunished. If we look dispassionately at the character of the witnesses on both sides of the question we must be forcibly struck with the contrast.

Had the laws of our country permitted the cause to be decided by twelve surgeons, in the same sphere of life, and who could best estimate the reparation due for wantonly wounding the feelings and injuring the prospects of an honourable man, Wakley would have been deterred from indulging in future slanders; and surgeons, holding responsible situations, would have been protected. But he will now revel in his career of calumny, as the only chance of rescuing his precious Journal from the merited fate which inevitably awaits it—persuaded as I am that no honorable man would suffer so vile a publication to disgrace the table of his study.

I am, Sir,
Your's, &c.
MEDICUS.

Exeter, 19th Dec. 1828.

MEDICAL GAZETTE.

Saturday, January 3, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ON DISSECTION.

ON a recent occasion, the Members of the Westminster Medical Society held a meeting for the purpose of making an application to Parliament on the subject of anatomy*; and we are anxious to impress upon the profession the necessity of taking some steps to bring the matter under the serious attention of the legislature during the ensuing session.

The question of the propriety of dissection, considered merely as a matter of science, is a very simple one. Apart from anatomical uses, the physiologist can see no intrinsic value in the residue of molecules, which have been arrested by death in their progress through the vortex of the human frame. But whatever the sentiments of men of science may be, it is unbecoming and impolitic to overlook or to affront popular feeling. A good deal, however, may be done by comparing the different ways which have prevailed of doing honour to the dead, for this at once removes the prejudice which in many minds leans towards burial in a good comfortable grave—as the sextons call it!

In Egypt, bodies were preserved by being made into mummies, a process which required the removal of all the viscera. Our kings, and distinguished men, have long been embowelled and embalmed, the heart being often separated from the other parts. We have all read about the heart of Robert Bruce, which was inclosed in a silver vessel and carried before the Scottish armies. In classic

* See page 176.

Greece and Rome the body was burnt. In Palestine, particularly about Jerusalem, the ancient tombs are still to be seen: they are small chambers, excavated in the face of the live rock; hewn sepulchres; a circumstance, by the way, seldom attended to by those painters who attempt to represent the resurrection. In Catholic Europe the relics of saints are considered the most valuable of possessions; and so eager has been the contention to furnish this pious demand, that there are actually three heads of John the Baptist in existence. Yet no one ever feels uneasy about the prophet, or has ever proposed to give him his choice of the one that should fit him best; nor has any one conjectured how the whole army of martyrs manage without their fingers, toes, and ribs, which now enrich the sanctuaries of various churches and convents.

In some cases the more elaborate rites of burial are, of necessity, neglected; as in leaving the dead upon the field of battle, or in consigning a sailor to his proper element. Yet, is "poor Jack" ever the worse off? Different customs prevail in different countries; we *plant* our esteemed relatives, and in the Tonga Islands they *eat* them;—so that, after all, with every wish to do what is proper, one cannot be quite positive as to what this exactly is, nor lay down any universal rule of decency in this matter more than in any other. Who can say why it is customary for a woman to go with naked arms, and not for a man? Why a lady in England has her neck uncovered, and in Turkey goes without stockings?

But public feeling is often hurt, and must be attended to. Be it principle or prejudice, there is no denying that the affections of many are wounded by the statements which occasionally appear of the unlawful violation of the tomb. But what is in reality the circumstance which is revolting to the sympathies of the tender and the uninformed? It is not *dissection*, so much as *exhumation*; not the scientific labours of the anatomist, but the ruffian violence of the resurrection man. What then is the cause of this? What is the reason why, in the most refined political system, this disgusting work continues; and what is the remedy? The cause is this, that medical men are required, both by the colleges which preside over professional education, and by the public who trust to their skill, to possess a practical acquaintance with anatomy; that the only legal supply, the dead bodies of criminals, does not equal the thousandth part of the demand; and that, consequently, we are obliged to beg, buy, borrow, or steal the rest. The remedy is this: to convey into the hands of the anatomists, in the most considerate, decent, and guarded manner, the unclaimed bodies of all who die in such a way as to leave no lingering trace of regret in the minds of survivors. Let there be no anticipation of this fate hanging over the dying and the desolate; let the question be decided in hospital and parochial dead-houses, where daily experience shews that the sympathies and inquiries of friends seldom reach. It would be an absurd affectation of sensibility to deny that a very large proportion of those who die in public institutions are so hardened by misfortune and disease—sometimes by crime, that the same feelings would not be outraged in the proposed disposal of their bodies, as may be wounded by meddling with those who drop from the hands of mourning relatives and watchful attendants. Let it be always remembered, that this is a point which cannot concern the dead, but it owes its existence entirely to the passions—often, as we have shewn, to the caprice—of the living.

If, in some way resembling what is here proposed, a sufficient supply of bodies was obtained for the dissecting rooms, anatomy would soon be consi-

dered in its proper light—as a scientific and interesting pursuit. The irregular and infamous methods now in use to procure subjects would cease; and the horror of sacrilege being removed, the possession of dead bodies would be looked upon with indifference, and the whole thing made more familiar and more popular. And if it be wished to disconnect scientific dissection from the fulfilment of the penal code with regard to murderers, (a wish which is surely in keeping with the humane and exalted character of our profession), we can propose no better way than this; which would make us independent of a mode of supply so meagre and so questionable; and in time remove all stigma from the practice of dissection; just as the methods we now suggest removed the same prejudices and the same difficulties in Italy under the enlightened decrees of Benedict the Fourteenth.

Give us, then, a legitimate, decent, and sufficient supply of subjects, and we will neither buy from the resurrection-man, nor accept the free-gift of Jack Ketch's leavings.

So far had we written when the account of the trial of Burke in Edinburgh appeared in the public papers.

If these events do not rouse the legislature, the case is hopeless. The violation of the tomb and removal of the dead, shocking as they were, sink into insignificance when compared to the murder of the living!

Such are the lamentable consequences which have resulted from the present absurd state of the law. It is enacted, that those brought up to the medical profession shall pursue certain courses of study, among which the dissection of the human body constitutes the first and one of the most important;—it is also enacted, that no bodies shall be given to the schools except those of criminals executed for murder. This supply is utterly inadequate to the demand, not exceeding twelve annually in the British dominions: so that the enactments of the legislature can only be complied with by the violation of the law. The necessity which is thus produced of procuring a supply of subjects by *illegal* means has the effect of gradually raising their price, as none will incur so great a risk without a proportionate reward; till at length the premium has become so considerable that wretches have been found desperate enough to earn it by seeking for bodies—not among the dead, but among the living! Murders of the most foul and revolting nature have been committed, to gain the price of the body! For years the voice of the medical profession has been raised against the growing evil—the public and the legislature have been warned;—but the former have looked upon our representations as the murmuring of interested parties, and the latter apparently have wanted moral courage to oppose the prejudices of the multitude. In the annals of crime we know of nothing more horrible than the events to which the difficulties thrown in the way of procuring the requisite supply of subjects has indirectly given rise. By the confession of one monster it would appear that no fewer than twelve murders have been committed in Edinburgh for the purpose of afterwards selling the bodies; and we trust that, if not to protect the interests of science, at least to guard the life of the subject, the legislature will see the absolute necessity of adopting some decided measures. At present a premium is held out for violating the law too great for daring villainy to withstand.

Nothing can be more unreasonable or unjust than the manner in which this subject has been treated by the writers in some of the newspapers. Even the Times says, "We know the light way in which some medical people speak of the several processes by which dead bodies are

procured—they had better be more cautious, as the dissecting schools can seldom be supplied except by violation of the existing laws. But undoubtedly the least that can be expected by living society is, that the subjects offered for sale should be carefully examined, and death from natural causes established before they be accepted, or the person who presents them suffered to depart:" —and the Morning Journal has not scrupled to designate Dr. Munro "one of a class of persons by whom the system has been engendered and nourished." All this is really too bad. What the Times alludes to, by medical people speaking lightly on the subject, we know not, but we deny its general accuracy; for medical men of all ranks—and the medical press in all its departments—have been most zealous in endeavouring to impress on those in power the necessity of remedying the evil, which they have repeatedly pointed out as one of the most serious moment, and likely to lead to the most fearful results.

Are *we* then to blame because the legislature has so long turned a deaf ear to our remonstrances? Let it not be said that medical men speak lightly on this subject. Petitions have been presented from the practitioners in almost every town in the kingdom, praying for redress: the whole profession has come forward to urge the government to place anatomy on the same footing here as it is in other countries, where such outrages as have been recently brought to light among us are utterly unknown—to disconnect science from crime—and those who profess the healing art from being associated, in the eyes of the vulgar, with the most abandoned of mankind. Nay, not merely in the eyes of the vulgar neither; for if the Editor of a public paper can be so illiberal as to designate us "a class of persons by whom the system has been engendered and nourished," what can we expect from the ignorant and illiterate? It is true, as stated by the Times, that "the dissecting schools can seldom be supplied except by the violation of the existing laws;" but again we ask whose fault is this? and what better is to be expected, when enactments are passed in direct contradiction of each other? Either the legislature ought not to put it in the power of the medical corporations to require a knowledge of anatomy, or they ought to render it possible to comply with this injunction without violating the laws of the land. But, says the Times, "the least that can be expected by living society is, that the subjects offered for sale should be carefully examined, and death from natural causes established before they be accepted." This is written in ignorance. So far from it being possible to determine the question at a glance, as would be necessary for such a purpose, the investigation proposed is one of extreme difficulty, and one which it would often be absolutely impossible to conduct to any satisfactory conclusion, even if it could be instituted at all under the circumstances supposed.

With regard to the idea that the fear of dissection tends to prevent the perpetration of murder, it receives a good illustration from the case of Burke. Here was a ruffian, with his horrid crew, who had dissection, with more than its usual horrors, constantly before their eyes, yet what did it avail? Did it, for a moment, restrain the propensity to crime? did it weigh as one grain against the love of gain? To most persons the idea of dissection is something vague and undefined; but to this man it was a reality which he looked upon and despised. No man who has bent up his mind to a deed so terrible as murder, will blench from his purpose for a consideration which, whatever it may be in the eyes of the timid, is powerless over the heart of the ruffian.

We most earnestly hope that the ex-

ample of the Westminster Society will be followed—that petitions will be again addressed from all quarters to parliament, during the ensuing session. They will now find an echo in the fears of the community, and some prejudice will be sacrificed to gain security. To Mr. Warburton the medical profession is deeply indebted for the zealous and indefatigable manner in which he pursued the investigation before the Committee last season. Let him now bring a bill into parliament, and at least try its fate, we cannot be worse off than we are—ruined by the expense and degraded by the association of our art with the calling of thieves and murderers; while the public must be gainers by any change which puts an end to the horrid system of exhumation, and relieves them from those doubts and fears which the deeds of measureless atrocity lately perpetrated in Edinburgh are naturally calculated to excite. Let him succeed in obtaining all unclaimed bodies,---those who have none to feel for them in life, or to mourn for them in death, of whom, alas! there are but too many. Let him procure this, or any similar arrangement, and he may be fairly ranked among the friends to science and benefactors of mankind.

VISITATION OF THE COLLEGE OF PHYSICIANS IN IRELAND.—VACANCY OF A PROFESSORSHIP.

An investigation of rather a novel nature has been conducted in the chamber of Court of King's Bench, Dublin, on the last two Tuesdays. It originated in an appeal from Dr. Lendrick to the visitors. The visitors present were the Lord Chancellor, the Lord Chief Justice of the King's Bench, and the Lord Chief Justice of the Common Pleas. The state of the case was briefly this. In June last, Dr. Grattan was elected to the Professorship of the Practice of Medicine; but the form of that election was solemnly protested against by Dr. Lendrick, a rival candidate. This led to the present investigation. Dr. Lendrick's counsel shewed that an abuse had been practised by the majority of the Fellows of the College in arranging the electoral body; in fact, that one of the three temporary voters (Dr. Farran) was elected to that function upon the secret understanding and condition of his absenting himself on the day of the election. Thus the customary number (5) of the electors was reduced to four; in consequence of which, the chances in favour of two of the candidates were secured, and Dr. Lendrick's interests grievously violated. The arrangement, it was urged, amounted to a downright conspiracy. Dr. Lendrick therefore prayed the visitors to set the election aside.

The entire of the first day was occupied with arguments *pro* and *con*, in order to establish the right of the visitors to hear and decide the case. The second day, the evidence of Doctors Osborne, Brook, Nicholson, Lendrick, Thetford, and Farran, was heard; and certainly some most curious circumstances were brought to light. The proceedings were rather abruptly terminated by the full confession of Dr. Farran, who made a "clean breast" of it. Upon him, it appears, the whole arrangement turned. He was made the instrument by means of which the plot was carried into effect. We abstain for the present from entering more fully into particulars, but we cannot help expressing our surprise at the whole transaction; in truth, it redounds little to the credit of the King and Queen's College of Physicians in Ireland.

The election of Dr. Grattan has, of course, been pronounced null and void.

PROPOSED EXPULSION OF MR. LAMBERT FROM THE WESTMINSTER MEDICAL SOCIETY.

We have received two letters on the subject of Mr. Lambert's proposed ex-

pulsion from the Westminster Medical Society—one in favour of the measure, the other against it. We cannot afford space for either, but the question may be reduced to a very narrow compass. If there be any who do not look upon Mr. Lambert's conduct as unprofessional—but think that he is fit to be associated with them, and consequently feel that they are fit to be his associates —*they* will vote for his being retained among them. On the other hand, all those who have the principles and feelings of men of honour, will see that they cannot admit the individual alluded to into their company without degradation—and *they* will vote for his expulsion.

The sense of the members is to be taken *to-night*, and by the result the public will be enabled to judge how *professional* men estimate *professional* character.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

Severe Compound Fracture of the Femur, requiring immediate Amputation.

Patrick Connel, æt. 65, was brought into the hospital on the evening of the 10th inst., having a most severe compound fracture of the left femur, towards its lower end, which was so much comminuted as to present several portions of detached bone at the mouth of the wound. These were readily removed. A portion of the upper shaft of the bone was also protruded through the external wound. The limb was turned in and frightfully distorted, and upon feeling the parts through the wound, down towards the knee, the fracture seemed to have communicated with the joint. This opinion was further strengthened by the escape of a kind of oily fluid through the wound, which was supposed to be the synovial secretion. He stated that he was crossing the street, when a hackney-coach knocked him down, and the wheel went over his knee. When Mr. Stanley saw him, about an hour after the accident, his pulse was firm and steady. He examined the wound, which was on the lower and outer side of thigh, about two inches in extent, and found that there was considerable mischief done to the parts around the joint; so much so, that he was led to propose the immediate amputation of the limb. To this proposal the man did not object, and he was forthwith carried to the operating theatre.

The limb was removed in the usual way. The muscles divided were considerably bruised. Upon cutting open the joint of the amputated limb, the lower end of the femur was seen to be split between the two condyles into the joint, where there was a great effusion of blood. The lower portion of the shaft of the femur was also broken into several pieces.

After the patient had been in bed about half an hour, his pulse being small and very weak, and the countenance pallid and dejected—and as also he had a tendency to twitching in the stump—he was ordered two tablespoonfuls of brandy and 30 drops of laudanum, in some hot water; after which he was better. Two hours after this the pulse was still very small and flagging. He seemed to be quite overcome by the operation. The brandy was repeated, with 20 drops of laudanum. During the night he had occasion to take more brandy, and he had a little arrow-root mixed with it.

11th.—At 7 o'clock this morning his pulse was feeble; the twitching in the stump had quite gone off, but he had not closed his eyes during the night. It was thought fit that the brandy should be repeated, after which he slept for two or three hours, and at mid-day he was considerably refreshed: the skin was warmer, the pulse had risen, and the stump felt much easier.

Vespere.—Pulse quite quiet; is doing very well, but complains very much of a pain in his side, where he received a blow from the fall. The bladder had not been emptied since the operation, and an instrument was passed this evening. This inability to pass his water resulted from the position in which he lay.

Ordered a wine-glassful of brandy; a pint of arrow-root with isinglass dissolved in it, and 40 drops of laudanum.

13th.—Was pretty well yesterday,

and had a very fair proportion of sleep last night. No pain; skin moist; complains of being a little thirsty; tongue brown. Stump dressed to-day for the first time, and looks well. Pulse 100, very firm; bowels confined. To have some opening medicine.

Vespere.—The bowels were not open until a clyster had been administered. Much the same otherwise.

Ordered Brandy, ℥ss. occasionally.

14th.—Had a bad night, wandering at intervals, although this morning he expressed himself better. Tongue dry and brown in the centre, moist at the edges. Pulse 84, irregular, but not very weak. Countenance flushed, and rather anxious.

The surface of the stump looked in some parts inclined to slough: it was more swelled, and there was a bloody discharge. The edges were not inflamed.

Ordered Brandy every half-hour, in Arrow-Root and Isinglass.

Vespere.—Much the same. Pulse 80, weak and irregular. A lotion of the chloruret of lime was injected under the flaps of the stump, which was well fomented with warm water, and a poultice was applied over the whole of the lower part of the limb.

Ordered to take Arrow-Root, a wine-glassful of Brandy, and forty drops of Laudanum: some Isinglass to be mixed with it.

15th.—Slept well, and is considerably refreshed. Pulse 88, fuller, but still irregular; stump looking better, a thicker secretion, and less swelling of the limb.

Had no opiate ordered at night.

16th.—Had a good night. No pain in the stump, which looks healthy. Discharge more purulent.

After this he had no occasion for more opium, though he has taken eight ounces of brandy daily. The stump is now looking quite healthy, there is a thick white discharge, and the pulse is tolerably firm, having ceased to be irregular. At present (Dec. 23) he bids fair to recover.

This is an important case, and one which shews well the necessity of supporting the nervous system after so severe a shock, by administering very frequent doses of brandy and opium. If this man had been any where else but in a hospital, he would probably have died. It also speaks in favour of immediate amputation.

Irreducible Scrotal Hernia, with Symptoms of Strangulation.

Joy Wilmot, æt. 65, was brought from the country, and admitted, under the care of Mr. Vincent, on the 19th of Nov. at 9 A.M. having an irreducible scrotal hernia of the right side, which appeared to be in a state of high inflammation. It had been in this state for the last 24 hours. The surgeon who brought him said he was called the day before to this man, and found him suffering much from a strangulated scrotal hernia. The tumor was painful and tense, extending upwards towards the ring, and he made attempts to return it, but was unable to reduce it entirely; though, after a repetition of the taxis, he got some portion of the tumor to return through the groin, and the man felt somewhat, but not much easier. He was sick, and complained of pain in the abdomen. Finding that the symptoms did not subside after the first application of the taxis, and that no more of the tumor could be returned, a strong tobacco clyster was injected, and after this he was bled to syncope; but no further alteration took place in the size of the tumor. It was less tense since the first portion had been returned, and his bowels had been freely open.

Soon after he came in he was placed in a warm bath, and bled until he felt faint: and while he was in the bath the taxis was again employed without success. When Mr. Vincent saw him, he observed that, as there had been relief from the bowels since his admission, and as there was not a great deal of pain or sickness, and scarcely any tension of the tumor, it would be unnecessary to resort to any immediate operation. Mr. V. then ordered an iced lotion to be applied over the parts, but the pain very much increased in the course of two hours, and he was ordered to have 20 leeches applied. The pain seemed to be increasing, and the pulse, which had been all along small, was now gradually sinking; the face and lips were blue, and the countenance very anxious.

At five o'clock the hernia was again examined by Mr. Vincent, and as the symptoms were getting more urgent, it was thought fit that an operation should

be performed, as he was evidently sinking under his present circumstances. Mr. V. however, remarked, before the operation, that there was no strieture, but as there was a great portion of protruded omentum which could not be returned, the reduction of this might lead to the mitigation of the symptoms. There were, however, little hopes of his recovery either way. He was accordingly removed to the operating theatre, and Mr. V. immediately cut down to the protruded viscus, which proved to be omentum, as he had anticipated.

The canal of the groin being in this case destroyed, it was necessary to make a direct incision from about opposite to the internal ring. There was some fluid in the sac; and a boss of omentum, the size of a double fist, was collected together, in such a way that one portion could not be returned without the whole. Mr. V. introduced his index finger, and upon this a director, and with a probe-pointed bistoury divided the parts which formed the covering of the hernia up to within an inch of the internal ring. On passing the finger up to the ring, there was no stricture to be found, but the omentum could be returned, so that Mr. V. thought it necessary to remove nearly all of it with a scalpel. No hæmorrhage took place from the cut surface, and one ligature was applied. The wound was closed by a single suture, and some adhesive plaister brought the edges of the wound together; a compress was placed over this, and he was put to bed; but the pulse was fast sinking, and he died about half an hour afterwards.

Post Mortem Examination. — The body was much deformed from a lateral curvature of the spine. Very little farther developed itself in the dissection of the hernia than what has been mentioned. Nearly all the great omentum had been in the sac, and the small portion that remained was at the mouth, and appeared to be twisted upon itself. The omentum did not look so much inflamed as the intestines, which were red, but more especially in the line where their opposite surfaces came in contact. The colon was drawn down in the direction of the right groin. The peritoneum had marks of recent inflammation, and there were about two ounces of a thick fluid, like pus, in the pelvis.

GUY'S HOSPITAL.

Abdominal Tumor tapped.

On Monday was tapped, in the presence of Dr. Bright, by Mr. Key, a large abdominal cyst in the person of a young woman about twenty-two years of age, otherwise enjoying good health, and the functions of the body performed with regularity. She had previously been in the hospital, under the care of Mr. Key, about a year and a half ago, when an attempt was made to open the cyst by caustic, without success. At the period of her present admission, the tumor, which commenced according to her description on the left of the scrobiculus cordis, occupies a large part of the right hypochondrium, extending across the epigastric region, and forming a prominent swelling in the left hypochondrium. Its limits can be distinctly traced on the right side, and also below, towards the umbilicus; but it appears to be gradually lost in the left region, towards the spleen. It fluctuates, and when struck gives a sensation *beyond* the fluctuation of water, as if foreign bodies received the impulse, and struck on the opposite side of the tumor. From the history, progress, and negative character of the tumor, it was judged by Sir Astley Cooper, Dr. Bright, and Mr. Key, to contain hydatids, and to require the operation of tapping. Three pints of limpid fluid were accordingly drawn off, when the flow of water was suddenly checked; and it not being thought prudent to irritate so large a cyst by the introduction of a probe, which might break down the hydatids, the canula was withdrawn, and the wound closed. The tumor was much diminished in size, but still evidently contained a large quantity of fluid. She has sustained no inconvenience by the operation, and on the third day was walking in the wards. A bandage to support the sides of the cyst is the only precautionary measure adopted.

A similar operation was peformed last winter, by Mr. K. on a patient of Dr. Cholmeley's in clinical ward. The patient, a young female, had a hard fluctuating tumor formed on the right side of the scrobiculus cordis, which was punctured, and a considerable quantity of hydatids escaped; the sac suppurated, and the patient entirely recovered.

Popliteal Aneurism.

S. T. aged 28, admitted, Dec. 17, under Mr. Key. Six weeks ago, when this patient was running with a wheelbarrow, his foot slipped, and immediately afterwards he felt for the first time a pain in the left ham. This continued for three weeks, giving him only slight inconvenience, and not preventing him working as usual. Three weeks since, whilst carrying a sack of peas up a ladder, he experieneed an accession of pain, with lameness, and on examination found a tumor in the ham. Since that period he has been quite unable to work, indeed can scarcely walk, the tumor and the pain rapidly inereasing.

At present, a tumor occupies the whole popliteal space, projecting also posteriorly; it is firm, circumscribed, elastic, and pulsating, the pulsation being most distinct when the popliteal fascia is relaxed by flexure of the leg; it is accompanied by a sharp vibrating thrill; and under the stethoscope a noise between that of the saw and the bellows; the impression altogether being that of fluid passing from the artery by a small aperture. Pressure on the femoral artery stops the pulsation, and allows the tumor to be in some degree, but not entirely, emptied of its fluid contents. The patient eannot fully extend his leg; he complains of pain and sense of beating in the ham, with numbness of the leg, which is swollen.

Aperient medicines were prescribed, in order to prepare him for the operation, which it was intended should be performed in about ten days.

Dec. 22.—Sinee admission the tumor has increased, and with it the suffering of the patient. The limb is more swollen, especially about the joint; the pain in the ham, and numbness of the leg, are greater. The system also now begins to sympathize, as shewn by a febrile countenance, rapid pulse, hot skin, loss of appetite, and sleepless nights. These circumstances determined Mr. Key to operate to-morrow.

Dec. 23.—The operation of tying the femoral artery was performed in the usual manner. The first incision divided a subcutaneous vein, so large that by its bleeding it obscured the wound. Mr. Key therefore applied a temporary ligature, which was afterwards removed. After the ligature, which was single, had been passed beneath the artery, a small nerve was observed, so closely connected as actually to be within the cellular sheath of the vessel; it was carefully separated, and one end of the ligature so withdrawn between it and the vessel as only to include the latter. The ligature being tied, all pulsation ceased in the tumor; the wound was closed by strips of plaister, and the man put to bed with his limb clothed in flannel.

At 9 P.M. he was found in a state of profuse perspiration, with a pulse at 90, full and strong, feeling eomfortable. The tumor does not pulsate; the leg is warm, the toes alone being a little eold; should the eoldness increase, the attendant is directed not to apply artificial warmth, but to use friction.

Dec. 24.—Had a good night; the first eomfortable sleep sinee admission. The foot required rubbing in the night; but at present, leg and foot are eomfortably warm. All sensation of beating, or pain in the ham, is gone; and no uneasy feeling whatever is complained of.

Dec. 26.—Doing very well; the patient describes the sensation in the leg as "like a rush of blood upwards towards the knee."

Dec. 29.—The wound was examined; it has healed by adhesion every where excepting at the point of the ligature, and is free from inflammation. The tumor is smaller in size; the leg less swollen and less numb.

We shall continue this case if any thing worthy of remark oecurs.

ST. GEORGE'S HOSPITAL.

Compound Fracture of the Tibia and Fibula—Diffuse Inflammation of the Cellular Membrane, ending in Sloughing, with Death of the Skin—Amputation—Death.

In our 46th Number we related a ease of diffuse inflammation of the cellular membrane of the leg and thigh, in which Mr. Brodie employed scarifications. In his clinical lecture, published by us at the time, Mr. Brodie drew a parallel between the above and the cases which M. Larrey has termed traumatie gangrene; and in which he has successfully performed amputation, even though the gangrene was spreading. On several accounts Mr. Brodie avoided amputation in the case we have alluded

to; but the unsuccessful issue of the means that he did employ (scarifications) induced him, in a case that occurred within this fortnight, to remove the limb.

James Scarlett, a carpenter, 57 years of age, whilst employed, on the 1st of December, in the works which are now going on at Apsley House, fell from a scaffold twenty feet in height. He was instantly picked up and brought across the road to the hospital, where the house surgeon found, on examination, a compound fracture of both bones of the right leg, three or four inches above the ankle. The fracture was oblique, and appeared to be comminuted, whilst the lower extremity of the upper part of the tibia projecting through the wound, and not being readily replaced, was sawn off. The wound itself was moderate in size, and situated in front of the tibia, immediately over the fracture, by which it appeared to have been caused. Very little bleeding had occurred.

The patient was far from a healthy looking man; and although he had not led a very intemperate life, yet he owned he was accustomed to get "moderately drunk" about once in a month, or perhaps a little oftener. The wound was dressed lightly, and the limb put up in the common junk. We saw him again in the course of two hours after his admission, when he lay pretty quiet, but the expression on the countenance was that of much depression; and the pulse had that full round beat commonly produced by an ossified artery.

Liq. Op. Sed. ℥xv. Mist. Camph. ℥iss. hâc. nocte.

He slept pretty well that night, and next day presented nothing remarkable. The pulse was about 90; the tongue dry and red; the leg easy, the bowels once open. Towards evening the prelude of a great and alarming change was observed; the manner was hurried; the countenance sallow and depressed; and the patient evinced altogether a morbid anxiety and restlessness. He passed a restless night, attempting several times to rise from his bed, and shewed more than one of the characters of what has lately been termed by M. Dupuytren the delirium traumaticum. These particulars we learnt from the house-surgeon, for after the 1st we had no opportunity of seeing him until the 3d, at one P.M.

In this short interval of one day, it was perfectly astonishing to see how great an alteration had occurred. The leg, from the instep to the knee, and a little above it on either side, was mottled in appearance, and covered about its middle third by modena-coloured vesications, varying in size, and irregularly scattered on the surface. The foot was œdematous, but not discoloured, nor lower than natural in temperature; which latter was also the case with the limb in general. The hue of the leg above the vesications was dusky and brown, similar to that which attends the diffuse inflammation and sloughing of the cellular tissue. On pricking the vesications, serum, of a port wine colour, escaped, and the cutis beneath had a dark and mahogany tint. The largest vesication was in front; and on making an incision through the cutis there, it bled scarcely any, and was evidently dead. On the inside and outside of the leg similar incisions were made with the lancet, each of which disclosed the cutis and subcutaneous cellular membrane more or less disorganized. The limb, the patient said, was somewhat numb, though sensation was far from being totally lost. The countenance was much collapsed; the pulse small and quick; the tongue dry, and brown in the centre.

Remembering the issue of the former case, and believing that without amputation the present must be lost, Mr. Brodie, with the concurrence of Mr. Keate, proposed the operation to the patient, who readily yielded his assent. He was therefore transferred as soon as possible to the operating theatre, where every requisite preparation had been made. Previous to actually removing the limb, Mr. Brodie and Mr. Keate made several incisions to satisfy themselves and those around of its immediate condition, which having been done, and "assurance rendered doubly sure," Mr. Brodie performed the amputation some three or four inches above the knee. A good deal of bleeding followed the incisions, although merely that blood which was in the limb was lost. The parts divided by the knife were apparently sound, but Mr. B. suspected that the deep-seated cellular tissue was affected. The femoral artery had been cut across at the spot

where one or two middling sized branches arose from it; on which account more than one ligature was used, and ultimately the femoral vein was secured. The patient bore the operation well, but his manner was suspicious; and the pulse at the end was weaker, if any thing, than before. A circular bandage was applied round the thigh, and the lips of the stump brought together in a line running transversely from side to side. A single strip of plaister was passed across the centre, but on either side of that a small piece of lint was placed between the edges, and over the lint the straps were applied. Compresses, dipped in cold lotion, were employed, and the patient finally removed to bed.

On examination of the severed limb, the subcutaneous cellular membrane, from the instep to above the knee, was generally sloughy and disorganized. No suppuration had occurred, at least to any perceptible extent, the tissue being merely *dead*. The cutis and skin were not, for the most part, actually dead, but they were dying; whilst the muscles, the tendons, the inter-muscular cellular texture, the periosteum, and, in short, the deeper-seated parts, were as healthy as might be. The cellular membrane, on the dorsum of the foot, was infiltrated with serum, but otherwise natural in structure, and the skin above it was perfectly sound. The fractured bones were a good deal comminuted.

Liq. Opii sedativ. M. xx. Haustus Salini ℥iss. statim.

He slept for an hour after the operation; and told Mr. Lane, in the evening, that he felt pretty easy. His countenance at this time, though anxious, was improved; pulse 90; tongue moist.

Haust. Salin. ℥iss. Liq. Ant. Tart. M. x. Syrup. papav. alb. ʒj. 6tis horis.

He vomited in the night, was restless and slightly delirious, and appeared on the 4th very ill indeed. The cheeks were sunk; the manner preternaturally calm; the pulse quick and feeble; tongue brown in the centre, rough, and dry; skin warm. The artery beat strongly on the face of the stump. The former mixture, containing antimonial wine, was now changed for six minims of Battley's tincture in saline draught every six hours. Sago, eggs, and brandy, were liberally ordered. In the evening the symptoms of sinking had made progress, and the saline, with the sedative, were discontinued, the patient merely taking the brandy, &c. In the night of the 4th he had a rigor, and was afterwards affected with delirium so fierce as to need the strait-waistcoat. Next morning the breathing was laborious, the face hippocratic, the surface of the upper part of the body cooling, the pulse with difficulty felt at the wrist. Although the circulation was thus failing above, the femoral arteries, especially that in the right thigh and stump, were beating with a very disproportionate force. He was evidently sinking; but lingered, notwithstanding, till 2 P.M. of the 6th, when he died.

Dissection. — The stump and thigh were somewhat more swollen than the opposite limb. The face of the stump was smeared with a dirty greenish-brown secretion, beneath which the parts had a similar sloughy hue. This sloughy appearance penetrated the muscles to the depth of three or four lines from the surface, but extended, we should say for an inch, in the cellular membrane, between the muscles, and even for more than that in the more superficial cellular structure. The cancelli and medullary matter of the bone had likewise this sloughy aspect for half an inch or more within its cavity. On cutting down to the femoral vessels in the groin, and following them on from that to the face of the stump, they presented no unusual appearance from without. Mr. Brodie removed them from the limb, and laid them open. Both were more or less filled with dark and semi-fluid blood, and both presented on their internal coats a deep, and nearly a blood-red dye. This was totally unlike the *injected* and rosy appearance produced by inflammation, and was clearly a *staining* of the coats in contact with the semi-fluid blood, similar to that which is frequently observed in those who die of inflammation of the veins. The extremity of the artery next to the ligature was filled with a firm and sufficient coagulum; the coats of the vessel were thin and brittle, the internal parts converted into rings, half-ossified, half-cartilaginous.

The lining membrane of the heart, especially the right chambers of the venæ cavæ, and even of the aorta, was more or less tinged, the blood being in all fluid, or nearly so. The whole arterial system had a tendency to "ossification," and the formation of atheroma-

tous deposits between the internal and middle coats. The liver, the abdominal viscera in general, and the lungs, were as healthy as they well could be. The head was not examined.

The circumstances, then, deserving of remark in this dissection are, the sloughy condition of the stump; the absence of diffuse inflammation, or death of the subcutaneous cellular membrane in the skin; the natural state of the abdominal viscera and lungs; and, finally, the unsound condition of the arterial system. The case we consider as one of the highest importance in many points of view, practical as well as theoretical, and therefore we hope to be pardoned for the length at which we have related it.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

SUCCESSFUL CASE OF CÆSAREAN SECTION.

In the anatomical museum of the University of Bonn is a uterus, presented to it by Dr. Velten, accoucheur of that place, and taken by him from the body of a woman, upon whom, eight years previous to her death, he had performed the operation of the cæsarean section. In describing the appearances presented by this uterus, Professor Mayer has prefixed the following history of the case furnished by Dr. Velten.

About four o'clock in the afternoon of the 18th March, 1813, Dr. Velten was requested to visit Catharine Schwartz, wife of Theodore Muller, journeyman in Bonn. The patient, 36 years of age, was in labour, and had arrived at the full period of her pregnancy. She had never borne a living child, but had miscarried twice; once at six weeks, and in her second pregnancy, at four months. About eight o'clock on the preceding evening, after having been engaged in active employment during the day, the waters were suddenly discharged, without previous pain. About three o'clock in the morning of the 18th, the pains commenced, and the midwife who attended her, reported, that although these became very frequent and severe, it was not until the middle of the day that she was able to reach the os uteri, which she found dilated to the size of half a dollar. About four o'clock, finding this sufficiently dilated, but that, notwithstanding the most violent pains, the head of the child still remained above the brim of the pelvis, and that the os sacrum was not formed, as in other women, the midwife requested the assistance of an accoucheur, and Dr. Velten was sent for. The patient had suffered greatly from rickets in her childhood. The length of the body was but four feet, Paris measure; the right tibia was bent forwards, the left inwards, and the right thigh bone was two inches shorter than the left. The lumbar and dorsal vertebræ projected to the right side; and on the posterior surface of the sacrum, corresponding to the spinous process of the fourth sacral vertebra, was an osseous projection, from which part the end of the sacrum, and the os coccygis, took a direction inwards and forwards. From the distortion of the spinal column, the cavity of the abdomen had suffered a considerable diminution in its height; and its parietes, in consequence of the pregnancy, projected greatly. The uterus was, therefore, projected forwards obliquely, with an inclination towards the right side. The motions of the child, and even its limbs, were felt on the application of the hand, and there was no morbid tenderness of the abdomen on pressure.

On examination, *per vaginam*, the os uteri was reached with some difficulty above the brim of the pelvis, and fully dilated. The small diameter of the child's head corresponded to the straight diameter of the entrance, the face being directed to the right side of the pelvis. The left side of the head, constantly compressed by the strong force against the promontory of the sacrum, offered a considerable swelling; which, during the pain, projected a little into the cavity of the pelvis. From the promontory downwards, to the place corresponding to the osseous projection externally, the inner surface of the sacrum presented a flat instead of a concave surface; and then, by the union with the coxcyx, an angular one. With the forefinger in the vagina, the middle point of the promontory of the sacrum was easily reached; and its distance from the inferior edge of the symphysis pubis was scarcely two inches, Paris measure.

In this state of pelvis a delivery, *per*

vias naturales, could not be thought of. A consultation was held with Dr. Tils and Dr. Wolff; and these gentlemen having examined, and satisfied themselves of the state of the parts, and the child being alive, it was resolved to propose the cæsarean section to the mother, as the only possible means of saving herself and child: a proposal to which she immediately assented.

Previous to the commencement of the operation, and although the patient stated that she had just made water, a catheter was introduced into the bladder, but only a few drops of urine were evacuated. The incision in the integuments, in the direction of the linea alba, extended from about an inch below the navel to within an inch of the symphysis pubis. The peritoneum was opened at the upper angle of the wound, and divided downwards upon the finger. Neither omentum nor intestine shewed themselves, and but little bleeding occurred. It was evident, as indeed it had been previously ascertained by examination through the parietes of the abdomen, that the placenta was not attached to the fore part of the uterus. The incision into this commenced about an inch lower than the upper angle of the external wound, and was carried down upon the finger to the extent nearly of five inches. The right thigh of the child presented, and being seized by the feet, it was with ease extracted; the uterus, during this time, shewing no tendency to contract. The child, a full-grown healthy boy, was alive; and the umbilical cord being separated, it was given to the midwife. The first incision into the uterus put a sudden stop to the pains, by which the preceding steps of the operation had been repeatedly interrupted. Immediately after the extraction of the child the uterus began gradually to contract; and as the placenta, which was attached posteriorly to the fundus, separated, it projected through the wound; from whence, after its complete separation, it was removed without any great loss of blood; and of which fluid not above a pound was lost during the operation. The external wound was brought together by sutures and adhesive straps, supported by long compresses on each side, and by an eight-tailed bandage.

The patient bore the operation well, and was quite collected throughout. On inquiry as to pain, she compared the division of the integuments to the sensation which a red hot needle might produce if drawn over the skin. The incision into the uterus she declared gave her no pain whatever; and she repeatedly observed that she had previously suffered much more from the labour pains than from the operation.

Although some unfavourable symptoms occurred after the operation, the patient did well. By the 10th of April the upper two-thirds of the wound were cicatrized, and the under-third suppurating superficially. On the 23d April she walked out for the first time; and the 14th May the wound was firmly cicatrized, the patient and her child being in the most perfect health.

Cicatrix of the Wound of the Uterus after this Operation.

About eight years afterwards, the subject of the above case having died, the uterus was removed from the body by Dr. Velten, and presented to Dr. Mayer, who thus describes the appearances it presented:—

It had completely contracted, and recovered its natural form and consistence; measured two inches seven lines, Paris measure, from the extremity of the fundus to the edge of the anterior lip of the os uteri; and transversely, at the insertion of the fallopian tube, one inch ten lines. On the external surface of the anterior parietes of the organ, a furrow indicated the place where the incision had been made into it: this furrow measured three lines in length. The peritoneum, (peritoneal covering of the uterus), was at every place firmly adherent to the parenchyma of the uterus, and it also covered the groove. The edges of the wound, in the substance of the viscus, had greatly contracted, and were at the same time turned inwards; and hence, on the inner surface, where the cicatrix was lower down, it only measured two and a half lines, where it extended into the cervix uteri, at which place it began with a furrow, one line and a half in width. The anterior parietes of the uterus, in the vicinity of the cicatrix, were three lines in thickness; the posterior, in the corresponding situation, four lines. The cavity of the organ preserved its natural form, but there was a long, thin, fleshy polypus at the cervix. The ovaries presented several cicatrices; the left fallopian tube and ovary were in the natural

state; the tube and ovary of the right side were adherent to each other.

From the above description, it appears that the contraction of the uterus, at the divided part, was likewise accompanied by inversion of the edges of the wound; *i. e.* towards the parenchyma—a circumstance favourable to the healing of the wound; and which explains how it happened that there was no projection or elevation in the line of junction, either on the external or internal surface of the uterus; but rather, a considerable depression or groove.—*Graëfe and Walther's Journal, Vol.* 11, *No.* 4.

CASES OF FRACTURE ACCOMPANIED BY SOME UNUSUAL PHENOMENA.

By MM. Moulin and Guibert.

Case I.—*Fracture of the ribs—laceration of the lungs—emphysema—recovery at the end of three weeks.*—A man, aged 46, was admitted into the Hotel Dieu on the 7th of August, 1815; he had had the chest strongly compressed by the wheel of a carriage, and had immediately experienced difficulty of breathing and very violent cough. On examining the chest several ribs were found fractured at their posterior part; when the chest was pressed from before backwards, a kind of crepitating noise was produced, arising doubtless from the broken ends of the ribs having lacerated the lungs. The patient was bled twice by the arm, and the same treatment repeated next day. A bandage was applied round the chest, so tightly as to compel the patient to breathe by the diaphragm. On the third day he was better, the pain and difficulty of breathing having sensibly diminished; but the emphysema, which occupied the back part of the trunck, had extended to the shoulder. He was now bled for the third time, and the venesection repeated next day. From this time he rapidly improved, and was discharged within a month perfectly cured.

Case II.—*Transverse fracture of the patella, with enormous effusion of blood into the knee joint.*—A man fell on the knee in May 1813, and broke the patella across; a bandage was applied in the usual way, but considerable separation of the fragments ensued, and they were ultimately united by a fibro-cartilaginous mass. Having attempted to walk too soon, he fell again—the medium of union was lacerated, and a large quantity of blood was poured out into the articular capsule. He now went to the Hotel Dieu: the limb was placed upon a convenient apparatus, he was bled, and refrigerant applications employed, under which treatment the effusion into the joint disappeared. Bony union now took place between the fragments, and he was discharged perfectly cured.

Case III.—*Fracture of the left iliac bone, with extravasation of blood into the pelvis.*—A man fell from a window about 40 feet in height, and alighted on the sole of the left foot; the shock was transmitted to the iliac bone, which was broken across the middle. The patient was brought to the Hotel Dieu in a dying state, and complaining very much of pain in the pelvis. The existence of the fracture was ascertained by the presence of crepitation. He died in the evening. The middle of the pelvis was found, on examination, to be fractured, the soft parts lacerated, and blood effused into the lower part of the pelvis.

Case IV.—*Fracture of the ribs, the cubitus, and femur, with injury of the head—recovery.*—A mason, 60 years of age, fell from a scaffold, pitching on his head and the left side of the body. He had two large wounds of the scalp on the left side of the head, but the bone appeared uninjured; three ribs were broken, and there was emphysema of the chest; the cubitus was broken at its lower part, and the femur fractured across the middle. The usual treatment for such injuries was employed, and the patient entirely recovered.—*Repertoire Générale.*

BENZOIC ACID IN THE GRASSES.

Benzoic acid has been found by M. Vogel in the sweet-scented vernal grass (anthoxanthum odoratum), and in the sweet-scented soft grass (holcus odoratus). It is these two grasses which communicate to hay the aroma peculiar to themselves.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Dec. 9, 1828.

A PAPER was read "upon a Morbid Affection in young Children, resembling Hydrocephalus, but arising from circumstances of exhaustion," by Dr. Marshall Hall.

About the period of weaning, or from errors in diet, infants are apt to be affected with diarrhœa. This leads to a state of exhaustion; and in some of these cases there arise symptoms resembling those of hydrencephalus. A similar affection occurs in older children in the course of diseases which have required leeches, purgatives, and other evacuant remedies, which equally induce a state of exhaustion.

In such cases the child dozes, the eyes being half open and unfixed; the conjunctiva is apt to become inflamed from exposure; the pupils are tardily affected by light. The countenance is pallid; the cheeks cool or cold. The unfixed state of the eyes is to be distinguished from strabismus; and the condition of the countenance is to be taken in connexion with the history of the case, in order to establish the diagnosis between this affection and hydrencephalus.

The diagnosis is highly important, for the recovery of the little patient depends entirely upon it. To treat it as hydrencephalus is inevitably to destroy life. Brandy alone can cure.

This affection is by no means rare. It has been slightly described by Dr. Abercrombie in his late work on Diseases of the Brain: otherwise it appears to have escaped the notice of medical writers. The author describes several interesting cases. The subject is altogether one of great interest and novelty.

At the following meeting several short papers were read, of which our limits prevent us from giving an account in the present number.

WESTMINSTER MEDICAL SOCIETY.

THE following Resolutions were passed at a special Meeting of the Society, held a short time ago, and to which we have alluded in our leading article.

Resolved 1st. That it appears, from the Report presented by the Committee on Anatomy to the House of Commons in the last Session of Parliament, that, by the present state of the law, the only bodies which can be legally employed for dissection are those of persons executed for murder; and that even the possession of a body obtained in any other wayis a misdemeanor.

Resolved 2d. That this state of the law is injurious to students, teachers, and practitioners, in every department of medical and surgical science; and, in the opinion of the Committee of the House of Commons, is highly injurious to the public interests also.

Resolved 3d. That the measures recommended in the Report are, the repeal of any existing law which would subject to penalties those concerned in carrying the proposed plan into execution,—the passing of an enactment permissive, but not mandatory, declaring that it shall not be illegal for the Governors of Workhouses, and other public Institutions, to give up to dissection the bodies of those who die, without being claimed by their friends within a certain time; and the repeal of the clause of the act of Geo. II. which directs that the bodies of murderers shall be given up to be dissected.

Resolved 5th. That it appears to this Society that petitions should be presented to both Houses of Parliament, praying for some legislative measure, which may give effect to the recommendations contained in the Report presented to the House of Commons in the last Session.

Resolved 6th. That the Committee be requested to draw up Petitions founded on the preceding Resolutions.

NOTICES.

We stated in a note at page 137 of our last number, that the reason assigned by the rabble at the Freemasons' Tavern, the other night, for *attempting* to raise a subscription for Wakley, was false—namely, that the "legal expenses of his opponents on another occasion have been defrayed by certain hospital physicians and surgeons." We think it right to state that we meant to assert, and we repeat, that no subscription was entered into to defray the expenses of any in the four actions for *libel* which had preceded the present—the circumstance of some lecturers having made common cause to try the question in the Court of Chancery being of a nature totally different, and, therefore, affording no analogy.

ERRATA.

In the report of the proceedings of the Medical Society of London in last number, line 23, *for* "25 years' standing," *read* "75 years' standing."

Line 38, *for* "Mr. Armstrong," *read* "Mr. Amesbury."

In the concluding two lines, announcing the adjournment of the Society, *for* "to the 12th of January," *read* "to the 5th of January."

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THE

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OF

Medicine and the Collateral Sciences.

SATURDAY, JANUARY 10, 1829.

ON THE SUBDIVISIONS OF THE MEDICAL PROFESSION.

By Leonard Stewart, M.D.

Physician to the Farringdon Dispensary.

I presume it will be allowed that the only principle upon which medical men, as a class, are considered better informed upon the duties of their profession than other people, and are referred to for their opinion and assistance in cases of disease, is this—that they have devoted themselves, more or less exclusively, to learn and practise the art of healing. If there be any who pretend to an inherent and intrinsic right of seeing and foreseeing—any seventh sons of seventh sons—any persons not of woman born, or born with cauls which shield them from the risks and errors which beset the path of common-place mortals—it is not to them that I would address my argument, such people being notoriously beyond the reach of reason. Neither is it to those men of acknowledged superiority in science and general information, who leave no region of the intellectual empire unvisited, and who touch upon no one without leaving traces of their power: such men there are, and of such men our profession boasts its full proportion. Of course it is not to extraordinary cases that ordinary rules apply: but as I began by saying the great mass of students and practitioners in medicine, as others in the law, in trade, in the army, and so on, are led by their position in society, or by a choice which in a great measure results from this position, to embrace and pursue their line of life; and so, from the period that their duties lie in one peculiar channel, they begin to be distinguished from the great body of uninformed or otherwise engrossed society. In a profession so intimately connected with the wants and interests of man, in all stages of civilization, and in all possible contingencies of worldly existence, it is natural that there should be an endless variety in the offices which its followers are called upon to perform; and we find consequently that medicine, like the cameleon, takes the hue of the spot where it is placed, and that medical men supply, or endeavour to supply, the kind of assistance which is demanded by the exigencies of their station, or the circle of their employers.

In new countries the *doctor* is a farmer, or works at some business generally more lucrative than his Æsculapian craft. On board of merchantships the captain is generally the person to kill or cure; in villages the medical man, even when educated at the schools which have separate chairs for their different branches of information, is, from the varied nature of the calls upon his attention, a general practitioner; and in great cities, besides a large and necessary proportion of the same class of men, there are others who, from the greater concourse of people ready, like themselves, to meet the ever-varying calls of refinement, divide the task of investigating and treating disease: and all bring to bear upon their own pursuits the light of other sciences, and the information which results from the intermixture of every nation and tongue, and the complicated employments and accidents of the congregated mass. This is the natural train of things—it is throughout progressive.

I will, then, for the sake of perspicuity, recapitulate these three propositions:

1. That medical men claim superiority over the other members of society, solely from their having studied and practised their profession; and that this distinction is in proportion to such study and practice.

2. That the duties of medical men are, in a great measure, relative to their position; and not *absolute*, or invariably the same in all circumstances.

3. That there is no deficiency in the number of medical men; *at least not in this great city!!!*

I have never heard any difference of opinion as to the last proposition, and therefore shall not attempt to prove it; but, if I mistake not, with regard to the two former, there is a very general impression that they are not founded on reason and propriety. With the first, the different licenses and diplomas of colleges seem to militate. Now, without any wish to enter into the subject, either to notice the evils of any exclusive system, or to bow the knee to those who are in authority over us, I will merely remark, that the examples we constantly see, where no rank in a college will help a man who has not intrinsic merit, and others where a man's success and professional character are out of all proportion with his licensed standing, shew us that there is, in reality, more left to the exertions of individuals than at first is generally allowed. The *public will be served*; and all charters to companies have permanent force only while they partake of the spirit of public utility, becoming otherwise soon a dead letter.

The second statement, as to the relative and varying duties of medical men, seems opposed to what we are told of the general necessity for an acquaintance with the scientific principles of our profession. But I am so far from disputing this important dogma, that I will say that not only an extended scheme of preliminary education is proper, and a competent knowledge of all the sciences which are subservient to enlightened medicine is demanded; but I will go farther, and state my conviction that the most natural and rational commencement of any subdivision of the medical profession is general practice, or an acquaintance, practical as well as theoretical, with the more established principles and facts of the healing art in its widest sense. But I would oppose the notion that all these scientific principles are so simple, and all these familiar facts so constant, that a definite notion of them may be easily attained, and the application of them to all cases made quite plain and certain. The mischief of this would be, that the profession would be cramped and made like the bed of Procrastes, all practitioners being required to be of one measure—a routine of similar duties imposed upon dissimilar persons—a pretence to dogmatic certainty and exactness set up, which the whole history of our art shews to be foreign to its nature; while no encouragement would be held out to the true source of improvement and discovery—that is to say, the free inquiry and experiment of original minds.

The use of scientific principles, and of scientific practice in medicine, is too evident to need any argument; but it would surely be to abuse our acquaintance with these very things if we supposed that they pervade the whole of the profession, and are sufficient to explain and remove all difficulties: and this which is true of the whole, is true likewise with regard to any subdivision. In whatever department a man engages, he will find that the ground has not been completely travelled over—that the rules and aphorisms of his predecessors are not sufficient to meet every possible variety of morbid phenomenon; but that he is obliged occasionally to think and act for himself. What I advocate, therefore, as naturally growing out of this state of things, is the propriety of concentrating the attention, after a due share of varied exercise upon such points as the talents and opportunities of some individuals, or the specific demands of certain portions of the community, mark out for more exclusive cultivation. If one be allowed to attend to a chosen department which is more fitted to his turn of mind or circumstances, the chances are that he will improve and adorn it; and he can, without losing the regard of the world or of his professional brethren, refer to any person who has done as much in another direction. In this way, according to the established principles of the division of labour, the whole profession is best carried on, and the public is best served. But if all were

obliged to keep in readiness for the same round of duties, no one could, without losing rank and reward, confess his ignorance of any part of his profession, nor, where the candidates for public favour were numerous, avoid feeling something like jealousy of another's excellence. Thus the extension of knowledge would be curbed and kept down by the wish of individuals to grasp all its parts.

I have purposely avoided all allusion to the popular subdivisions which now prevail in the practice of our profession: not but that I think them in the main just and founded upon necessity, but because I argue merely for the principle and expediency of subdivision independently of its actual existence.

I will depart from this general sketch of the subject merely to mention two things which have frequently been spoken of without due consideration of their great relative value. The one is the importance of operative dexterity; the other the utility of intellectual acuteness.

To talk slightingly of quickness and readiness in manipulating and operating, is to forget not only that great suffering is prevented in any case where this sort of interference is had recourse to, but that the dread and danger of chirurgery and manual assistance being lessened, the agency of the professional man is often courted by those who would otherwise fall victims to their terrors, or to the tenderness of their advisers; it is to forget all true philosophy; for this part of our business, far from being a base and mechanical thing, is, in the hands of the scientific, the most important agent and the most brilliant accomplishment of the healing art. But it is not to every member of the profession that the proper opportunities occur of acquiring practical dexterity.

On the other hand, intellectual acuteness is as necessary to the advancement and management of some parts of medicine as the last-mentioned quality. It is true that, like it, it is not in opposition to the more established principles of medical science; there is no reason why both may not be superadded to these—but yet, this quality of mind being less fixed and regular in its nature, it is not equally imperative upon all to possess it; for, though capable of being greatly developed and improved by practice, it is intrinsically rather a gift than an acquirement. Yet, without some portion of this gift of good sense in selecting and applying, the accumulation of facts and precedents is unavailing, and the man of science is encumbered with information which he cannot use. However, a very slight retrospect into the history of medicine will discover that a system dogmatic and scientific in pretension has, more than once, been exploded by a short appeal to judicious observation and rational experiment.

I may be allowed to state, in addition, what I consider would be a desirable arrangement of the medical institutions of the metropolis. I would have diseases, and in particular chronic diseases, classed and collected into separate places. This is already the case in Paris, and to a certain extent with us; but with the immense resources of London, and the countless numbers of patients who are attended to, it could surely be done in a more efficient manner. The benefits of this plan would be that a greater variety of means for the cure of certain diseases could be combined, and experiments instituted on a large scale, and under the direction of a proper *jury* of scientific men. To a student, the advantage of seeing at a glance a number of similar diseases, in different stages of their progress and under various modes of treatment, would be very great. To the practitioner, the collection, as into a focus, of the most extended opportunities of observation, experiment, and invention (the stethoscope), would give the best stimulus to advance and improve the knowledge and cure of diseases; while to all the world the publication of periodcial reports and statistical tables would give the best evidence which can be given of the value of scientific medicine.

Having then allowed that, in many situations, a general attention to all kinds of disease is incumbent upon the medical man, and that this general practice is the best commencement to every subdivision of the profession, I must be allowed to claim for those who attach themselves to any portion, that they be considered as much integral parts as if they embraced the whole.*

"All are but parts of one stupendous whole,
Whose body *science* is, and *art* the soul."

* The above Paper was read a few weeks ago at the Westminster Medical Society.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from p. 150.]

SYPHILITIC ERUPTIONS.

These general remarks in my last essay having been premised, I shall now commence with noticing the eruption of copper-coloured spots, or blotches, which occasionally are met with on the face, especially the forehead, breast, shoulders, and arms; these are quite distinct from the lichen, since they do not elevate the cuticle in any stage of their progress, nor are they succeeded by scurf or scales; and when they disappear they begin to fade from the circumference: these points will enable you to recognise them. The colour is familiarly called copper, to which indeed it bears the closest resemblance; but it must be recollected that the state of the atmosphere, with respect to heat or cold, and of course the climate, makes a considerable difference as to the depth or shade of colour which they occasionally assume. These blotches, or spots, are frequently attended with the muddy-looking inflammation of the conjunctiva which I have previously described; sometimes, but more rarely, by iritis; and now and then by enlargement of the testicle. They are also ushered in by fever; which, if not so severe as that preceding some other forms of eruption, is more tedious, and accompanied with the usual nocturnal pains, situated in the larger joints more especially Independently of these more usual concomitants of the coppery eruption, though not exclusively belonging to it, are many other varying symptoms; among which, œdema of the ankles is one of the most common. Spots upon the hairy scalp also occasionally are met with, ending in partial baldness; and all these symptoms have been found to be curable when left to themselves after a lapse of months, though leaving, in numerous instances, traces of their existence even to the extent of a twelvemonth or more. The object of the surgeon is not only to cure his patient *tutò*, but *citò*; not only to make him permanently well, but to do so with as much speed as possible. Humanity should dictate this to us in whatever sphere of life we are called upon to exert our talents and skill; but worldly interest will prompt us to exercise our best means in cases such as those which I have just described occurring among the better classes of society. If you tell such a patient that his complaints are of no importance; that he will assuredly get well if he does nothing, or takes sarsaparilla, or bathes in the sea, you will most probably lose your patient; and not only that, but you may lose character also; for if he leaves you to consult some man who is not an exclusive non-mercurialist, but is contented still to use this powerful medicine with judgment and moderation, he will be freed of his complaints in six or seven weeks, and you would find it very difficult to persuade him that you were a better surgeon than the man under whom he has saved so much precious time, although you may be as sound a medical philosopher, and have studied the natural history of the disease most thoroughly. When called upon, then, to treat a case where nocturnal pains, with fever and restlessness, have been followed by the above described eruption, which is often seen deep under the cuticle, before it becomes fully developed, your first object must be to attend to the general symptoms. If there is much pain in the sternum, and uneasiness in breathing, with hardness of the pulse, a moderate bleeding is often found to be of great service. The bowels should be relieved by a saline purgative, and antimony given so as to produce diaphoresis. The warm bath will be found an excellent auxiliary where the nocturnal pains are severe, and the eruption lingers in making its full appearance. When that has taken place, the pains usually are mitigated; sometimes, indeed, they then disappear almost entirely, and the patient sleeps pretty soundly, but this is rather unusual. This is the condition in which I recommend you to begin the exhibition of mercury, prescribing it in the form of the Plummer's pill, or five grains of the pil. hydrarg. twice in the day at first; and combining it with the compound decoction of sarsaparilla, to the amount of half a pint, at first, and afterwards a pint in the day; but this I do not always give, but reserve it more particularly for those cases where the stomach has been much deranged, and the strength and health have been a

good deal exhausted. As the mercury is found to agree, I increase the dose; that is, I give an additional pill in the day; or, what is still better, cause a drachm of the stronger ointment to be rubbed in every night, watching its action upon the mouth, for I never wish the gums to be made suddenly sore, nor the ptyalism to become so great as to compel me to leave off the remedy until the cure is completed. I can scarcely repeat too often, that if fever arises whilst you are administering the mercury; if the pulse becomes thready, irritable, and frequent, there is restlessness at night, or profuse perspirations, you must withhold its exhibition, and adopt another line of practice. You may try, either the sarsaparilla, or the bark, with nitric or sulphuric acid; and afterwards, if it be necessary, recur to the mercurial treatment in a more qualified manner, content to obtain the conquest by slower or more progressive degrees than you had originally proposed. I have sometimes derived the most important benefit from the employment of the Plummer's pill at bed time, twice or three times only in the week.

It may be expected that I should be able to tell you exactly how long the administration of mercury is to be continued in every varying case of eruption that occurs; and it has formerly been considered proper to subject every individual to the same precise period of treatment; but it must be observed, that the remedy operates with a different degree of energy in almost every instance: that in one the symptoms will give way, as it were, by magic; whilst in another they subside by slow and almost imperceptible degrees. As a general remark, I would venture to say that they are most obstinate in those cases where the eruption has subsisted for the greatest length of time. The best advice I can give you upon these occasions is to pursue the exhibition of mercury until the symptoms are fairly extinguished, and then gradually to lessen the quantity, and after a week or two to omit it altogether. Seven or eight weeks is the average length of time that the cure of these symptoms will require. The spots which I have now been describing first fade from their centre, and in this they differ entirely from the next form I shall mention, which is the lichen. Of this eruption there are many varieties; it appears on the forehead, face, breast, between the shoulders, and upon the arms; most commonly in small papulæ, not exceeding the size of a silver threepence, sometimes not so large. These spots are a little elevated; sometimes filled with an opaque fluid, which, discharging, leaves a thin crust on the surface; at others, a scurf forms upon the surface at once, which falls off in branny scales as the spots begin to fade away; and then, when left to pursue their natural course, either a fresh crop of the eruption succeeds, or several fresh spots appear dispersedly among those that are on the decline. Like the preceding form of eruption, this is preceded by fever; by pains in the limbs, loss of sleep, or inflammation of the eye, as well as ulceration of the tonsils. Generally, the aphthous or ragged superficial ulcer of the tonsil, and deafness, are attendants of it. When these spots are going off, the sign of their so doing is a depressed point in the centre. These papular eruptions are all curable without mercury; but then they will persist for a very long period. I have seen the skin still stained by them upwards of fifteen months from their first appearance; and when this is permitted, a tenderness and swelling on the tibiæ, or the bones of the fore arm, or perhaps of the sternum, will supervene. Now, all this may be prevented by mercury cautiously given; observing the same directions that I have given above; taking care to withhold it if, under its employment, fresh eruptions become established, and especially if such be the case when the original symptoms are nearly overcome; for then be sure that you have to do with mercurial affections only; remembering, also, that there is no medicine in the whole materia medica comparable to the sarsaparilla, for the purpose of restoring the tone of the stomach, and recruiting the broken down constitution.

Enlargement of the testicle is no unusual attendant upon the papular eruption; it is pyramidal in figure, very hard, gives but little pain when touched, but is tender and uneasy, especially towards night; the spermatic cord is not thickened or diseased. This symptom very readily gives way under the mercurial treatment; indeed, the local action of that medicine upon it has been often acknowledged by those who have denied its specific powers: it will not

in general be necessary to do more than support the part by a suspensory bandage. The papular eruption sometimes approaches very nearly to the pustular form; occasionally the centre of the papula is raised, and contains a yellowish matter; at others it has more of a vesicular appearance, and is not larger than a pin's head; again, it will now and then almost cover the whole spot; and then, in fact, has little to distinguish it from the pustule. If I am asked whether the papular eruptions—for you will have perceived, that though one generic term is used, the varieties are almost endless—invariably follow one particular kind of sore, I am bound to answer in the negative. As a general remark, I would say that they are often the consequences of ulcerations having no very distinct character, though I have seen them after the indurated sore, as well as from the aphthous ulcer, and the raised ulcer of the prepuce; they also follow gonorrhœa.

The next form of eruption to which I have to call your attention is the pustular, and this again is intimately allied to the smaller kind of tubercular eruption; so that it appears to me to hold a middle rank between the lichen with accuminated heads, and the pustule, which very soon terminates in thick crusts, and which, after a time, falls off, leaving small circular spreading ulcers. Concerning this pustular form of eruption I have not much to say that is applicable solely to it. The pustules may occur either of a larger or smaller size, distinct, or congregated into patches. This form of eruption I have once or twice seen to succeed to gonorrhœa, though certainly not more than once or twice; and upon the whole it is a form of symptom much less frequently met with than either the tubercular or the papular. It is usually preceded by a pretty sharp attack of fever; and its most usual attendant is an ulcerated state of the tonsils, attended with a vivid inflammation. These precursory symptoms, though severe, do not last long; and the whole complaint seems to run its course in a more regular manner, and more in unison with the common exanthemata, than either of the other forms of syphilitic eruption. I have nothing more to add with regard to the treatment of this symptom in addition to what I have before said, excepting that I do not think so decided a course of mercurial treatment necessary; and that in general an alterative exhibition of mercury will be found sufficient to restore the patient to sound health. But again I must caution you, and do not think the repetition needless, that during this alterative process you must not suffer your patient to forget that he is taking a dangerous and powerful medicine, and that you must be equally alive to the possibility of its producing its own peculiar fever.

Now, that these pustular eruptions, if seen at a later period, may be mistaken for a very different form of eruption, is very evident from the descriptions which authors have left us; and I shall beg leave here to refer to one of Mr. Carmichael's cases, which is highly instructive in this point of view, as well as on other accounts, since it exhibits the progress of this pustular eruption, and illustrates the inefficacy of the practice that gentleman has been led into by a mistaken theory—(it is the case of John Quinn, page 155 of Mr. Carmichael's Essay on Venereal Diseases).—Here is a complaint lingered out from June in one year to March in the following year, attended with consecutive ulcers and a node on the tibia; all because it was contrary to the author's preconceived notions to employ mercury as that remedy ought to have been employed. You see also, that if this patient had presented himself to a surgeon only in the later stage of the disease, he never could have guessed that his eruption had been pustular in the first instance, and that, therefore, these fine drawn distinctions and over refinements lead, in fact, to no superiority of practice.

I shall not dwell long upon that form of eruption which has been called psoriasis syphilitica, and which Mr. Carmichael has exalted into the consequence of one particular sore, to which alone he restricts the name of chancre, and which eruption he calls the scaly venereal disease. This affection of the skin, I believe (notwithstanding that opinion, as well as its having been classed by Willan in the order *lepra*) to be nothing more than the consequence of an aggravated form of lichen; and here I quote with satisfaction what Dr. Bateman has said upon this subject. In the first place, he observes that psoriasis differs from lepra in many respects; and he farther declares that two species of it

are sometimes the sequel of lichen. The great distinction in the syphilitic psoriasis is the fissures in the cuticle, and the greater degree of scaliness with which the spots are covered, as well as the earlier appearance of the scales. There is likewise a peculiarity in the appearance of this eruption when situated between the nates, or where two surfaces are applied to each other; it is then rather elevated, has no scurf upon it, and discharges matter. The following description, in which this eruption proceeds to ulceration, unless its progress is checked by an appropriate exhibition of mercury, I take verbatim from Mr. Carmichael, because it is not only accurate in itself, but shews, I think, most decidedly, as I have before said, that this is, in fact, only the sequel of an eruption which is papular on its first approach. "Each spot," he observes, "is covered by scales, or scurf, which is thrown off and succeeded by another. Every succeeding scurf which is formed becomes thicker than the preceding, till, at length, it forms a crust, under which matter collects, and it becomes a true ulcer; in which state it spreads but very slowly." With respect to the treatment of this affection, I have nothing to add to what I have before said respecting the cautious employment of mercury; but if the eruption is very much diffused, and the irritation upon the surface of the body great, the warm-bath is occasionally of great utility: it need not be resorted to often, but once or twice in the first week of the appearance of the eruption will be sufficient. Ulcerations between the toes, or round the roots of the nails, are frequent concomitants of this form of eruption, though not exclusively belonging it, for I have seen them more than once in connexion with the simple lichen. These ulcers are neither deep nor extensive, but they shew no disposition to heal; they discharge a thin ichorous matter, and present a glassy surface, with loose and flabby edges. The local application of mercurial washes in general effects a speedy change in their appearance: of these, the black wash, which is composed of calomel and lime-water, in the proportion of ℥j. of the former to ℥iv. of the latter, is one of the best. The lotio flava also, or a weak solution of the corrosive sublimate, agrees with them very well. Of course it is not intended that these remedies are to supersede the internal employment of the mercury; they are to accompany it merely, since it is desirable, upon every account, to heal these ulcerations as speedily as possible.

I now come to speak of the tubercular eruptions, of which two distinct species are recognizable as connected with syphilis, though the larger tubercle, or rupia, has been said by some not to be syphilitic under any circumstances, but has been referred either to the action of mercury or some other condition of constitutional disturbance. I am inclined to believe that there is much truth in this representation, but then it is not the whole truth: that rupia may occur from a cachectic state of the system, is unquestionably true; and that it is not always, or perhaps often, a decided consequence of syphilis, is also confirmed by every day's experience, but, with this exemption, it only shares with every other form of syphilitic eruption which I have described; for, as I said before, they may every one of them exist without a syphilitic taint in the habit; but occasionally you will find rupia accompanied with other symptoms of the venereal disease, directly traceable to some primary symptom, and equally cureable by a mild alterative course of mercury. You will observe that both Dr. Willan and Dr. Bateman arrange rupia under the class vesiculæ; and there is much diversity, in fact, in the commencement of these eruptions, which usually are denominated, in common language, tubercular: in truth, they seldom begin as tubercles, but more commonly are pustular in their origin, though the matter forms so soon into a thick crust that they are more usually first met with in practice in their scabbing state, to which the term tubercle has been thought most appropriate, in consequence of not attending rigidly to the definitions of those authors, or perhaps, to speak more plainly, in consequence of the defect of the definitions themselves; since a tubercle is defined to be a small, hard, superficial tumor, circumscribed and permanent, or *suppurating partially*. Now this last expression, which was necessary for the admission of the species *acne* under this head, in fact exposes the whole arrangement to misconception; because it de-

stroys the essential distinction between the tubercle and the vesicle when not seen in the respective stages of their progress.

From this digression I shall now return to a description of these eruptions, which I shall continue to call tubercular. The first of these presents the appearance of small elevated crusts, and usually first are observed about the forehead and in the hairy scalp. They are likewise found on the arms and body, but are not usually very numerous. When occurring in the forehead, they have acquired, in their ulcerative stage, the whimsical appellation of corona veneris; they are often preceded by tenderness of the scalp and pain in the sternum; and a general feeling of uneasiness, with some accession of fever at night, usually precedes their invasion. The natural progress of this eruption is to throw off the brown scab and to leave an unhealthy foul-looking ulcer, disposed to spread from the edges in a circular form; and sometimes a few of these coalesce together, and form an ulcerated surface of an honeycomb appearance: these, when they heal, usually begin to do so from their centre; and, with few exceptions, the same description applies to the rupia, the crust of which is conical, and not unaptly compared to a limpet shell. This is of a much larger size than the former one, and is not met with often upon the head and face. The arms, back, shoulders, and lower extremities, most frequently are the seats of this eruption. Occasionally the ulcerations consequent upon the falling off of these crusts are very extensive, though they are superficial, and do not usually present so foul a base: there is a disposition to ulcerate, however, from the circumference, which is usually surrounded by a deep red margin, very similar to that which is observed in the true phagedena.

Now it will not be necessary for me to go over the ground of treatment in the first described species of sore, as far at least as relates to the exhibition of mercury: you must be very cautious how you employ it in these cases during the period of constitutional disturbance; and whilst pain and fever are present, be contented with the exhibition of antimonials, sarsaparilla, and the nitrous acid. The ulcers may be dressed with the red precipitate ointment, or a very weak solution of the corrosive sublimate; but, depend upon it, the permanent cure of your patient will, after all, be best ensured by the administration of mercury, which, properly timed, and carried on with moderation, increasing the dose as the patient appears to derive benefit from it, will be found the safest, the speediest, the surest mode, of restoring the patient to his pristine state of health. With respect to the utility of this medicine in rupia, there is however much more discordance of opinion; and I must candidly acknowledge that I cannot recommend its employment upon all occasions where this symptom prevails, for it is decidedly not always or commonly a consequence of syphilis; it often arises during a course of mercury; and I should never think of prescribing that medicine unless the rupia was accompanied by other unequivocal signs of a syphilitic taint in the constitution, and certainly not without duly examining into the patient's state of health; and then I should neither prescribe it in form nor degree with the same freedom that I have advocated in other stages of the complaint. I should administer the nitrous acid, in the dose of from half a drachm to a drachm in the day, with the decoction of sarsaparilla, feeling my way cautiously with small doses of the blue pill, or the Plummer's pill. Still I am convinced, that even where mercury internally is objectionable, its external application to the ulcers, in the form of a weak solution of the corrosive sublimate, will generally cause them to put on a healthy aspect. There may perhaps be idiosyncracies, where mercury applied to ulcered surfaces is improper, particularly if they be extensive: allowances must always be made for particular habits. The solution of caustic, or Bates' camphorated water, form also excellent applications to these sores, which in general heal readily as the general health improves. Whatever the local application to them may be, it is right to cover them, if large, with a poultice.

Thus, having gone through the description of those forms of syphilitic eruption which are recognizable with ease and certainty, I have told you what I believe to be true—what I have myself met with, and treated over and over again in the manner I have described and recommended to your con-

sideration. I have paid no attention to what others have urged on this topic, because, if I had told you one-twentieth part of the discrepancies of opinion and contradictory statements that you will meet with on this part of the subject, it would have had no other effect than that of confusing you in future practice. I have drawn no over fine distinctions, and been led away by no theoretical views or speculative opinions. Much as has lately been accomplished with regard to diseases of the skin, still, in my mind, so much remains to be done that it appears to me to be the safest plan to adhere to plain matters of fact, and to give you the result of what I have been able to collect from a pretty extensive experience, having had my attention, for a long time past, directed to this particular branch of inquiry.

It remains now to speak of two or three other occasional concomitants of these eruptive diseases, and then I proceed to the subject of affections of the fasciæ, ligaments, periosteum, and bones. Among these irregular attendants of these forms of syphilis, enlargements of the glands of the neck are by no means unfrequent occurrences. The submillary glands will also be sometimes found in a state of induration: this generally takes place only in those who have suffered much in their general health, and who are not habitually robust. Whenever they are met with, it will be necessary to proceed in your mercurial course with greater moderation and caution than where they do not exist, for too rapid an exhibition of mercury is likely to aggravate them; and very serious, or at least very tedious indisposition, is likely to ensue if they suppurate: should they show a disposition to do so, the same line of practice that would be considered proper to adopt in other cases in which syphilis did not exist must be resorted to.

It now and then happens that during the progress of eruptions of the skin, hard knots or tubercles are felt below the surface of the skin, which are moveable under the finger, of a small size, and usually do not elevate the surface perceptibly; they in general subside with the eruption which they accompany; but I have also seen them advance to the surface, suppurate imperfectly, and form the beginning of small unhealthy ulcers, very obstinate and disinclined to heal. The best plan to treat these tubercles when they come forward is to poultice them until they break, and afterwards to apply a stimulating wash, such as the solution of lunar caustic, or the Bates' camphorated wash to the sores themselves. They heal when the constitution is under the influence of the remedy; but they leave, in healing, the peculiar dark livid looking stain in the skin which is so characteristic of all these affections.

SYPHILITIC ULCERATIONS ROUND THE ANUS.

Round the anus two very distinct morbid appearances are met with in conjunction with other syphilitic symptoms; one consists of cracks or fissures, attended with much pain, not of any great depth, and not inclined to spread to any great extent; they are not difficult of cure, but require frequent applications of escarotics: they readily yield to a mercurial treatment. I have also seen, upon more than one occasion, an irregular, foul ulceration, extending all round the anus, and penetrating for some distance within the sphincter. This is attended with a very profuse discharge, and excruciating pain after each alvine evacuation. In two instances I have met with this in the female, and am by no means prepared to say that it is always a secondary symptom; but I can confidently assert, that if you give mercury so as gently to affect the system you will cure the disease with a certainty and a rapidity which will be very satisfactory. Here it will be necessary to keep the patient's bowels in a lax condition; for the pain, upon making any effort to void the fæces, is truly distressing. The best applications at first are strong solutions of opium, or opium itself, as a suppository, with poultices to the parts during the first or inflammatory stage of the disease. When the surface of the sore begins to look clean, the solution of corrosive sublimate will form the best dressing, applied upon lint; generally in three weeks or a month the cure of this symptom will be accomplished. This is a very different appearance from phagedena, extending down the perineum to the verge of the anus, which is not uncommonly found in the female patient, and which requires a very different treatment; inasmuch as mercury is in that case totally inad-

missible, but the character of the ulceration, and the state of health of the patient, together with the previous history, form a marked line of distinction between the two; and this will be further insisted upon when I come to treat of the effects of mercury.

[To be continued.]

LITHOTOMY.

To the Editor of the London Medical Gazette.

Winchester, Dec. 29, 1828.

Sir,

I beg to send you a case which has lately occurred to me at our hospital, presenting some difficulties in the operation of lithotomy. Should you deem it worth a place in your excellent and highly creditable journal, you will much oblige me by inserting it as early as convenient.

I have the honour to be, Sir,
Your obedient servant,
W. J. Wickham, Jun.

Case.—George Lock, æt. 4 years, was admitted with calculus in the bladder into the Winchester County Hospital, Nov. 12, 1828. The symptoms of stone had commenced when he was about fourteen months old; his health was otherwise good, but he was somewhat emaciated from continued and very great suffering.

Nov. 25.—Operation.—The process of sounding being duly accomplished, and the existence of a stone having been distinctly ascertained, the operation proceeded as follows:—By one plunge of the knife the first incision was effected, and the urethra opened near the prostate gland; the beak of the gorget was at once lodged in the groove of the staff, and passed onwards into the bladder. The arrival of the gorget in the bladder was not announced by a gush of urine, as it had been voided entirely on the introduction of the staff. I now passed my finger at once into the wound, and felt the stone at the fore and upper part of the bladder, towards the pubes. I then introduced the forceps, and felt the stone in the situation I had found it with my finger, but it was not bared, a substance evidently intervening between the forceps and the stone. I withdrew the forceps, and again passed my finger, but did not feel the stone exposed. At the moment I conceived that the forceps, and my finger on its second introduction, had found their way between the bladder and rectum. I next introduced the staff, and passed my finger along it into the bladder, by which I was immediately conducted to the stone; but I thought the opening had not been made sufficiently large by the gorget, therefore dilated it by a very slight effort with my finger: the stone being completely exposed, I passed in the forceps again, and took away the calculus without any difficulty. The time occupied by the operation was eight minutes. The boy bore it well.

No untoward symptom occurred afterwards until about the eighth day, when the water returned to its accustomed course, which was attended by severe pain, the boy screaming very loudly at each effort to make water. This continued till the fourteenth day, the wound having appeared foul, and the surrounding parts inflamed for two or three days previously, when a substance came away from the wound having the following appearance:—

It is a cyst, apparently of the same structure as the bladder; its size is sufficient to contain the calculus, which weighed two drachms; the opening into it is just large enough to admit of its exit, and its whole internal surface is lined with calculous matter, in fact, studded with large pieces of calculi.

Since the coming away of the cyst, the wound has continued to improve in appearance daily, and is now (Dec. 27) nearly healed. The water passes in its natural channel.

Reflections.—I have no hesitation in pronouncing the substance voided by the wound to be a cyst, in which the stone was contained previous to the operation. Its appearance, its size, its being lined with calculous matter, and the opening into it being ragged and just large enough to admit of the stone passing out of it, are circumstances decisive of its nature.

By every examination the stone was found to be in the same situation, and by several surgeons in the country, previous to his admission, it had been pronounced that no stone existed.

The existence of the stone in the cyst, by which it was almost wholly

covered, produced the embarrassment in the operation.

It is evident that the gorget opened the bladder *sufficiently*, or the stone could not have been taken out. It is also clear that the forceps and finger were *really* passed *into the bladder*, and not, as *feared, behind* it, but that they over-reached the only part of the stone which was exposed to the cavity of the bladder.

The difficulty in this case was much increased by the youth of the child, and consequently the incomplete development of parts, by which one part could hardly be distinguished from another. The urine also escaped before the introduction of the gorget, which rendered its entrance into the bladder doubtful.

I am anxious to bring this case into notice, because I believe the occurrence to be uncommon, having never met with or heard of a similar case. But I am desirous of bringing it forward at this particular time, because the public seem unwilling to believe that there are difficulties in the operation for the stone; because it is supposed that this operation (concerning which more has in every age been written, and as to the mode of performing it more differences of opinion have existed than in any other operation in surgery) has now all at once lost all its terrors, both to patient and operator. In fact it is considered that no patient need, under any circumstances, be lost from it, and that no operator should exceed a few minutes by his pupil's watch.

The unfortunate case of Mr. Bransby Cooper, which has of late appeared before the public, and has been stigmatised in such disgusting, unmerited, and libellous terms, demands that all should be done to recover it from the imputations cast upon it, not only for the vindication of the operator, whose character stands on the first authority of this country, but for the benefit of all men who are engaged in situations which oblige them to operate before numerous spectators.

The above case was one which fortunately was not protracted; but the same circumstances might have led to its further delay, and even its non-completion. And again, had not the cyst come away, the difficulties would have remained unexplained, and been attributed to unskilfulness and want of dexterity, as imputed to Mr. B. Cooper.

DISLOCATION OF THE RADIUS.

To the Editor of the London Medical Gazette.

SIR,

THE Lancet of Nov. 29 contains a paper headed "Observations on Dislocations," by Dr. Penneck, of Penzance, the principal object of which seems to be to prove that the pathological condition of the bones and ligaments in dislocation of the radius forwards, as represented by Mr. Key, surgeon to Guy's Hospital, in a Memoir read before the Hunterian Society, and transferred to the Medical Gazette of the 19th July last, are incorrect.

As it was through the kindness of Mr. Key I had first the opportunity of witnessing the state of the parts concerned in this dislocation, as produced on the dead subject, I am desirous of shewing that the position assumed by the Doctor is without any foundation.

The Doctor commences *his proof* by quoting the writings of Mr. Pott, in whose days, he says, "there was no surgeon superior to himself, and that among the many sound principles to be found in that rich mine of experience, his works on surgery, and which in 1783 and 4, when a pupil at St. Bartholomew's, he had also the satisfaction of hearing him deliver in his lectures, are the following:—The ligaments of some of the joints, endued with great mobility, are weak and distractile, and capable of suffering considerable violence without being lacerated; and as it is impossible to know, with any certainty, whether a laceration has happened or not, or in what part of the ligament, it cannot be admitted as a rule for our conduct."

After reading this quotation repeatedly, I am unable to find out any point bearing on dislocations of the radius forwards.

The Doctor says, his authority (Mr. Pott) is certainly here applying his observations principally to the capsular ligament of the shoulder joint, and this the Doctor takes to be the stronger case. Now the fact is, that the two dislocations bear no analogy, either in their pathology or difficulty in reduction

If the Doctor supposes the wrinkled or stretched state of the capsular ligament, or the folding or tension of the

rent in it, be the immediate cause of difficulty in reducing any dislocation, as from his expressions I am compelled to think he does, it may be easily shewn that his remarks are not founded on what is, and what always must be, the solid basis of all surgical and medical knowledge—personal observation.

To prove that the capsular ligament has nothing whatever to do with the difficulties universally admitted in reducing this dislocation forwards, the whole of the capsular ligament common to the elbow joint, the external lateral, and coronary ligaments, may be entirely cut away, but still the obstruction continues.

After unnecessarily alluding to several passages in Mr. Pott's works, to establish the fact of less power in making extension at a distance from the luxated bone, and this increased, as every tyro knows, by a number of intermediate, moveable, and extensile points, as the joints, he adds, here then the "true cause" (in italics) of all your difficulties is ascertained!

Following the Doctor through his observations, he produces a case to substantiate his position, for the truth of which we are referred to Dr. Clutterbuck. A man aged 60, when a lad, injured his left elbow by a fall*. He says the radius must have been dislocated *outwards and forwards*; a joint has been formed on the outside of the external condyle, on which the radius rotates; and probably the coronoid process of the ulna was fractured. Judging from the description given of this case, it seems to have been a complicated accident—viz. dislocation of the ulna backwards from fracture of the coronoid process, so allowing the triceps to draw the olecranon backwards, and in consequence of this dislocation the radius obtains the opportunity of being brought in connexion with the anterior surface of the external condyle, and is really a dislocation on to the external condyle; but this is not the dislocation alluded to by Sir Astley Cooper in his work, page 439, fourth edition; nor will Dr. P. find any of the cases there related at all resembling it, except at page 438, which is a dislocation of the ulna backwards; nor is it the dislocation described by Mr. Key in his Memoir: that gentleman speaks of dislocation of the radius forwards, without either fracture or displacement of the ulna, which he has satisfactorily shewn to consist in the head of the radius resting on the anterior surface of the coronoid process of the ulna.

Dr. Penneck seems purposely to have overlooked the main point in Mr. Key's paper, viz. the impossibility of placing the head of the radius on the external condyle; however, to prove his own position, he has retrograded as far as the days of Mr. Pott, in the hope of disproving, by hypothetical reasoning, what Mr. Key has actually demonstrated.

To satisfy Dr. P. I will extract from Mr. Key's paper the following passage:—

"I endeavoured to dislocate the head of the radius forwards on the external condyle, having first divided the coronary, capsular, lateral, and oblique ligaments, and also a portion of the interosseous: notwithstanding this free detachment of the head of the bone, I found that the radius could not be moved upwards toward the external condyle by any force I could employ; nor indeed can such motion be given to the bone while the connexion between the radius and carpus remain entire. Complete dislocation at its carpal extremity is requisite to allow this upward movement of the radius, which the fibres of the interosseous ligament alone can prevent."

Until Dr. P. can prove, by *demonstrative evidence*, that Mr. Key's observations are incorrect,; and until he can shew that the head of the radius can be forced on to the external condyle (the ulno humeral articulation remaining entire), his proposal of improved mode of extension, as referring to this dislocation—his quotations from Mr. Pott—his geometrical progression—must remain unheeded.

Forcible *rotation inwards*, or pronation, with counter pressure on the ulnar side of the head of the radius, to prevent its rolling still further on the coronoid process, appear to be the best means that can be employed in reducing this dislocation, and *not extension*, as Dr. Penneck imagines.

I am, Sir,

Your humble servant,

JOHN HILTON.

Guy's Hospital, Dec. 18.

* Here the author should have mentioned upon what part the patient fell, whether upon his elbow or the palm of the hand; the latter is by far the most probable, and indeed appears to me to be the only one capable of producing such an accident.

ON THE ACT OF VOMITING.

To the Editors of the London Medical Gazette.

GENTLEMEN,

I SUPPOSE it may be expected that I should reply to the observations of "A Subscriber" upon my paper on the Mechanism of the act of Vomiting, at page 127 of your last number. This I will therefore do, but very briefly.

It is a pity that that gentleman did not take the pains perfectly to understand my paper,—he would then have clearly seen that neither he nor M. Richerand accurately understand the subject.

According to the first quotation given by your correspondent himself, M. Richerand says, that in the act of vomiting "the diaphragm ascends towards the chest." Now this is totally at variance both with the truth and with all that I have said on the subject. It is certain, on the contrary, that in vomiting the larynx is closed. How then can the diaphragm ascend?

In the next place, M. Richerand is quoted as saying, "during expiration only can any thing pass from the stomach into the œsophagus." This statement is not less untrue than the former one. It is not during expiration, but during an effort of expiration, the larynx being closed, and expiration itself being prevented, that vomiting takes place.

The last quotation from M. Richerand is nearer the truth; but where there is so much confusion, it is plain that the matter cannot be clearly, if at all, understood.

I would subjoin one or two questions. Why does your correspondent write *anonymously?* This is a poor excuse for writing carelessly. Would it not be better to exclude such communications from our medical journals altogether? *

I remain, Gentlemen,
Your obedient servant,
MARSHALL HALL.

London, Dec. 29, 1828.

* In answer to this query of Dr. Hall, we beg to say that we do not admit anonymous papers which consist in the statement of facts resting upon the authority of the writer; but that matters of opinion, or reasoning upon *admitted* facts, do not absolutely require the signature of the author, although we always prefer having it.—ED. G.

ABSORPTION BY THE UTERUS.

To the Editor of the London Medical Gazette.

SIR,

DR. EDWARD RIGBY mentioned to me a few weeks ago, that his friend Professor Naegele had witnessed several instances of the absorption, by the vessels of the uterus, of the retained placenta; and he very obligingly promised to transmit to me, on his return to Heidelberg, a more exact statement of these cases. Yesterday I received a letter from Dr. Rigby, which contains a translation of part of Professor Naegele's letter to Dr. Von Froriep, at Weimar, detailing the particulars as Dr. N. observed them. A case of a similar nature was published a few years ago in one of the English medical journals, but at present I cannot recollect where it is to be found. It was probably supposed to be founded in mistake, for it does not appear to have excited much attention. If you agree in opinion with me that Professor Naegele's cases are sufficiently important to be presented to the public, I shall feel obliged if you will appropriate a few columns of the Medical Gazette to this purpose.

I remain, Sir,
Your obedient servant,
SAM. MERRIMAN.

Brook-Street, Grosvenor-Square,
Dec. 30, 1828.

Extract of a letter from Dr. F. C. Naegele, Professor of Midwifery at the University of Heidelberg, to Dr. L. F. Von Froriep, of Weimar, Editor of a periodical publication entitled Notizen aus dem Gebiethe der Natur-und Heilkunde. Communicated by Edw. Rigby, M.D.

During the year 1802 the following case occurred to my notice:—A lady of high rank, in consequence, probably, of a somewhat fatiguing journey, from which she had just returned, was brought to bed between the 24th and 26th week of her pregnancy; the child lived several hours after birth, little hæmorrhage followed, but the placenta did not come away. The cord, which was very thin, had been torn off at its insertion, as far as could be judged from the length of it. The midwife, who was an experienced

as well as a highly-respectable person, informed me that it had occurred as she passed her finger along the cord to ascertain whether the after-birth were already separated; and assured me that she had not exerted too much force in endeavouring to extract it, in which account the by-standers also agreed.

The lady and her friends were under considerable alarm on account of the placenta not coming away; and the midwife, who suffered not less anxiety for her patient, scarcely quitted the bed-side for the first nine days, and even passed the night in her room, so that the case was watched with the greatest attention.

The lochiæ, which were sparing and devoid of fœtor, and with scarcely any coagula of blood, lasted only four days; a slight attack of fever was experienced 24 hours after delivery, unattended, however, with any pain of the abdomen. The breasts did not swell, the menstruation returned in eleven weeks, and in about three years after she bore a child at the full period of pregnancy.

In another case, in 1811, where abortion had occurred between the 14th and 15th week, from no assignable cause, and with scarcely any hæmorrhage, and which I had an opportunity of observing with the greatest accuracy, the secundines did not come away; a febrile attack came on upon the third day, which soon disappeared; no local pain, no discharge from the parts of generation; the menses returned after nine weeks, and no traces of the placenta, &c. ever appeared.

An experienced accoucheur of this place (Dr. Götzenberger) has had the opportunity of attentively observing two cases of this kind, and assured me positively that he was perfectly convinced that no trace of the placenta had been detected either in a solid or in a partly dissolved state.

January 19, 1828, I was sent for to attend a patient, aged 24, the wife of a respectable farmer, living about 10 or 12 miles from this place. She had been brought to bed of her second child the day before, at eleven o'clock in the morning, and the after-birth had not yet come away. In the afternoon flooding had come on, which had been so considerable as to induce repeated fainting. Dr. Sigel, a physician of considerable experience, and M. Roth, an accoucheur, had been sent for from Ladenburg, and on examination had found retention of the placenta, in consequence of hour glass contraction of the uterus, which had prevented the hand being introduced for the purpose of separating and bringing it away. Tinct. cinnamom. with a little laudanum, had been prescribed, and warm fomentations directed to be applied to the abdomen, to remove the spasmodic contraction. The flooding returned several times during the night and following day, and the discharge had begun to be very fœtid.

I did not see the patient till thirty hours after delivery; I then found her very pale, the pulse quick, small, and somewhat excited; the uterus pretty firmly contracted, with no marks of hour glass contraction, but almost perfectly round; the discharge was extremely fœtid, and I could feel a portion of the placenta within the os uteri. From the circumstances of the case, I considered the after-birth as already separated, in which opinion the aforementioned medical gentlemen, and my friend Dr. Rigby (who had accompanied me), agreed. Having deemed it necessary to remove it, I introduced my hand for this purpose, after experiencing considerable resistance from the contracted state of the uterus, and found the greater part of the placenta firmly attached to the uterus. This circumstance, combined with the obstinate and unruly behaviour of the patient, allowed me to separate and bring away scarcely two-thirds of the placenta; considerably more than one-third was left in the uterus, and the medical men present were convinced of the fact. The hæmorrhage did not return: injections of Infus. fol. Salv. off. were repeatedly thrown up during the night and following day, but brought away scarcely any coagula of blood. A smart attack of fever followed in about four-and-twenty hours after the operation, with violent head-ache, full and strong pulse, and considerable increase of temperature; the abdomen was not painful, even upon pressure; the breasts remained flaccid, although the child had been repeatedly applied by my order; and there were no signs of lochia. Almond emulsion, with nitrate of potass, and cooling drinks, were ordered; the bowels were evacuated by clysters, and an infusion of camomile flowers every now and then injected per vaginam. On the

third day, however, the breasts began to swell, and a secretion of milk followed, but the child, which was weakly, refused the breast; the fever abated, and the milk again disappeared. She enjoyed perfectly good health till the 27th of January, when the left eye was attacked with inflammation, which, in spite of all attempts to check it, rose to such a degree of intensity, as in a few days to induce opacity of the lens and vitreous humour, with loss of sight in the organ. The menses returned in thirteen weeks after her delivery, in the usual quantity and duration; and at the present time, with the exception of blindness in one eye, she is in perfect health.

This case has been observed with the greatest attention, and the combination of circumstances that may be considered as having caused the ophthalmy, the obstruction to the secretion of milk, and suppression of the lochia, still further induced me to pay particular attention to the nature of the discharge.

As this circumstance interested me considerably, I have endeavoured of late years to excite the attention of several of my professional friends, and at various times have received accounts from them confirming the truth of my observations, both in cases of premature labour, where the placenta had been retained, as also of labour at the full term of pregnancy, where large portions of it had remained attached, where no traces of it either in a solid or half dissolved form had come away, and this had occurred without any injurious consequences.

My friend Professor Sebastian, of this place, having lately returned from a journey to Holland, has communicated to me a most interesting case, which he received from the mouth of Dr. G. Salmon, of Leyden, where, after labour at the full period of pregnancy, the whole placenta had been absorbed, and the case terminated successfully. Dr. Salmon requested him to ask me if a case of this kind had ever come under my notice.

I am far from denying the liability to deception in cases of this sort, and am well aware how extremely difficult it is to form a correct opinion upon them. A comparison of this with processes of a similar nature, more especially with those that are observed to take place in cases of graviditas extra-uterina, and also in animals, and a more elaborate discussion of the subject in a practical point of view, which has engaged my attention for some time, has made me very anxious to avail myself of the experience of others, who may enjoy more extensive means for observation than myself. I have, therefore, taken the liberty of sending you this short and cursory communication, with the request that you will do me the favour of inserting it in your valuable journal.

RESTORATION OF THE URETHRA.

To the Editor of the London Medical Gazette.

Sir,

Permit me to send to you for insertion in the Gazette, an account of two cases of restored urethra, which have recently occurred in my practice at the Middlesex Hospital.

Samuel Jones, æt. 35, some months since was ascending a rotten flight of stairs, which gave way, when he fell across a projecting beam, and bruised the perineum severely. This injury produced an immediate retention of urine, but by good management in the Westminster Hospital, where he then applied for advice, he was relieved. He came some months afterwards to the Middlesex: in this period a very narrow stricture had formed at the junction of the bulb and membranous part of the urethra, and he laboured under incontinence of urine, the flow of which he could neither restrain nor increase by any effort; the urine came away continually *guttatim*, and had painfully excoriated the adjacent parts. The urethra was so contracted, that after repeated trials I found myself unable to pass the finest instrument into the stricture; and I was equally unsuccessful in the attempt to remove the obstruction by the use of caustic. Under these circumstances I recommended the patient to submit to the operation of dividing the stricture, which was done on the 1st of August.

Having cut down in the perineum, a little on the left of the raphe, to the urethra, in which a full-sized silver catheter was held in contact with the stricture; and having laid open the canal at that part, I tried to pass a fine

grooved probe through the stricture, but I could not succeed; nor could I with *any* instrument find the narrow channel through which the urine habitually made its way. I therefore relinquished this object, upon which I had relied in the idea of the operation which I had preconceived; and withdrawing the catheter a little, and observing carefully the probable course of the urethra, I made an incision, half an inch in length, in that direction. Upon now trying to pass a full-sized catheter, it readily entered the bladder.

The catheter was changed, for the first time, on the *third* day, and *every day* subsequently; and the case in all points went on favourably. The wound united partly by adhesion; part granulated: no urine came through the wound, although it frequently passed *by the side of the catheter*.

On the 15th of August the wound appeared to me perfectly healed; at one point only there remained a prominent granulation, which was touched with caustic; *when*, misled by the free passage of the urine by the side of the catheter, which had been observed for several days, after withdrawing the instrument I did not replace it. In the course of a few hours the patient required to make water; then, for the first time, some urine escaped through the perineum; and he had a violent rigor. An abscess followed in the perineum, and it was not till the 13th of October that the urethra at length healed, under the renewed and constant use of the catheter. The first 24 hours after the catheter was finally withdrawn, this patient was able to retain the urine perfectly; on the following night some urine involuntarily flowed away, and when an instrument was passed, it was discovered that the urethra had already begun to contract again. This was remedied by passing a catheter every day, and then every other day, for a short period.

The details of the second case are as follow:—

G. Thornton, æt. 44, had laboured under stricture for 14 years. The urine came by drops through the contracted channel, till an abscess in the perineum formed, and urinary fistula followed. I was here, again, unable to pass an instrument through the stricture; and observing that, after several weeks of medical and surgical treatment in the hospital, the patient's state did not improve, I recommended him to undergo the operation described above. At this time there were several sinuses in the scrotum and perineum, which were much swollen. He suffered severely under symptomatic fever, with occasional rigors, a furred tongue, and frequent pulse. The urine was highly fœtid. The urethra *began to be obstructed* at five inches and a half from the orifice.

In preparing for this operation, I borrowed from Mr. Bell a catheter, with a slit nearly an inch in length along its under surface. I proposed, after exposing the catheter where the obstruction began, to introduce a sharp-pointed bistoury into this slit, and to take it as a guide in the division of the contracted part of the canal. But the perineum was greatly thickened and indurated; so that it was not without difficulty that I discovered the end of the catheter in the firm cartilaginous substance which surrounded it; and when it was exposed, I found myself quite unable to avail myself of the grooved instrument in the manner I had intended. I therefore withdrew it, and introduced an ordinary full-sized catheter down to the obstruction; and examining carefully, as in the former instance, what should be the course of the urethra, I drew back the catheter a little, and then, with a scalpel, divided the indurated substance for the extent of an inch in what I conceived would be the path of the urethra. The catheter then passed readily into the bladder, from which a quantity of thick urine, of the foulest description, immediately escaped.

The patient slept well the following night, and his recovery has been uninterrupted. Each day the urine became less offensive and clearer. The catheter was changed first on the second day, and every day afterwards. He now introduces it himself, to draw off the urine when he desires to make water. The wound is nearly cicatrized: no urine has passed through it, or by the side of the instrument, since the operation.

The points of practice upon which the preceding details seem to me to bear, are—

1. The advantage in the operation of losing little time, after the sound urethra has been laid open, in searching for the narrow channel in the diseased

part; as a clean section through the diseased part into the sound urethra behind, will perfectly serve every purpose.

2. The advantage of changing the catheter as early as the second day, and then every day afterwards.

3. The advantage of using a silver instrument in preference to a gum catheter in those instances (and I believe they are the greater number) in which the former can be borne without irritation, the silver instrument being more manageable, and not liable to become rough on its surface.

4. The importance of passing instruments after the urethra has closed, in order to prevent its contracting. The artificial urethra, like many strictures cured by dilatation or by caustic, often retains a strong tendency through life to close again.

I remain, Sir,
Your obedient servant,
HERBERT MAYO.

19, George-Street, Hanover-Square,
December 26th, 1828.

PARTY AGAINST MR. LAMBERT.

To the Editor of the London Medical Gazette.

SIR,

THERE are one or two circumstances connected with the expulsion of this individual from the Westminster Medical Society, upon which, with your permission, I will offer a few brief remarks.

It has been said, and it has been *truly* said, by Mr. Lambert's party, that "a party" was formed against him. Let us inquire in what manner. The evidence of Mr. Lambert upon the late trial was heard with much anxiety, and, no doubt, strict attention; each person who attended upon that occasion must have formed some opinion of the general character of that testimony before he left the Court. The subject, of course, became the general topic of conversation; he who was inclined to think that Mr. Lambert had acted any thing but an honourable part, had his opinion strengthened by another; upon still further inquiry he found that all the respectable members of the profession had arrived at the same conclusion. As they thought in unison, they were prepared to act in unison. Thus, Sir, was the "party" formed: precisely in the same manner and upon the same principles that twelve jurymen consult together when they leave the box before they pass their verdict. The collective judgment of the many leads them to a decision, and they form "a party" either favourable or adverse to the accused. The address of Mr. Lambert to the Society last Saturday evening was, I presume, intended as a defence: in my humble opinion it materially aggravated his fault. There was one point, however, which he argued speciously, but not satisfactorily. "He is a man of warm feelings," and therefore he cannot remember whether, in a moment of excitement, he *may* or may *not* have said, "*he would make Mr. Cooper repent it.*" It is true that intemperate language uttered in a moment of intemperance may be forgotten: but this, Sir, is not a phrase of ordinary passion. It is expressive of a settled and malignant feeling, which, if ever entertained, never could escape recollection. No man will be believed, even upon his oath, when he asserts that he does not remember whether he ever did or did not feel and express a rooted hatred for another. If it should be said that any prejudice existed against Mr. Lambert before the trial, the answer is obvious. His reputation had been previously sullied by the well-known transactions at the Middlesex Hospital. As a member of society in general, Mr. Lambert has disgraced himself, and therefore has a ban been set upon him. As a member of a medical society he must henceforth have been useless, for who could listen, either to his facts or inferences, with confidence? I would venture to offer one word of advice as to his future conduct: let him abate his vanity, which I take to be his ruling passion, and not presume to judge those who are as much his superiors in professional acquirements as in moral integrity. Let him not suppose a fault for the base purpose of inflicting punishment upon the innocent. We are created for mutual support, not for mutual destruction. Let him, in fine, henceforth assume the moral dignity of a man. His errors have been great—his repentance should be sincere.

I am, Sir,
Your obedient servant,
A GENERAL PRACTITIONER.

January 1829.

MEDICAL GAZETTE.

Saturday, January 10, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

THE MEDICAL PROFESSION IN FRANCE.

"MANY additions," says Dr. Johnson, talking of the Radcliffe Fellowships, "many additions to our medical knowledge may be got in foreign countries. But it is in vain to send our travelling physicians to France, Italy, and Germany; for all that is known there is known here. I'd send them out of Christendom; I'd send them among barbarous nations." Things are much changed since the doctor's time: there is not the least necessity for a physician to travel out of Christendom, nor among barbarians, to make considerable and useful additions to his store of knowledge. He may combine pleasure with profit, and in visiting any one of those continental resorts above-mentioned, learn much that his own country can scarcely afford him.

A difficulty does, and ever will, exist in determining the precedency among those countries in which the medical sciences are cultivated: our nationality will ever interfere, and perhaps we are but too much inclined to conclude, as Johnson (the stubborn moralist!) did, that our neighbours know no more than ourselves. Invidious as comparisons proverbially are, it is impossible to avoid making them. In this way nothing is more common with us of late than the drawing of parallels between the state of medical science and practice amongst ourselves and our Gallic brethren. But as professed parallel writers are always to be suspected, we most frequently look for the data upon which we would found our conclusions, in the reports of two very opposite sets of travellers. We have no other resource when we do not stir abroad ourselves. Our first and most numerous set of travellers are our young physicians, who, after a superficial acquaintance with the resources of their own country, are easily fascinated with the novelty of things foreign, and come home abundantly embued with the love of France. The second, a more steady class, are commonly prejudiced before they leave home, and see nothing good, from Dan to Beersheba, until they return. Both are to be judged with caution, and the opinions taken *cum grano salis;* yet, after all, it will most probably happen that we are not a jot farther advanced in our inferences—neutralized between the numbers and the fidelity of the conflicting testimonies.

We can think of but one way in which we have a chance of coming at the truth. Let us take our foreign friends unawares—let us give them no time for putting on their finery, but see them in their every-day dress—out of their own mouth let us judge them. Let us hear what some intelligent Frenchman, wholly uninfluenced by any view to the decision of this question, has to say of the state of things in his country; and there are few things in his country of which a Frenchman may be more justly proud than of its medical establishments. Without compromising a particle of our own love of country, we can sincerely admire them, ample, well regulated, and magnificent as they are.

At present, however, we would confine our attention to the celebrated men who are connected with the French school; and here we are abundantly gratified by the perusal of a very clever work which has lately made its appear-

ance in Paris—"Les Médécins Français Contemporains," — a collection of sketches of French professional characters, written in a spirit of unwonted freedom and impartiality. Its boldness, indeed, could only be permitted since the abolition of the censorship—of its impartiality, we believe, there can be no question. The author is possessed of abilities which eminently qualify him for his task: his thorough acquaintance with the doctrines, opinions, modes of practice, and state of literature in France; his critical sagacity in analysis, and his ready talent in exposition, entitle him to our special applause. Our readers will not be displeased to find a few pages of the Gazette occupied with a selection. This week we give the Baron Dupuytren, not as as the best, but perhaps the most popular specimen of the writer's talent. We shall afterwards have Broussais, and perhaps some others.

M. DUPUYTREN *.

Passing over some of the introductory observations of our author, on the difficulty of treating, to the contentment of all parties, such a character as that of the Baron, we find him proceeding as follows:—

Though we may incur the charge of partiality, we will boldly avow that, in our opinion, M. Dupuytren is a surgeon of the highest merit; and we know not that his equal can be found in all France. Such is the standing allotted him by the public voice: we give him not the place—we find him in it. Does he merit this? We make no question of it, and shall give our reasons. M. Dupuytren is a surgeon, and a professor of external *clinique*: we shall speak of him under these two points of view.

With many individuals the art of surgery is held to be the art of performing operations; and a clever surgeon a man whose talent, like that of a pickpocket, lies in the tips of his fingers. Even medical men have long entertained a similar opinion, which was the cause of the depression of surgery below the other branches of medical science for such a length of time. At the present day the case is altered, and surgery occupies the rank to which it is entitled. A surgeon is a medical practitioner, who is specially employed about external diseases—that is to say, diseases that are evident to the senses—that may be viewed distinctly by the eye, and touched by the hand—and who, for their cure, uses every remedy which he deems requisite, but principally manual operation. In every department of this difficult art we look upon M. Dupuytren as equally excellent. There is an admirable precision in his glance, a certainty in his touch, a surpassing steadiness in his manner; and he possesses, moreover, that innate talent which is so requisite in the arts generally; for a man must be born a surgeon just as a man must be born a poet or a painter. His career in the profession was begun early—it was successful, because it was begun with enthusiasm. The opportunities which he, above most men, has enjoyed, have eminently endowed him with the talent of discovering disease, its exact locality, and its real nature. In fact, his discriminative excellence is his skill in diagnosis. It is difficult to carry the precision of the eye to greater length. He observes attentively, but rapidly; seldom undecided, he forms his opinion with promptitude. At the patient's bedside every one of his five senses are

* Dupuytren (William) was born at Pierre Bussiere in 1778. He was educated in the College of Raval, Magnal, and de la Manche; and at a very early age commenced the study of anatomy and surgery. At 17, by *concours*, he obtained the appointment of prosector (first demonstrator) of anatomy in the Ecole de Santé, Paris. Having taken the degree of doctor in surgery, he was Dumeril's principal rival in the *concours* for the post of Chef des Travaux Anatomiques, but lost it by a casting vote. He, however, succeeded Dumeril, when the latter passed to the chair of anatomy. It was at this period that he began his pathological researches, of which we have so ample an account in the Journal de Médécine, conducted by Corvisart, Leroux, and Boyer. In 1802, M. Dupuytren was chosen second surgeon to the Hôtel Dieu of Paris; in 1808, joint-surgeon in chief; and finally surgeon in chief in the year 1815. One of the most brilliant *concours*, indeed one of the last of those institutions for appointing professors to the faculties of medicine, raised him to the chair of Sabatier in 1812. M. Dupuytren is first surgeon to the king of France; a Baron; Chevalier of the orders of the Legion of Honour, and of St. Michael; a member of the Academy of Sciences, of the Royal Academy of Medicine, &c. &c.

in requisition; in a few minutes the examination is finished, and we have heard but few physicians interrogate a patient with so much intelligence and propriety. Seldom, indeed, is he mistaken, either as to the seat and nature of the disease or as to its probable issue, and the effects of the remedies. And let it not be supposed that his decisions are loosely framed or vaguely expressed—like the oracles of old, capable of *any* application. On the contrary, one is astonished at the exactness and confidence with which M. Dupuytren enters into the most minute detail of circumstances, which as yet have but a future existence. He describes a pathological alteration still concealed in the tissues of an organ, as if he was actually looking at it: when the scalpel exposes and detects it, the truth of his statement is evident to all. Whence is this invaluable and splendid art derived? From his experience, and, above all, from the faculty which Spurzheim calls comparison, and Gall the spirit of induction: a *medical instinct* may not be an improper appellation for it—it may be no more than a rapid calculation. But does M. Dupuytren never err? We have been asked this absurd question by some who could not themselves give credit to the fact; our own observation, however, has convinced us that he *does* err occasionally; at which we are not surprised, nor should any one else be so. A story goes that he practised lithotomy on a patient who had no stone in his bladder: he introduced the sound more than once; he felt the calculus; he heard, and he made the by-standers hear, the *choc* produced by the sound striking against the foreign body. Well: the thing that was so incontestibly demonstrated did not exist after all, as the patient and his surgeon were assured, to their great annoyance. Yet what does this prove?—simply that in diagnosis there is a possibility of error, even in the most experienced hands. The like has happened to Cheselden, to Desault, and, above all, even twice to M. Roux, who confesses the fact with a frankness which does him honour. Not so M. Dupuytren; he does not possess that openness of character. If we were to derive our information only from the accounts which *he* thinks proper to impart to the public and to his pupils, we should deem him infallible. So towering is his ambition of superiority, that he takes every precaution to throw into shade not only serious errors but the most trifling mistakes; and the slightest censure, whether deserved or not, would seem to him to tarnish his glory everlastingly. On a skilful diagnosis depend the indication, and the manner of putting it into effect. M. Dupuytren is not less clever in the treatment of disease than he is in its diagnosis. There is no part of his profession that he has not studied thoroughly and enriched more or less; and few surgeons have shewn such fertility in inventing modes of operation, or such cleverness in their employment.

As an operator, indeed, he possesses that assemblage of qualifications which are only to be found united in the great masters of the art, and which are all indispensable. The habit of beholding blood flow and man suffer, has endowed him with imperturbable *sang froid*. The most unforeseen occurrence cannot disconcert him: it is here the resources of his genius are called into play: then it is he combats with obstacles—his sagacity seizes the new indications which arise, and he is never a moment at a loss for means of putting them in practice. Is this simply his good luck, or a species of instinct? It might seem so; but, the operation over, we listen with surprise to his minute dissertation on what has just taken place. He explains his reasons for every thing he has done, as if he had deliberately weighed and matured them in the tranquillity of the closet; he points out the plan he adopted, shews its advantages and disadvantages, and proves the propriety of his process by practical example and solid reasoning. We then become convinced that he has done nothing by chance; rather that he has reflected, calculated, deliberated, and at length decided with wisdom: and all this in the space of a few moments.

M. Dupuytren performs all the common operations cleverly; but there is nothing wonderful in this, for in every large hospital in the kingdom there are operators competent to cut off a leg or an arm, to extract a stone or extirpate a tumor very satisfactorily. A much less degree of cleverness is required for this than is commonly imagined: and with respect to manual dexterity and expedition, the Professor of the Hôtel Dieu is not without rivals—nay, he is surpassed

by some. M. Roux, for instance, is much more *adroit*, in the mechanical acceptation of the word; he has, besides, infinitely more grace and vivacity: all this, however, does not imply that he is a *better* operator. Were we, indeed, to look at a surgical operation as a theatrical exhibition, and the surgeon as an actor performing his part, then M. Roux should certainly carry off the palm, not only from M. Dupuytren, but from all the surgeons in Paris. But surgery does not altogether consist in the employment of cutting instruments more or less dexterously—it consists principally in the diagnosis of disease, in the appreciation of indications, in practical experience—and in every one of these particulars we hold M. Dupuytren to be in the first rank. Frère Jacques used to say to his patients whom he had cut for the stone—"Now I have done my part; may God cure you!" The French surgeons, though they do not exactly use this language, act on the same principle. On the after treatment in a great measure depends the success of an operation. Here again M. Dupuytren shews the superiority of his practical views. He never proceeds to operate till he has submitted his patient to a preparatory regimen, and ascertained that his health will not seriously suffer by the operation. He is a tolerable physician too, in the treatment of those affections which accompany traumatic injuries: we say a tolerable physician, not an accomplished one; for here we do not think him beyond the reach of censure. The majority of the French surgeons are, indeed, liable to reproach on this head; most of them are guided by nothing better than mere mechanical ideas; and M. Dupuytren is one of those individuals in whom the defect is not so apparent. Such is M. Dupuytren as a practitioner—we shall next view him as a professor.

In taking the chair in the amphitheatre of the Hôtel Dieu, the responsibility which devolved upon him was great indeed. He succeeded a professor whose distinguishing excellence was his talent as a teacher. M. Pelletan most unaccountably vanished from the place where his pupils delighted to see him; and little indulgence could be expected for the new comer, whose succession was apparently so irregular. M. Pelletan himself had succeeded Desault, so long the luminary of the French school; and it seemed to require no ordinary resources in the man who would venture to maintain his ground after such predecessors. M. Dupuytren, however, achieved all that could be expected of him; and if he did not succeed in silencing every voice, he at least drowned the cry of those who would question his ability. Since 1815 the *clinique* of the Hôtel Dieu has lost none of its former celebrity; in fact, there is nothing of the kind in France at the present day to be compared with it, either in the number of pupils, the richness and variety of cases, or the talent of the professor. With the business of the *clinique* no man is more perfectly acquainted then M. Dupuytren. Being a first-rate practitioner, he in this respect possesses the most important of all the requisites of a clinical teacher. But there are other qualities equally indispensible. The teacher should express himself with ease; he should possess the talent of *improvisation* in no small degree; he should be gifted with a good memory for facts and details relating to particular cases; he should have sufficient command over himself to revert day after day, without *ennui*, to what he has already said a thousand times over; and he should never forget that his auditors are the inexperienced, to whom he must not say things by halves; auditors whom it is easy to dazzle, but better to instruct, and that this last cannot be effected without patience. In all these requisites, M. Dupuytren is nearly without fault. We will not say that he is an orator, in the ordinary signification of the word, for this would rather be a blemish than a perfection; but we will say, that though a little diffuse sometimes, he generally expresses himself in a very interesting and proper manner. His diction is not without elegance; it is even occasionally adorned with a literary polish, that does not displease. His words have an air of fashionable grace rarely to be met with in the hospitals; and his mode of expression is so far removed from the common, that we suspect he takes more pains in the practice of elocution than is generally supposed. But a far higher merit than all this may be observed in the inexhaustible fertility of his practical reflections, in the abundance of curious analogies which his excellent memory supplies, and in the

facility of perception and expression with which he immediately discovers and points out what there is of importance in any fact or case presented to him. His pupils are thoroughly sensible of this, though perhaps they may not be able to explain why they frequent the Hôtel Dieu rather than other places of instruction. For our own parts, so far as our observations will permit us to decide, we have no hesitation in believing and asserting that the *clinique* of M. Dupuytren may be presented as a model of that species of instruction.

But are all these fine qualities—sagacity in diagnosis, imperturbable sang froid in operation, an elegant delivery in conveying instruction—are all these sufficient to gain general esteem and universal admiration? No; for even with all these the scientific character is still imperfect. In the practice of surgery, as in most other things, a little ambition does no harm; it is even meritorious sometimes, when it is found in conjunction with talent; for without the impulse of a passion of this sort talent will but too often flag. Yet the passion need not be always in operation when once its reasonable end is attained. Were there a man, deeply possessed with a love of fame, whose character exhibited, under every circumstance, an overpowering energy of ambition, an inflexibility of pride, a jealous irritability of self-love, carried to the very extreme of vanity; were this man to presume that in all the schools, and in all the books of surgery in Europe, there was but one name pronounced, and that his own; were he to wish that all his rivals, stricken with sterility, should be able to invent nothing, to perfect nothing, to do nothing in fact but by virtue of his orders and his approbation; and that French surgery should be but the surgery of his hospital; were he to aspire to sole and absolute tyranny, after the Oriental fashion, and to have at his mercy the tongue, the pen, and the practice of all his brothers of the art; were he to seem anxious that all the works of his predecessors and contemporaries should be annihilated, that it might be hereafter said that surgery had its origin and its termination in him; were he to be discontented with even the most flattering panegyrics as inadequate to his merit, and to feel sore at the most slight critical remarks, simply because they might raise a doubt of his high capacity; were he, in fine, instead of encouraging rising talent, to appear alarmed at any thing like a happy combination of ability in any of his brethren, as if it were the signal for dispossessing him of his brilliant position by some stroke of fortune similar to that which raised himself, such a man might find flatterers and slaves, like every despot of what description soever; but every generous spirit would revolt from him, and refuse him their homage. Let us return to the Hôtel Dieu. Admirable as is the clinical instruction dispensed in this hospital, and profitable as it is to the students, yet it is to be praised with caution, for the truth is not always there a primary object. Faults are committed in the Hôtel Dieu as well as in other places, but they are never spoken of except when capable of being set right by some peculiar address. There no palpable self-praise is bestowed, but the applause of auditors and pupils is courted with all the suppleness of diplomacy, with all the ingenuity that can be devised. Who has ever heard any living professor quoted within those walls either for approbation or for censure? Nobody is abused certainly, nobody is attacked; but then every thing foreign is smothered under a leaden silence. Has an operation or a cure been effected with complete success? the trumpets of the Hôtel Dieu, and the public journals, ring with it. Failures are never heard of. Has a patient recovered after an operation? he is carried in triumph into the amphitheatre, and the case recorded on the long list of cures. Does he die? there is not a word more about him; the dead body and the truth together are buried in the humid vaults of the Hôtel Dieu. Is there an autopsy, for the purpose of verifying a diagnosis? If the examination confirm it, the morbid specimen is exhibited to the world; but if not, it is thrown away *by mistake*, or spoiled by the awkwardness of the dissector.

These pretensions to infallibility, supported with such perseverance and so much manœuvring, direct and indirect, are a further proof of that spirit of ambitious supremacy of which we have already spoken, and which cannot possibly be in the end advantageous to the cause of science. The Hôtel Dieu is no school,—it is a government; there we behold some inferior ministers, and

a ruler in chief, whose will is the law. The amphitheatre is not a place of familiar conference; it is a Divan, in which men, more or less prostrate, hear in silence the words which the Grand Signor deigns to utter. This subjection of the understanding and the will of many to that of a single individual, is distressing. In some of the wards the constant practice of genuflection, of silence, and of mystery, put one in mind of the harem. No one ever addresses the chief except in answer to some interrogatory, and the body of the respondent is almost bent into a curve under the superior force and influence of him whom he addresses. A direct question to the chief would be a piece of rashness of which there are but few examples. Every thing shrinks up in his presence. Even the men whom their honourable exertions and their talents have made his colleagues in the education and business of the hospital,—extenuated, effaced, almost reduced to nothing by his ascendancy,—find it impossible to keep on that footing of equality which professional men ought to preserve among themselves. Mixed up and confounded with an immense crowd of pupils, which encumbers the wards, they are but seldom admitted to the council of the chief, and when they are, their part is so humble that it excites our pity.

MEMORANDA CONCERNING WAKLEY'S WITNESSES.

We will feel particularly obliged to Mr. Partridge if he will favour us with answers to the following questions:—Did he not operate for stone on a patient sent to him by Mr. Gaskell, without being able to get into the bladder at all? Was he not obliged to give up the attempt, and send the patient to bed, after ineffectual efforts to complete the operation?

We allude to these circumstances, not with the view of bringing Mr. Partridge's skill into discredit, because we have always said, and now repeat, that there may be difficulties in the operation of lithotomy which even the most skilful cannot at the moment overcome: but granting this, we ask if it was fair—if it was manly—if it was honest—to conceal such an event from the jury? We have received our information from a quarter which we believe Mr. Partridge will scarcely venture to contradict, and if so, how can he reconcile his evidence against Mr. Cooper with the principles of strict morality? Did it never strike Mr. Partridge that the causes which prevented him from succeeding at all might have satisfactorily accounted for the delay in Mr. Cooper's case? If he, from personal experience, had felt what the difficulties were, was it not his bounden duty, as an honourable man, and as a christian, to put the jury in possession of the whole truth? It might have cost his vanity a little sacrifice to have done so; but let him reflect how much higher he would have stood in public estimation if he had been more candid, and if the disclosure had come from himself instead of from us!

Mr. Thomas.—This individual we designated "a demonstrator of two months' standing to an itinerant lecturer;" but the public will be still better able to estimate the value of his surgical knowledge when we inform them that, a few years ago, he was shop-boy to a tinman at Kingston on Thames!

Mr. Clapham.—We accused this person of perjury, but a respected contemporary says this expression is "improper." The matter stands thus:—Clapham admitted that he had made a false representation of his age, but stated, on oath, that he had not sworn to it; yet the identical affidavit given in by him, as to his age, was afterwards produced in Court. Now it appears to us a very fine drawn distinction, to say he did not make affidavit—because the affidavit which he presented *perhaps* was forged, and *certainly* was false. If he escapes from the charge of per-

jury, it is at the expense of admitting forgery, and of having jesuitically sworn, on the faith of a *forged* affidavit, that he had not sworn at all. As we wish to do no man injustice, however, we think it right to give him the benefit of the alternative, forging being perhaps the lesser crime of the two.

OUTRAGE AT THE WESTMINSTER MEDICAL SOCIETY.

Our readers will find, in another place, (p. 205), an account of the expulsion of Mr. Lambert from the Westminster Medical Society, and of a most indecent attempt made by Wakley and his friends to *force* their way into the room. Had the Committee anticipated any such act of violence, they would, no doubt, have had constables in attendance. The result of the ballot strongly evinces the proper feeling which pervades the members of the Society, and we trust, for the honour of the profession, that the members of the London Medical Society will show an equal degree of spirit.—(See notice, p. 205.)

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Lithotomy, which was the subject of the Libel in the Lancet.

[Communicated by Bransby B. Cooper, Esq.]

Stephen Pollard, æt. 53, of a plethoric habit, but pourtraying want of constitutional power, admitted into Job's Ward, Guy's Hospital, March 7, 1828. He states that he has been subject to a gravelly deposit in his urine for 7 years, and a twelvemonth after its first appearance he was attacked with excruciating pain in the region of the right kidney, which was constant and severe, and confined him to his bed for three months; at the end of which time he voided a stone with his urine about the size of a barley-corn. Subsequent to this his health became re-established, suffering but a slight inconvenience from the sediment in his urine, which remained unaltered. In three years a second attack, similar to the first, took place on the opposite, or left side; the same symptoms supervened, and at the end of a fortnight he voided another calculus, of nearly an equal size with the first. He soon recovered his health, and the gravelly sediment, though continuing, has latterly been much diminished in quantity. About a twelvemonth ago, unusual irritation in his bladder attracted his notice, which rapidly increased, causing a difficulty in micturition, the urine suddenly stopping, and the complete evacuation of the bladder inducing intense suffering. At length he was obliged to apply to a surgeon, who advised his coming to Guy's Hospital. Upon his admission, he stated that his journey to town from Sussex, in a cart not hung on springs, gave him great uneasiness, producing repeated inclinations to void his urine. Walking also increases the symptoms. The pain is most considerable when the bladder is empty. The extremity of the prepuce is not much swollen, neither has he ever passed bloody urine. The sound being introduced, indicated the presence of a hard calculus. His general health not much impaired, but suffering from a slight catarrh, from exposure during his coming to London.

The operation was performed on Tuesday, the 18th of March. The sound being introduced, the calculus was felt with difficulty: and then only while withdrawing the instrument. The narrowness of the perineum excited attention. The straight staff being introduced, the external incision was purposely extended beyond the usual length, to compensate for the natural deformity. The groove of the staff was cut into, and the knife readily passed into the bladder, as indicated by the flow of a small quantity of urine. On passing my finger into the wound, the extent of the section of the prostate could not be ascertained, in consequence of the depth of the perineum; and upon introducing the forceps the stone could not be felt: I was, therefore, induced to enlarge the opening by means of Sir Astley Cooper's beaked knife. I then withdrew the straight staff, passed a curved one into the bladder, and detected the stone in the concavity of the curve, and, to secure the passage into the bladder, passed the cutting gorget (which was necessarily furnished with a beak), and used this as a guide to the introduction of the

forceps; but still, though the forceps passed readily into the bladder, as was experienced by Mr. Callaway as well as myself, the stone eluded detection. A female staff was then passed into the wound, but could not be brought in contact with the stone. A male sound was next introduced through the incision into the bladder, and with some difficulty indicated the stone *above* the prostate, and consequently *behind* the pubes; and at length the blades of the forceps (the handles being directed downwards and backwards) were brought in contact with the calculus, which, immediately on being felt, was extracted without any force; although, from the circumstances above detailed, the operation had unavoidably been tedious. When he was replaced in bed, he felt depressed and exhausted; 40 drops of laudanum were given, which produced slight composure, but no sleep.

5 o'clock.—Complains of very acute pain in the lower part of the abdomen, especially in the left iliac region; this increases on pressure. No tension of the abdomen is discernible. Apply 30 leeches and hot fomentations.

10 o'clock.—The pulse has increased in number to 116, and is tremulous. The pain of the abdomen unrelieved by the leeches. The breathing is hurried, and the skin bedewed with a clammy perspiration. The countenance is natural. Answers questions with great composure.

Ordered Hyd. Sub. gr. iij. Ext. Opii gr. ij. M. To be taken directly. A large emollient poultice to cover the whole of the abdomen.

March 19, 1 o'clock A.M.—Has not had any sleep. The tenderness of the abdomen undiminished; pulse 120, small, with a degree of hardness. For the last half hour has had nausea, and inefficient efforts to vomit, which greatly distress him, by increasing the pain. Repeat the Cal. and Op.

5 o'clock.—The pain in the abdomen is increased; the pulse 120, small, and hard; respiration difficult; nausea unabated.

V.S. ad ℥x.

This relieved the urgency of his symptoms, but was followed with depression.

Ordered Hyd. Sub. gr. iij. Opii Ext. gr. .j stat. Continue the cataplasma.

10 o'clock.—The pain in abdomen continues; pulse as quick as in last report; tongue covered with a white fur, but moist; nausea still present, even rather more urgent. A sinapism ordered to be applied to the pit of the stomach, and 30 leeches to the abdomen. These gave immediate relief, to such an extent as to enable him to sleep.

1 o'clock P.M.—Pulse 156, and irregular as to power, but constant in number. The anxiety of countenance indicates a fatal depression, and has a peculiar yellow hue, the lips being pale. The nausea has returned, and the pain of the abdomen is only complained of during the spasm. The respiration is short, hurried, and attended with pain.

℞ Ammon. Carb. gr. iv.
Tr. Opii. gtt. xxiv.
Infus. Serpent. ℥iss. F. Haust. to be taken directly.

After having taken this draught he slept two hours, when the respiration was 26 in a minute. He awoke in an alarming state of depression, the countenance anxious and pallid; he reluctantly answered questions, but said he was entirely free from pain. He took a small quantity of brandy and water with the julep of ammonia, but continued gradually sinking until half-past 7, when he died.

It may be worthy remark, that this patient felt convinced in his own mind that the operation would prove fatal; and so strong was this impression that he persuaded two patients in the same ward to shew him the burial ground of the hospital. He visited this, and expressed his conviction that it would be *his* resting-place.

Examination of Body 60 Hours after Death.—(From the Notes of Dr. Hodgkin.)—The peritoneum, at the lower part of the abdomen, as well as that portion which lines the parietes, and that covering the intestines, was minutely injected. In the pelvis there was some sero sanguineous effusion, very slightly puriform, and unmixed with lymph, or flocculi. Behind the peritoneum, in the posterior part of the left iliac region, there was some echymosis. The cellular membrane behind the peritoneum in the pelvis, was extremely lacerable, readily breaking down under the finger, and scarcely requiring the use of the knife for the removal, except under the pubes. There was a free division of the prostate, and a clean cut into the bladder, the mucous membrane of which

was generally healthy. Immediately behind the meatus urinarius there was a small tongue-shaped body, which on the opening of the bladder, and when obscured by coagula, was considered to be the third lobe of the prostate; but a more careful examination proved it to be a small flap, composed of a portion of bladder and prostate, and which had been formed by another incision communicating with the first, about an inch in length, and a third of an inch behind the opening of the meatus. There were a few spots of the echymosis, and abrasion comprehended in a space of about the size of a shilling around the orifice of the meatus. The edges of the incision, from the external opening to the bladder, were ragged and intermixed with adherent coagula of blood, a state which was unavoidably produced by the repeated introduction of the forceps and other instruments which were had recourse to in the attempt to remove the stone.

In the preparation a passage exists at the side of the bladder: this was not noticed by Dr. Hodgkin till after it had been in the hands of the reporter of the Lancet; and from the extremely lacerable state of the part, it might easily have been formed after its removal from the body. That it was either formed then, or in the act of removing them, is an idea which the absence of coagula tends strongly to confirm.

Besides the injection of the peritoneal coat of the small intestines, the internal membrane was of a diffused red. The rectum was perfectly sound and healthy, with the exception of a very slight appearance of piles. The kidneys were of moderate size, soft and flabby, and in an advanced stage of the light mottling deposit described by Dr. Bright.

This case resembles all those of unsuccessful lithotomy which I have myself had an opportunity of examining, both in the peritoneal inflammation and in the extensively lacerable state of the cellular membrane behind the peritoneum: similar results have, I believe, invariably been found by Mr. C. A. Key in this country, and by my friend, Harvey de Chegoin, in Paris.

The peculiar derangement of the kidney observed in this case, was likewise met with in a patient of Mr. C. A. Key's, who died after an operation for the stone, and has likewise been found in others who have sunk after the operation or accident.

ST. GEORGE'S HOSPITAL.

Case I.—*Slight Concussion of the Brain—Extravasation of Blood beneath the Scalp—Incisions proposed—Speedy Cure without them.*

Eliza Macpherson, four or five years of age, met with a fall upon her head on the 8th of December, by which she was stunned for a few minutes, and after which she vomited. She then recovered her senses, and was not brought to the hospital till eight days afterwards, on account of a swelling of the scalp, which the surgeon said would require half a dozen incisions.

This formidable affection, requiring such active surgical treatment, was a fluctuating swelling extending over the greater part of the left side of the *occiput*, without any pain in the part or on the head, without any redness of the skin or marks of inflammation in the cellular membrane, and, finally, without a single bad symptom of a general nature. It was evidently a case of effusion of blood beneath the scalp, and the treatment, which was not of that *heroic* character the friends expected and the surgeon recommended, consisted merely in applying cold lotion to the head, and opening the bowels by a little scammony and calomel. It is almost needless to say, that before the expiration of a week the swelling and fluctuation were gone together, and the child as willing and as able to run home as if nothing had happened to her.

Case II.—*Concussion of the Brain apparently combined with Extravasation of Blood within the Cranium—Recovery.*

The following was a more serious case than the preceding, and the issue somewhat more doubtful.

Hannah Taylor, twenty-seven or twenty-eight years of age, Mr. Keate's kitchen-maid, fell from the top of a short ladder leading to the cistern, back upon her occiput. She was stunned by the accident, but afterwards regained her sensibility for a time, when she relapsed, and was brought forthwith to the hospital; previously to which she had vomited several times.

On admission, November 27th, she was pale and cold; the pulse slow and feeble; the pupil dilated. When left

to herself she lay in a semi-comatose condition, but when spoken to loudly, or pinched, she could be roused. At the back of the head was a wound of sufficient size in the scalp to admit the little finger, though no bone was denuded, and no fracture could be felt. This wound was said to have been caused by the comb, but we do not ourselves believe this was the case. When slight reaction took place she was bled to twelve ounces, and ordered black draught, and on the 28th we found her in the following state. The surface was cool, the face pallid, the pulse weak and low; the pupils acting, though a little inclined to dilatation. On asking her loudly if she suffered pain, she muttered "yes;" but still it was doubtful whether the answers were more than mechanical. On placing the candle before the eye she shrunk from it and struggled, and on shaving the scalp she was noisy, told those engaged to "let her alone," and said that she wished to lie down. From these phenomena it was evident that the patient had some sensibility, although it was imperfect, and only excited by powerful and painful impressions. She had had no stool since her admission, but had asked in the morning for the chamber-pot to make water in. She had not been sick, but frequently complained of feeling so. The blood abstracted on the 27th was not inflamed.

Cucurbit. cruent. nuch. ad ℥xij. Cal. gr. v. c. saccharo statim.
H. Salin. ℥iss. Mag. Sulph. ℥ij. 6tâ quâq. hor. Lot. spt. cap. raso.

She passed a very unquiet night, wishing and forcibly attempting to get up every now and then, and was not a bit better on the 29th. The sensibility was, perhaps, a little greater, but she rambled in her talk, and was fidgetty and sulky. The muscles supplied by the left portio-dura were slightly paralysed. The cornea of the left eye was a little inflamed towards the outer canthus. She complaind of a great deal of pain in the head; the pulse was slow and small, the bowels freely open, the pupils more contracted.

Rep. Med. et Lotio. Emp. Canth. Mag. nuchæ, vespere.

30th.—Was so restless in the night as to need a strait-waistcoat, which was owing in part, no doubt, to the pain and irritation of the blister. To-day she was so sensible as to recognize her fellow servant; complained of great pain in the head; disliked being questioned or disturbed; and buried her head beneath the clothes. Pulse 64, and small; bowels freely open; pupils more active. From the 1st December she was certainly more sensible, and better on the whole, but her replies were incoherent; she complained of excessive pain in the head; the pupils were sluggish; the pulse slow, but sharp; the tongue white; the bowels confined. The paralysis of the left side of the face had diminished within the last two days.

℞ Calom. gr. iij. Ext. Col. c. gr. v. statim. Applicetur glacies capiti.

Next day she was yet more sensible, but still was unable to distinguish her master; and, in fact, varied much in this respect, being at one instant perfectly rational, at another just the reverse. The pain in the head persisted; the tongue was more dry; the countenance lachrymose, and the preceding night had been a bad one. The bowels were opened by the calomel and colocynth. On the 3d her state was greatly improved, and she was ordered camphor mixture, with liquor ammon. acetat. and carbonate of ammonia, three times a day. The sensibility was now nearly perfect, but the pain in the head was greatly complained of, and her temper was irritable in the extreme. On the 5th she was not quite so well; and although she answered questions she frequently answered them wrong. Another blister had been placed on the nape of the neck, and twelve leeches on the 6th were applied to the temples.

From this time she gradually got rid of the pain in the head, which appeared to have been seated, in a great measure, in the scalp. On the 8th she was ordered five grains of Dover's powder at night, which was also given on the 10th. On the 14th the surface was natural, so was the pulse; the tongue was clean; she complained of nothing but hunger; and next day, in spite of all the remonstrances of Mr. Keate, she had made up her mind to quit the house, and quit it she did. The external wound was very nearly healed.

From the patient's recovering her

senses after the accident, from the nature of the subsequent symptoms, their severity and duration, no one, we think, can reasonably entertain a doubt of the existence of more or less extravasation in the cranial cavity. Had a similar accident occurred to a drunken carman, or a miserable artizan, whose constitution was ruined by want of food and excess of drink, experience tells us that a different result would, in all probability, have followed. The patient (such cases are constantly occurring in this, and we suppose in other hospitals), would in all probability have either sunk at once from nervous irritation, or lingered until suppuration took place either in the brain or in the liver or the lungs. The want of any palpable re-action throughout this case rendered active means, especially general blood-letting, unnecessary.

WESTMINSTER HOSPITAL.

Penetrating Wound of the Abdomen.

Thomas Fowkes, 25 years of age, a stout ruddy butcher, admitted under Mr. Guthrie, 11th November, 1828: being rather intoxicated, fell down, and a knife which he carried in his pocket pierced his abdomen immediately below the left inferior rib. About five inches of omentum protruded through the wound. This was returned with some difficulty. The external wound was about an inch in length; that in the peritoneum scarcely a third of an inch. A suture and sticking-plaister were applied, to keep the lips in apposition. He was at midnight conveyed to the hospital, where he was placed in bed. He soon became very cold, but was relieved after a while by warm drinks and mustard cataplasms. At 3 A.M. he was left to the care of the nurse. At 6 A.M. his pulse was 100, full and strong; great pain and tension of abdomen existed, and pressure from without, or the compression occasioned by an inspiration, were hardly endurable. Twenty ounces of blood were abstracted by Mr. Lant Smith, and the tension was relieved. Twenty-five ounces more were taken away, when syncope supervened. Upon recovering he expressed himself much relieved. Pulse 110, smaller and soft.

8 A.M.—He is free from pain, except in the neighbourhood of the wound; pulse perfectly soft and compressible.

Calomel, gr. v. Opium, gr. i. to be taken immediately, and a common clyster to be given two hours afterwards.

2 P.M.—The pain in abdomen has recurred with violence. Pulse 110, full and strong. Venesection to 16 ounces. Two table-spoonfuls of castor oil to be taken immediately. A clyster to be injected every four hours. Hot fomentations considerably alleviated the pain.

12th.—Slept a good deal till about 5 o'clock this morning, when the pain returned in the region surrounding the wound. He has now constant pain. Pulse 112, small and compressible. Thirty leeches to be applied to the part. The bowels freely moved. At one P.M. he was seen by Mr. Guthrie, who ordered 16 ounces of blood to be taken from the arm. The pulse became feeble, 90. In an hour after, the pain and difficulty of breathing continuing, he was cupped to 8 ounces. After this the patient expressed himself relieved.

℞ Magnes Sulph. ℥j.
Aq. Menthæ pip. ℥iv. M. Cap. Cochl. j. mag. omni semi hora.

At 11 P.M. complains of pain round the umbilicus. Pulse 96, small and hard.

Applicentur Hirudines, xxx. parti dolenti. An enema of gruel and common salt to be given in the course of the night.

13th, at 7 in the morning.—He has slept at intervals during the night. Pulse 116, small and hard. Bowels open. Severe pain in the hypogastrium, extending along the dorsum penis. He can bear pressure on the other parts of the abdomen. Respiration rather laborious; countenance anxious. Twenty leeches to be applied to the hypogastrium.

℞ Calomel, gr. iv. Opii, gr. j. Conf. q. s. fiat bolus statim sumendus.

5 P.M.—Seen by Mr. Guthrie. Countenance strongly indicates nervous irritability; lips pallid; pain below the navel; dysuria; frequent desire of micturition. Bowels confined; great irritability of stomach; pulse 120.

Repeat the Calomel and Opium bolus. Castor Oil to be taken every two hours.

14th.—Passed a restless night; sickness has continued; and he now rejects every thing that is given. Abdomen tense, pulse frequent and thready. At noon he died.

Sectio Cadaveris, 24 hours after death.—The thoracic viscera were perfectly healthy. There were several patches of inflammation visible on the peritoneal coat of the small intestines, which, together with the omentum, adhered to the abdominal parietes in the neighbourhood of the wound. The colon, but more particularly the splenic flexure, partook of the inflammatory blush in a greater degree than any of the other organs. That portion of the peritoneum inflected over the left kidney was also much injected. The mucous membrane of the primæ viæ was apparently sound.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Jannary 3, 1829.

Dr. A. T. Thomson in the Chair.

A scene of rather a novel description took place at the last meeting of the Westminster Medical Society. It had been announced, on Saturday, December 20, that the sense of the meeting would be taken as to the propriety of expelling Mr. Lambert, the author of the libel against Mr. B. Cooper. It was the first intention of the members present to proceed at once to the ballot, on the principle that when in a company of gentlemen any one is guilty of conduct which the general feeling regards as disgraceful and offensive to public decency, the individual is turned out *instanter*, as a matter of impulse. Mr. Mayo, however, having suggested that this might be construed (to borrow the cant phrase of our contemporary) into a "hole and corner" proceeding, it was agreed to postpone the ballot till last Saturday, by which a fortnight was given to Mr. Lambert to assemble his friends and organize his defence. Accordingly, on the question being put from the chair, Mr. Lambert rose, and entered into what he appeared to regard as an explanation of his conduct. It consisted chiefly in protestations that he had not been influenced by malice towards Mr. Cooper; and of this he endeavoured to persuade the Society by informing them that, subsequently to his being turned out of the room at the Guy's dinner, he had done some acts which he conceived to be friendly towards that gentleman. He then proceeded to remark that he was a man of warm feelings, which accounted for his being unable to recollect whether he had vowed vengeance against Mr. Cooper—and a very nervous man, which gave rise to his hesitating manner and appearance of prevarication in the witness-box. His speech, which was lengthy, and shewed some ingenuity, and a plentiful lack of candour, was listened to with great patience and attention; the only interruption having been a laugh at one part, where he protested something *upon his honour*. The chairman, however, declared his determination to give Mr. Lambert a full hearing, checking him only where he travelled out of the record to indulge in invective against others.

After Mr. Lambert had concluded, a gentleman, (we believe a Mr. Evans), rose, and begged to know the charges against him.

Dr. Gregory, in answer, said that Mr. Lambert had violated that sacred maxim which enjoins us to do to others as we would be done by; that he had unprofessionally and wantonly published a case of acknowledged difficulty in the dress of a dramatic performance, to gratify the public taste for tales of horror, and to the prejudice of an honourable man, whom he acknowledged had never injured him; and thus, in fulfilling a *supposed* duty to the public, had violated an *obvious* one to his neighbour. He was, therefore, surprised that it should be gravely asked what Mr. Lambert had done?—he appealed to that individual whether he would like a case of his own to be put before the public in a similar manner, and concluded by stating, that notwithstanding all this—if Mr. Lambert would retract what he had said, and acknowledge that his imagination had got the better of his judgment when he wrote the report, he would vote against his expulsion.

Dr. Thomson having quitted the chair, spoke with great force and animation against the manner in which the libel had been written, and its injurious tendency upon the interests of the profession and the public. He discountenanced the idea of any explanation elicited by the immediate fear of punishment being admitted, and concluded by expressing his determination not to hold a seat in any society of which Mr. Lambert was a member.

Mr. Lambert again rose, and made some flippant remarks upon Dr. Thomson's speech, protesting that if the Doctor resigned, he thought that nothing less than "an earthquake" was to be apprehended. He took occasion to repeat that he would give the report again in the same manner under similar circumstances.

Dr. Johnson having been alluded to by the last speaker, as placed under circumstances in some respects similar to his own, rose, and was proceeding with some observations, when he was suddenly interrupted, and the business of the evening brought to a close rather abruptly.

It had very properly been arranged by the committee that on this, as on all other occasions when private business is discussed, strangers should be excluded, and the visitors, therefore, had been requested to withdraw into another room as soon as the chair was taken. Now among the visitors desirous to be admitted were Mr. Thomas Wakley and some friends. This individual, it seems, was very anxious to be allowed to make a speech, and had sent twice to the chairman with a request to that effect. In answer to the first note a civil answer was sent, informing Mr. Wakley that he not being a member, could not be admitted; of the second, in which he required that the chairman should put it to the society, whether or not he should be admitted, we need scarcely say no notice was taken. But in the midst of Dr. Johnson's speech—a voice, which was recognized to be that of the Editor of the Lancet, bawled out, "*that's false!*"—and it was observed that the door was held ajar, the face of the above respectable individual appearing at the opening. It is said that listeners seldom hear any thing in their own praise, and Wakley being, like his reporter, a man of "warm feelings," betrayed by his exclamation the honourable method he had adopted of becoming acquainted with the proceedings. The eves-dropper once discovered, made a desperate effort to gain admission, and endeavoured with his friends, who were outside, to prevent the door from being shut. The shout of indignation with which he was met must still ring in his ears: "turn him out!" was echoed from every quarter of the room, and a general movement was made towards the door. Owing to those without, however, now endeavouring to make their way by main force, it was for some time impossible to close the door, till Dr. Gregory with equal intrepidity and physical strength, threw himself into the chasm, bearded the champion of reform and his myrmidons, and fairly pushed his Editorship back upon the landing-place, where, the door being now closed, they were all shut out together. Several members of the society, who had come late, were fortunately also present, or perhaps the worthy Doctor might have had to contend at disadvantage: as it was, however, he was only assailed with threats. "We'll shew you up for this," said a voice in the crowd; to which Dr. Gregory replied, "Remember, gentlemen, two can play at that game now."

After the above scene, rather more dramatic by-the-by than some which have assumed that form, there was a general cry of "question," and the balloting was commenced. Every member before receiving a ball, was obliged to give his name, which was taken down, so that a list of the voters was kept. The result was—For Mr. Lambert's expulsion, 76—Against it, 19—Majority, 57!

The meeting, it will be perceived, was a very full one: a fortnight, as we have stated, was given to Lambert to take his measures; his speech was artfully calculated, by protestations of regard for Mr. Cooper, and an omission of all the essential points of the question, to make an impression on the young men who constitute a large part of the society: the once redoubted Editor of the Lancet too himself was there to browbeat and threaten; yet only nineteen could be found to vote in his favour! Expulsion from a society so respectable, consisting of men of all ages and of all departments of the profession, containing a very large number of general practitioners, to whom Lambert especially appealed, as if they were less jealous of their honour than others; we say, considering all this, the measure is one calculated to shew very distinctly the state of professional feeling, and to afford an instructive lesson to those ill-judging young men who have connected themselves with the Lancet.

To Dr. Thomson the Society is deeply indebted for his conduct in the chair. No man who is not destitute of every spark of candour can deny, that decided as he openly avowed his sentiments to be, they did not for a moment lead him

to deviate from that absolute impartiality which it is the duty of the chairman on such occasions to observe.

It was matter of general remark and surprise, not unmixed with disapprobation, that although the recommendation came from the Committee, and is known to have met there with no dissentient voice, yet that one gentleman present on the occasion when the measure was agreed upon in the room below, did not countenance it by his presence when it was to be decided by the members of the society at large; and that the gentleman who had on the first night prevented the ballot from going round at once—merely that a measure of which he expressed his approbation might not appear to be carried clandestinely—afterwards left it to its fate without the support of his authority or his vote. Had these gentlemen changed their opinions, or did they lack moral courage?

CONTRADICTION OF A STATEMENT MADE BY MR. LAMBERT.

Mr. Bransby Cooper having been informed that Mr. Lambert asserted, at the last meeting of the Westminster Medical Society, that he had been employed to correct Mr. Cooper's work on the Ligaments, has requested us to state, that he never employed Mr. Lambert for any such purpose, nor does he believe that that individual ever saw a line of the work until it was published.

MEDICAL SOCIETY OF LONDON.

Jan. 5, 1829.

We perceive that a Special General Meeting of the Members of the London Medical Society has been called for Monday the 19th inst. for the purpose of considering the conduct of Mr. James Lambert, and the steps proper to be taken on the occasion. Dr. Haslam, who was in the chair, attempted, though in vain, to prevent the notice from being issued, and offered the gross insult to the Society of introducing Mr. Wakley as a visitor! We trust that the whole of the council and members at large will see the necessity of attending and preventing their radical President from exerting undue influence, and throwing a stain on a society which has hitherto stood high in public estimation.

We regret that want of space obliges us to postpone the particulars of last meeting till next week.

HUNTERIAN SOCIETY.

Dec. 24.

Dr. Billing, President, in the Chair.

Nearly the whole of this meeting was occupied by an exhibition of morbid parts, and by a detail of the cases connected with them.

Mr. Parrott laid before the society a specimen of diseased stomach and heart. The subject of this case was a tradesman who consulted him nine months ago. He complained of pain in the chest, with dyspnœa, and had occasional attacks of syncope anginosa; he had also a sense of fulness and tenderness in the epigastrium, and was jaundiced. On the supposition that there existed disease of the aorta and enlarged liver, calomel and opium, soda and henbane, were prescribed. Some time afterwards acute disease manifested itself, for which he was bled and blistered. He never had any sickness, nor till within a short period of his death did the pulse exceed eighty.

The body was examined fifty hours after death. The stomach was of an enormous size and emphysematous, and was much discoloured from inflammation. The liver was rather soft and emphysematous, but in other respects it was healthy. About four ounces of fluid were found in the pericardium, and a small quantity in the chest. There was dilatation of the left ventricle of the heart, and the coronary arteries were ossified throughout.

Dr. Ramsbotham exhibited some specimens of a tumor which he considered of an uncommon kind. The woman from whom they were taken was ætatis 35, and became pregnant; but the labour was difficult, on account of a mass of tumors obstructing the vagina. The growth of this mass continued progressive, and could be felt through the parietes of the abdomen. The woman menstruated for four or five months after delivery, but not within three months of her death.

Examination.—The tumors appeared to consist of a congeries of small vesicles, which sprung from the peritoneal coat of the fundus uteri, and occupied the lower part of the abdomen. Tumors of a similar character were found in the omentum and within the substance of the lungs, but the viscera themselves appeared in other respects healthy.

Mr. Cooke detailed a case which served to shew the difficulty of diagnosis in some diseases. In the month of August last, he was consulted by a gentleman, 56 years of age, who had been ill for seven or eight months. He had taken the advice of an eminent physician and surgeon, in addition to that of his ordinary medical attendant, and by all the disease was supposed to be

renal. In the early part of the attack he had passed some small calculi and gravelly matter, and at the time of his consulting Mr. C. the urine was turbid, and frequently deposited a red sediment. He complained of pain in the back and loins, and especially in the region of the left kidney, where there was extreme tenderness. He had also remarked a degree of coldness in the left leg, but it was unattended by numbness or imperfect motion. A seton in the back, with alkalies and narcotics, seemed to remove the symptoms that indicated renal disease. The pain, however, in the back still continued; the abdomen was tender on pressure; and he had occasional retchings. Although his appetite was good, yet marasmus and weakness gradually increased, and he died on the 17th of December.

Examination.—There was a deposition of serous fluid in the cellular tissue of the loins and between the muscular fibres, which rendered them extremely flabby. The lumbar and mesenteric glands were greatly enlarged and scirrhous. The liver was rather larger than usual, and of a bluish colour; and the gall bladder was filled with pale bile. The texture of the spleen resembled grumous blood. The lungs were loaded with serum, and each cavity of the chest contained about six ounces. The heart was small, and its vessels were diseased, but not ossified. Externally there was increased vascularity at the root of the aorta, and in its passage through the chest and abdomen it exhibited spots of deposition, which are usually the precursors of ossification. At the commencement of the left iliac artery there was an opening in the inner membrane, which appeared to have been occasioned by the bursting of a cyst, and accounted for the coldness of the left leg. The coldness of the limb ceased for about a month before the patient's death, and it is probable that at that time the cyst burst.

RADICAL MEETING.

To the Editors of the London Medical Gazette.

Suffolk-Place, Wednesday, Jan. 7, 1829.

Gentlemen,

It gives me exceeding regret that, owing to some similarity in the names, I have been the unintentional cause of throwing the unmerited odium of moving a resolution at the late meeting of Wakley's *Reformers* in the Freemason's Tavern, on Mr. Hensleigh (instead of Mr. Hensley), a most respectable surgeon, residing in Upper Gloucester-place. Mr. Hensleigh did not attend the meeting, or take any part in the transactions of that night. I am also authorized to aver, that Mr. Hensley, surgeon, of Great James-Street, Bedford-Row, was not present at the meeting, or accessory to any resolutions in favour of Wakley or his instrument.

I request the favour of an early insertion of this notice in your journal, as nearly a month must elapse before I can free the above gentlemen from the obloquy of aiding or assisting in any such assembly as that which was lately drawn together to raise a subscription for a libeller.

Your obedient servant,
James Johnson, M.D.

WESTERN HOSPITAL.

To the Editor of the London Medical Gazette.

Sir,

I should feel greatly obliged by your making public, in as early a number of your valuable journal as may be convenient, that I have for some time withdrawn myself from the Western Hospital, and have no further connexion whatever with that institution.

I am, Sir,
Your obedient, humble Servant,
Henry Harington, M.D.

Cumberland-Street, Portman-Square,
Dec. 1828.

BOOKS RECEIVED FOR REVIEW.

On Aneurism, and its Cure by a New Operation. By J. Wardrop, Surg. to the King.

A Letter to the Secretary of State for the Home Department on the Report of the Select Committee of the House of Commons on Anatomy, &c. By G. J. Guthrie, F.R.S.

Comments on Corpulency, Lineaments of Leanness, &c. By W. Wadd, Esq. F.L.S.

A Synopsis of Modern Medical Jurisprudence. By J. S. Forsyth, Surgeon, &c.

LITERARY ANNOUNCEMENT.

In the press, Elements of Medical Statistics; containing the Substance of the Gulstonian Lectures delivered at the Royal College of Physicians: with numerous Additions, illustrative of the comparative Salubrity, Longevity, Mortality, and Prevalence of Diseases in the principal Countries and Cities of the Civilized Globe. By F. Bisset Hawkins, M.D. of Exeter College, Oxford, Fellow of the Royal College of Physicians.

NOTICES.

Several gentlemen in the country having complained of the Gazette being sent to them irregularly, we beg to inform them that this must arise from their employing booksellers who are not correspondents of our publishers. We shall give the necessary information to any one who will take the trouble to address a note to us through Messrs. Longman and Co.

We seldom have room to announce individual communications, but our correspondents will find them inserted nearly in the order in which they come to hand.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, JANUARY 17, 1829.

PATHOLOGICAL ESSAYS

ON SOME

DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

[Continued from p. 153.]

ESSAY V.

Clinical History of Inflammation of the Pericardium.

Acute inflammation of the pericardium may arise as a simple unmixed disease, or as a part of more general inflammation within the thorax, as, when the lungs or the pleura are affected; or in association with disease pervading numerous and distinct parts of the body, as rheumatism.

As a simple and unmixed disease, it is (I should conceive, judging from my own observation) of rare occurrence; as a part of more general inflammation within the thorax not very common; but, associated with rheumatism, very frequent indeed.

The diseases of the pericardium, for reasons already mentioned, submit themselves more readily to clinical diagnosis than the diseases of other parts of the heart. Nevertheless, they are beset with their own perplexities, which are more considerable than any belonging to the same class of diseases, (the inflammatory), in other organs of the body. These perplexities, however, form as much a part of their clinical history as do their more direct and obvious symptoms, and they claim to be as distinctly notified.

One of the children at Christ's hospital had, in the opinion of all who saw him, the severest inflammation of the brain. The attack was sudden, with great heat and frequency of pulse. He had delirium and convulsions, and pointed to his forehead as the seat of his pain. In three days he died, and upon dissection not a vestige of disease was found within the cranium; but the heart was exclusively the seat of the disease, and no other part of the body discovered the slightest morbid appearance. The disease of the heart was not confined to its investing membrane. It was the most intense inflammation pervading both the pericardium and the muscular substance. This is the same case of which I have already related the appearances upon dissection, for the purpose of illustrating the occurrence of inflammation in several structures equally and simultaneously, but I reserved its anomalous symptoms for separate consideration. It occurred twelve years ago. I became acquainted with it through Mr. Stanley, and related it at the time to several of my medical friends; but they looked so incredulous, or rather so contemptuous, of the man who could mistake an inflammation of the pericardium and heart for an inflammation of the brain, that I said no more about it. But twelve years have greatly augmented the number of those who prosecute pathological inquiries by means of dissection; and now, when I venture to mention this case, there are many, I am sure, who can bear testimony to facts of the same kind. But this was a case where, not the pericardium merely, but the whole heart was inflamed.

In the course of last year there was a case of acute rheumatism at St. Bartho-

lomew's hospital, in which the whole force of the treatment was directed to the head, from a belief that the brain was inflamed. Upon dissection, the brain and its coverings were found in a perfectly healthy and natural state; and the pericardium, towards which during life there was no symptom to direct the slightest suspicion of disease, discovered the unequivocal marks of recent and acute inflammation.

M. Andral, in his admirable "Clinique Medicale," states a case where there was delirium, general convulsive movements, and twitching of the tendons, during three days. On the fourth day the delirium ceased, but the convulsive movements continued, and the upper extremities were thrown from time to time into a sort of tetanic spasm. On the fifth the delirium returned, and the upper extremities became paralytic; afterwards the patient passed into a comatose state, and died. Upon dissection, neither the brain nor the spinal marrow, nor any covering or appendage of either, nor any other organ of the body, presented the least trace of disease, except the heart. The morbid appearances belonged solely and exclusively to the pericardium, and consisted of lymph deposited upon its surface, which had contracted slight adhesions, and some ounces of a green and flaky serum effused into its cavity*.

These cases furnish specimens of the enormous difficulties which medical men have sometimes to contend with in the diagnostic part of their art, and they ought to mitigate the censure of those who would judge harshly of our mistakes.

Here it is remarkable, first, that a vital organ should sustain an acute inflammation without any symptom whatever immediately referable to itself, and that organ the heart: and, secondly, that it should impart expressly to another organ, not the mere symptoms of common derangement, but the authentic symptoms of inflammation, and that organ the brain.

It is very conceivable that inflammation may creep slowly upon a part, and injure its structure by little and little, and yet the part give no notice of its morbid condition by any notable disturbance of its sensibilities and functions. Daily experience furnishes examples of the fact even in the heart itself; but in proportion as the disease is more acute and expressly limited to one organ, and that organ is more essential to life, experience would lead us to expect that its proper and definite symptoms would be present from the first.

Again, if the symptoms be not prominently declared in the organ affected, experience would lead us to look for them in parts between which and that organ there is a relative dependency of function. If the kidney be diseased, and there be not a certainty of the fact, from symptoms immediately belonging to itself, there may still be a strong probability of it from symptoms which belong to the bladder. If the heart be diseased, and its own symptoms do not declare the fact, it is often suggested by symptoms which arise through the medium of the lungs.

But diagnosis is necessarily perplexed and baffled where no symptoms whatever are found in the organ really diseased, and none in those with which it is functionally allied, but in some other organ with which it has no known connexion, save that they are both parts of the same body. And, further, a just diagnosis becomes absolutely hopeless when the organ, thus suffering sympathetically, puts forth, not the signs of a mere indefinite ailment, but of a real disease, changing and disorganizing its structure: as when the brain, being perfectly healthy, manifests the signs of acute inflammation, while the heart, being acutely inflamed, gives no evidence of its disease whatever.

But, leaving the consideration of these hopeless perplexities, we will pass to other difficulties in the diagnosis of pericarditis, which rather cause its existence to be occasionally overlooked than that it should be mistaken for another disease.

Unquestionably I have seen it entirely overlooked when it has been the sole disease, and the sole cause of death. A few instances have occurred within my knowledge of individuals having been picked up in the street, and been sent into the hospital in a dying state, who, nevertheless, have survived for a few days, and afforded time to investigate the conditions of their disease. Nothing, however, was made out concerning them but that they were dying; and not the least conjecture could be

* Clinique Medicale, v. 3, 444; also, Rostan sur Ramollissement du Cerveau, 233.

formed where their disease was, or what it was. Upon dissection, the pericardium was found covered with lymph, and its cavity distended by turbid serum.

But perhaps it is hardly fair to bring these forward as cases in which the disease has been overlooked, inasmuch as it is scarcely possible that it could have been discovered. Where a fair opportunity is afforded of observing it, the cases, I believe, are very rare in which pericarditis is overlooked entirely, but they are by no means unfrequent in which it is overlooked partially, and for a time.

Now, the common difficulties attending its diagnosis may be referred partly to the variableness of its own symptoms and partly to the variableness of the manner and circumstances under which it is combined with other diseases.

Disease belongs most unequivocally to the heart when pain is immediately referred to it, and when its action is disturbed. And when there is fever withal, it bespeaks the essence of the disease to be inflammatory, and fixes it, almost to a certainty, in the pericardium. But why in the pericardium more than in other parts of the heart? Because it is matter of experience, that above all others the pericardium is liable to acute inflammation in an incalculable proportion.

But, strange to say, the pericardium may be acutely inflamed and yet there may be no pain. And the disturbance of the heart's action is so little of one kind in all cases, that no certain mode of disturbance can be relied upon as a diagnostic symptom; and though fever may be present wherever there is pericarditis, there is often, at the same time, inflammation of some other organ out of which it may arise.

The disease with which pericarditis is most frequently found in association is acute rheumatism; so frequently in children and in young people, that in them our suspicions are always alive to its occurrence. Yet we know not when to expect it, or what to regard as a warning of its attack. It is incident to all the degrees, and all the stages, and all the forms of acute rheumatism. It is not more to be looked for when the disease is severe than when it is mild; more at its beginning than during its progress and decline; more when it is shifting and inconstant in its seat than when it is fixed and abiding.

Still I am persuaded that, in the great majority of cases, pericarditis may be and is detected time enough to allow the application of remedies for its cure, both when it occurs alone and in all its combinations.

It is true that the symptoms of one case (even the most prominent and obvious symptoms) may differ from those of another; but every such difference need not be a cause of embarrassment.

In one case the heart, by the violence of its contractions, will knock against the ribs and shake the chest; and this tumultuous action will continue as long as the disease continues, and undergo no considerable abatement but by cure or by death. In another, the heart will contract so feebly that its pulsations can hardly be heard or felt. With the diminution of force the heart's action will become strangely irregular, and with the augmentation of force it will maintain a constant regularity. But these differences are capable of being explained by the essential conditions of the disease: and why, then, should they embarrass our diagnosis? Again, in one case of pericarditis, such a posture of body seems to be required as will leave the chest free to expand itself, and nothing more. The patient lies upon his back, with his shoulders a little elevated, and being so placed he is unwilling, rather than unable, to stir; and he is unwilling because motion excites the action of the heart and hurries the respiration: and during the whole course of his disease he will retain the position with which he began, and still lie constantly on his back. In another, the patient will raise the trunk of his body erect, or bend it a little forwards towards the knees. In another, he will lie strictly on the right, and in another strictly on the left side. But the strangest anomaly is, that the same patient who, at one period of his disease, has fixed himself immoveably on the left side, will, at another, be forced to turn over and fix himself as immoveably on the right.

All these several positions, with the exception, perhaps, of that on the back, are positions of absolute constraint. The necessity of accommodation to any one of them (whatever it may be) is so urgent, that the patient

is not merely unwilling, but feels as if it would be instant death to him to move.

Now, that the rhythmical as well as the irregular pulse, the forcible as well as the feeble pulse, and that every variety of bodily posture should be incident to inflammation of the pericardium, would seem to create a strange perplexity in its diagnosis: a perplexity which mere clinical observation, unaided by morbid anatomy, never could have been able to resolve. Reason and common sense seem to declare that there cannot be the same disease of the same organ, and yet the most prominent symptoms be absolutely different. But morbid anatomy is not content merely to contemplate a disease in its general character and have done with it: it takes into account also the various morbid products and changes of structure accompanying it or resulting from it. In pericarditis it takes cognizance of the lymph deposited upon the surface, and of the fluid effused into the cavity of the pericardium; the different quantities of each in different cases, and the different proportions which they bear to each other. It notices also, that the lymph sometimes contracts a partial and sometimes a complete adhesion, and sometimes none at all; that the fluid is sometimes freely effused into the pericardium and envelops the whole heart, and is sometimes limited by adhesions to a part of it.

These conditions must influence the action of the heart in various ways; and morbid anatomy, knowing these things, suggests to clinical observation, with respect to pericarditis, that, as its products are different, so too must its symptoms be in different cases, and even in the same case at different periods.

In pericarditis a vast difference arises in respect to symptoms, according as the solid or the fluid products of inflammation predominate. It is in consequence of the products of the inflammation consisting chiefly of solid coagulable lymph, and of that lymph quickly producing a complete adhesion of the pericardium, and thus preventing the possibility of fluid being effused into its cavity, that the force, and even the regularity, of the heart's action, with which the disease began, is continued throughout its whole course, and that there is no absolute necessity of accommodating the trunk of the body to one constrained position.

On the other hand, it is in consequence of the products of the inflammation consisting chiefly of fluid, whereby adhesion is prevented, and of the fluid continuing to increase, that the heart's action, from being violently excited, becomes soon scarcely perceptible, and fluttering and irregular; and that to swerve from one constrained position is at the peril of instant death.

Further, in pericarditis a vast difference arises in respect to the period during which life is capable of being sustained, according as the solid or fluid products of inflammation predominate. If pericarditis be not immediately cured, it will depend upon this contingency whether it do or do not prove immediately fatal. Where the heart suddenly loses the force and rhythm of its action, and flutters and falters, and stops, and gasping and fainting follow the least deviation from a given position, the patient will be quickly dead, if, by virtue of your remedies, you do not quickly change the conditions of his disease; and, being dead, you will find the heart floating in the fluid which distends the bag of the pericardium. But where the heart still maintains the force and rhythm of its action, without any very urgent necessity of accommodating the body to one position (conditions which are consistent with the most acute inflammation), your patient will not die immediately, although your remedies do not procure the least mitigation of his disease: but he will continue to live probably for some weeks, and will then die, as if he were exhausted by the violent action of his vascular system; and being dead, you will find no fluid in the pericardium, but solid lymph accumulated upon it, in quantity proportionate to the duration of the disease.

In these ways will acute pericarditis terminate, if it be left to itself, or be uninfluenced by the remedies used: death ensuing sooner or later, according as the fluid or the solid products of inflammation predominate.

Now, to ascertain, as far as possible, the natural course and termination of a disease opens the way to a clear un-

derstanding of the natural processes of its reparation, and to rational methods of treating it.

But it may be said that, in the strictest sense, the natural course and termination of pericarditis never can be ascertained. For it is not exactly one of those diseases in which the physician is accustomed to look on and do nothing; and although, in many cases, his remedies may fail to save life, it can hardly be supposed that in any they have not some influence upon the character of the disease.

The fact hardly admits of certain proof, whether they have or have not. Nevertheless, practical men have a moral conviction that cases do frequently occur where a disease, being treated by the most active remedies from the beginning, has, notwithstanding, proceeded and terminated in the same manner as it would have proceeded and terminated, if it had been left to itself.

Purulent ophthalmia may be mentioned as an instance. Its natural course and termination have been sufficiently ascertained from cases to which no remedy has been applied. The whole conjunctiva becomes intensely red; an enormous purulent secretion takes place from every part of its surface, and an enormous collection of serum in the whole cellular texture beneath it. The inflammation spreads to contiguous structures; the cornea sloughs and bursts, and the eye is gone for ever. This is the course and termination of purulent ophthalmia, when it is left to itself. But a thousand instances might be quoted where the same inflammation, treated from the beginning by the most active remedies, has proceeded and ended in the same way.

Now, I cannot say that I ever saw any known case of acute pericarditis left entirely to itself. But I have seen cases where, to the best of my belief, the remedies employed had not in the slightest degree disturbed the natural progress and termination of the disease. That this is a possible event the history of purulent ophthalmia sufficiently proves.

But pericarditis, in its most acute form, whether it occur alone, or accompanied by pleurisy or peripneumony, or as a part of rheumatism, is capable of complete cure.

In all cases, however, a considerable period must elapse before the certainty of such a cure is established. I do not mean to say, that the process of reparation is in itself necessarily tardy: I rather think that it is not so. But, whether it be rapid or slow, the time must necessarily be long before the physician can gain all the evidence he requires, to convince himself that the reparation is complete. In fact, the patient must first have returned to the habits and occupation of health, and the physician must know whether the heart can bear the stimulus of healthy exertion, before he can feel an assurance that it is free from disease.

In the worst cases, these three symptoms—the faltering pulse, the constrained position, and the threatening syncope, which arise simultaneously—are thought to depend essentially upon the same morbid condition; namely, effusion of fluid into the pericardium, and these, when they disappear (as they often do) simultaneously, give evidence that this same morbid condition is abated or removed; namely, that the fluid is absorbed, or is in the course of absorption. One may pronounce with tolerable certainty, from the observation of symptoms, that reparation has proceeded thus far.

But there may still be pain in the region of the heart, and the action of the heart may be excessive; and these symptoms, accompanied by fever and a particular anxiety, denote that inflammation is going on, and (since inflammation, if it is not secreting fluid, is depositing lymph) assuredly, as long as they continue, a greater and a greater accumulation of lymph is taking place upon the pericardium.

Now, by keeping the attention steadily fixed upon these symptoms, it is possible to form, I will not say a certain opinion, but a reasonable conjecture, as to the period when the inflammation ceases, and the stop is put to the further accumulation of lymph.

Their entire disappearance simultaneously would furnish the most satisfactory evidence of what we desire. But this seldom happens. Yet there is something short of this: there are changes in their form and character which furnish good reason for believing that the disease is no longer progressive.

Practical men know a distinction between the merely hurried circulation and the strong impulse and sonorous contraction of the heart; and they know

a distinction also between mere general uneasiness about a part, and a fixed, undeviating pain, within it. When, therefore, in pericarditis the strong impulse and sonorous contractions of the heart are gradually exchanged for a merely hurried circulation, and the fixed, undeviating pain in the heart becomes a more general uneasiness about it, and, at the same time, the peculiar anxiety which has been mentioned, is less and less apparent, we may pronounce, with some confidence, upon the decline of the inflammation.

But let it be borne in mind that neither the decline of the inflammation, nor its absolute cessation, are the same thing with a reparation of the injury done to the organ. Reparation implies that no lymph remains upon its surface, and that the folds of the pericardium do not adhere. But lymph, organized lymph, adhesion, complete and permanent adhesion, may still subsist after the inflammation has entirely passed away.

In pericarditis, where the patient survives, and when we have come to the conclusion that the inflammation has altogether ceased, there will still remain the more important question to be determined—is the reparation complete? As long as, with every advantage which the most perfect quiet can procure, the heart's action is not reduced to the force and measure of health, so long it is reasonable to believe that it is not complete. And even, when the heart's action cannot be discovered to be otherwise than healthy, it is still not unreasonable to doubt whether reparation be yet complete, until the patient has resumed his ordinary occupations

The cases of pericarditis have not been few which I have known discharged from hospitals as perfectly cured; and indeed, from present circumstances, they might well be presumed to be so. Yet in a short time these same patients have returned, complaining of severe palpitations, which arose as soon as they resumed the habits and occupations of health. The quiet of an hospital has again restored them. They have been again discharged, and have again soon returned with the same complaint.

The ability to do and bear all that the man could do or bear in the days of his health, is the surest criterion that the heart has undergone perfect reparation after an attack of pericarditis.

There is one symptom derived from the new method of auscultation to which I desire expressly to direct the attention of medical men. When in acute rheumatism the pericardium becomes inflamed, the contraction of the ventricles is accompanied, or immediately followed, by a distinct whizzing noise, which is perceptible to the ear immediately applied to the chest, or by help of the cylinder. It is the "bruit de soufflet," as the French call it; the noise of the blowing of bellows.

I am not called upon to determine the general value of auscultation, as an aid to diagnosis. Probably it does not deserve all the high commendation of its inventor, and its early advocates, and still less the absolute contempt and rejection which it has incurred at the hands of others. I confine my remarks to a single sign derived from it, contributing something, I believe, towards the diagnosis of a particular disease; and am content to affirm, that during more than three years in which I have practised the method of auscultation with some diligence, and, as a security against self-deception, have admitted no result of my own observation which has not been confirmed by that of others, the sign in question, of the peculiar sound accompanying the contraction of the ventricles, has not been absent in any one authentic case of rheumatic pericarditis. And in three years the number of such cases in so large a hospital as St. Bartholomew's is considerable.

My observation is restricted to *rheumatic pericarditis*. The same sign may attend pericarditis arising under other circumstances; but I do not know that it does.

In rheumatic pericarditis the brouissement, or bruit de soufflet, is always among the earliest symptoms referable to the heart, and sometimes the very first. Having once appeared, it never subsides but with the complete reparation of the organ. The heart may resume its natural action; all pain and all hurry of respiration may cease, and the patient, as long as he remains quiet, may believe himself well; yet the brouissement may remain: and if so, his return to the habits and exertions of health will bring back palpitation and other symptoms which bespeak the certainty of mischief still abiding in the heart.

It is a disease in which there is no medium between complete reparation and certain death; it is a disease which continues for a very brief space of time within the possibility of cure; and, moreover, it is a disease which cannot be successfully combated by common remedies. I will mention what my opportunities of observation have taught me concerning its treatment in its earliest stages, the period at which alone it admits the salutary impression of any remedy.

It has been already said, that acute pericarditis will proceed sometimes uncontrolled to its fatal termination, in spite of the most active medical treatment.

There are conditions of inflammation, (how far they belong to the inflammation itself, and how far to the part it occupies, it would be difficult to determine) but there are conditions of inflammation, which simple depletion, under the most favourable circumstances, is totally inadequate to surmount. When these conditions occur, (and indeed they do occur with sufficient frequency,) medical men must be content to look on and witness, in spite of their efforts, the inevitable destruction of organs, if they did not possess a remedy upon which they could rely, reaching beyond the curative influence of mere depletion, and capable of supplying its defects.

The remedy is mercury*. But the conditions of inflammation requiring its administration can no further be defined than that they are connected, in some manner, with the deposition of lymph in certain parts of the body; and one of these parts is the pericardium.

From acute pericarditis, which has proceeded to the deposition of lymph, nothing, I believe, can ensure a perfect recovery, but mercury so employed as to produce its peculiar and specific influence upon the constitution; mercury producing salivation. I would not hazard this assertion unless I firmly believed that the fact was brought as near to demonstration as the nature of things will allow.

I know that common remedies alone will often succeed in arresting the progress of the inflammation, but not always. I know that common remedies alone will often rescue the life of the patient, but that, unaided by mercury, they will not procure a perfect reparation of his disease. To arrest the disease and to rescue the patient's life would seem quite enough for us to expect from any remedy. In parts not vital it may be enough. After the inflammation of a limb, tendons may be left adherent to their sheaths, and cellular substance thickened and glued together, and joints in a state of anchylosis, whence an inconvenience arises, but no peril. But after an inflammation of the pericardium has absolutely ceased, and the patient's life is saved for the present, if the adhesion remain, death will nevertheless be its consequence in the end. This will be explained hereafter.

It has been remarked, as an evidence of some strange caprice in medical opinion and practice, that mercury, which a few years ago was only employed as a specific for a single complaint, should now be resorted to in very many diseases incident to the human frame. But, indeed, it is no caprice, but the advance of sound pathological knowledge, which has done this. Formerly, every disease had its own proper remedy, and there were as many remedies as diseases. But then, what were diseases but names, and what were remedies but a number of mysterious agents directed to no definite purpose? Sound pathology, however, which has been continually diminishing the number of nominal diseases, and reducing them to a few simple principles of morbid action, has at the same time greatly abridged the catalogue of medical agents. For that rational practice which is founded on it is conversant with no other remedies, except those which are capable of fulfilling plain and definite indications—indications few in number, but of vast comprehension, since they respect a few principles of morbid action involved in a thousand nominal diseases.

Now mercury is one of these remedies. But it may be asked—what are the plain and definite purposes which mercury can fulfil, that it should have become a medical agent of such extensive use?

One purpose (and that which I am at

* I owe my knowledge of this remedy to Dr. Farre, sixteen years ago.

present concerned to explain) is, that it arrests the deposition, and promotes the absorption of lymph in acute inflammations. The most obvious example in attestation of the fact is found in inflammation of the iris. It is not merely in syphilitic inflammation of the iris, but in inflammation arising under any circumstances, which proceeds to the deposition of lymph, that mercury, pushed to the extent of producing salivation, is required, to rescue the patient from blindness. As soon as the mouth becomes sore, and not sooner, the red cluster of blood-vessels which tended to the margin of the cornea becomes paler and paler; the drops of lymph which studded the surface of the iris cease to increase, and then begin to lessen, and gradually disappear. The aqueous humour becomes clearer; the pupil, which was rendered irregular by partial adhesions, recovers its circular form, and vision is perfectly restored.

In the eye we may behold the miniature of all diseases. For here nature has displayed, as in a glass, all the little intimate details of her own wonder-working powers: her modes of disorganizing, and her modes of repairing; and the aids which she receives, and the impediments which she sustains, from the right and wrong application of medical agents.

There are inflammations of internal organs, which bear a striking correspondence to inflammation of the iris, in being characterized by an extensive deposition of coagulable lymph, and requiring mercury for their cure. The most frequent and the most notorious example is found in pericarditis—that pericarditis especially which accompanies rheumatism. Here the symptoms during life are those which have been already mentioned, as strongly indicating the predominance of the solid over the fluid products of inflammation: and here dissection after death uniformly discovers solid lymph upon the pericardium, with very general or complete adhesion.

Of rheumatic pericarditis, treated by common antiphlogistic remedies, unaided by mercury, these (as far as I have had the opportunity of observing), have been the results—the fatal results. Sometimes the disease has proceeded, entirely unchecked, to its fatal termination, and the patient has died, exhausted by the violent action of his vascular system, in the course of two or three weeks. Sometimes the disease has been checked, but only checked; for although the force of the circulation has been abated, the action of the heart has never returned to the measures of health. Sometimes the disease has been apparently cured: the force of the circulation has been not merely checked, but the action of the heart could not be distinguished to be otherwise than healthy except to those who scrutinize its action by the ear; who, if the pericardium really adhere, will never fail to discover the brouissement which may be the only symptom of its disease. Yet this deceptive cure has continued only so long as the patient has been submitted to the restrictions of an invalid; as soon as he has returned to the habits and occupations of health, the heart has again begun to palpitate, and given certain evidence of its permanent disease.

These results have been most strikingly confirmed to me by some miserable cases which have lately come under my own observation and treatment; cases in which the constitution was insusceptible of the impression of mercury; and, consequently, no resource remained for the cure of the disease.

Early in an attack of acute rheumatism, a boy, 12 years of age, manifested the unequivocal symptoms of inflammation of the pericardium. Antiphlogistic remedies, and counter-irritants, and mercury, were all seasonably employed. The mercury failed to produce salivation: the boy survived three weeks. In the meantime the inflammation was in full activity; and he died, as if exhausted by the vehement impulse of his heart and arteries. Upon dissection, the pericardium was found almost universally adherent. The coagulable lymph, which was the medium of adhesion, was nearly a quarter of an inch in thickness; and when the lymph was detached from the pericardium, this membrane was generally smooth and white, and here and there distinguished by bloody points. The muscular structure of the heart was of a pale yellow colour, and soft of texture. Of this latter appearance, as connected with pericarditis, more will be said hereafter. From the symptoms during life, and from the morbid appearances upon dissection, there is good reason for believing that the in-

flammation of the pericardium was still going on, and that coagulable lymph still continued to be effused up to the period of the patient's death. Mercury was employed from first to last, but it produced not the slightest appearance of salivation. The disease proceeded and terminated, as it probably would have done if it had been left entirely to itself, and no remedy whatever had been employed.

A girl, 10 years of age, suffered an attack of acute rheumatism, which was not very severe: it had already endured for several weeks, when she was admitted into St. Bartholomew's hospital. At the time of her admission, the swellings had subsided, but there was still some pain in the ankles and knees, and some stiffness of the neck; and there was still some fever. She had complained of no uneasiness in the chest, and no palpitation, from the commencement of her disorder to the present time. When she was settled in the hospital she did not throw off the relicts of her complaint, as might have been expected. She remained feverish and uneasy, but without any symptoms which could justify a belief of inflammation attacking the pericardium, until the sixth day after her admission. On this day she complained of catches of the breath, and stitches in the left side. The fever was greatly increased; the pulse greatly accelerated; and the heart contracted with a loud and forcible impulse. Of these symptoms I was informed as soon as they declared themselves, and not an hour was lost in resorting to the remedies thought necessary for their relief, to common antiphlogistic remedies, and to mercury, for the purpose of salivation. Venæsection, leeches, blisters, were employed successively and repeatedly; and each of these remedies had its beneficial effect. The venæsection abated the force of the heart's action, and the jerking of the pulse, again and again; and the leeches and blisters again and again abated the pain in the side, and the hurry of respiration. But the palpitation of the heart, and the jerking pulse, the pain and hurried breathing, again and again returned. It seemed as if these remedies were sufficient for procuring present relief, but as if something more was wanting to render the relief permanent. This, it was hoped, would presently be ensured by the mercury; but one day passed after another, and still there was no perceptible effect of mercury upon the gums. In the meantime the symptoms continued their frequent interchange of remissions and aggravations. The mercury was at first given internally only, in the form of calomel; afterwards, by inunction also. But, after eighteen days, during which it was constantly employed, it had not produced the least perceptible ptyalism. It was in vain therefore to insist upon its further use: for, in this disease, certain as the remedial effect of mercury is known to be, it is no less certain that this effect is restricted to the condition of its specific impression upon the constitution being rapidly produced. The cure of the disease was now as far beyond the reach of mercury as of all other remedies.

But in this case it could not be said that the means employed had done nothing. At the end of three weeks the patient not only survived, but her life was no longer in jeopardy from day to day; the symptoms were reduced from their general character of severity, and their exacerbations were less violent, and at more distant intervals.

This patient remained in the hospital ten weeks, and for several weeks before she was discharged she was able to move about the ward; but a hurried breathing, and a forcible and sonorous action of the heart, were constantly present, which, with a peculiar anxiety of countenance, left no doubt of a permanent and incurable disorganization, which, sooner or later, must terminate fatally.

Another case must be added to illustrate the apparent cure of rheumatic pericarditis by common antiphlogistic remedies, without the aid of mercury; the failure and deceptiveness of which is revealed as soon as the patient returns to the habits and occupations of health.

My office of physician to a large hospital has made it my first professional duty to assist the studies of those who resort to it for instruction; accordingly, having one day ventured to state my belief to the pupils, that mercury was essential to the cure of rheumatic pericarditis, and their minds being turned to this interesting subject, Dr. Roupell informed us, that he had not long ago seen a case (and his account was confirmed by others who had

seen the same case) in which the disease, in its severest form, had entirely yielded to common antiphlogistic remedies and counter-irritants. Of these a large seton, inserted in the left side, appeared the most strikingly beneficial, and the patient left the hospital, according to the testimony of all observers, perfectly well.

My entire confidence in the accurate observation of Dr. Roupell, and the concurrent belief of all who had seen the case, would not allow me to doubt of its reality, and it became me ever afterwards to guard my doctrine with a proper respect for this special exception.

Not long after this occurrence was made known to me, there appeared among the candidates for admission to the hospital, a poor girl, with a pale and most anxious countenance, a hurried respiration, and a short and frequent cough, and with the heart bounding and striking against the ribs with unusual force and frequency. Being removed into the ward, she was recognized as the individual who had furnished the notorious example of pericarditis *cured* without the aid of mercury.

Upon inquiry it was found that soon after her dismissal from the hospital, when she returned to her ordinary occupation, she became sensible of her heart beating with unnatural force; but this simple palpitation was all she suffered. It became constant, and capable of being considerably aggravated by any exertion; still she had no complaint beyond simple palpitation, until, three weeks ago, she was again attacked with pain and swelling of the joints, attended by fever, whereupon difficulty of breathing and pain in the region of the heart, and cough, were added to a severer degree of palpitation.

In two days after her reception into the hospital her general rheumatic symptoms subsided; but the symptoms referable to the heart were unabated and very severe. It was necessary to attempt their relief. Leeches and blisters were applied again and again, and all the relief that was expected was obtained; that is, the symptoms were again reduced to a mere palpitation and brouissement, and a state of tolerable comfort was procured, upon the condition of the most perfect quiet. After the lapse of a month the poor girl left the hospital, believing herself much better; but her heart, by its inordinate action, accompanied by a loud brouissement, still gave unquestionable evidence of its incurable disease.

[To be continued.]

RUPTURE OF THE UTERUS.

To the Editor of the London Medical Gazette.

SIR,

OBSERVING in the late numbers of the Gazette, that a discussion on the subject of ruptured uterus has recently taken place in the London Medical Society, I am induced to forward you the particulars of a remarkable case of the kind which lately occurred in my practice.

I am, Sir,
Your obedient servant,
JAMES SPARK,
Member of the Royal College of Surgeons, Surgeon to the North Staffordshire Infirmary, &c.

Newcastle, Staffordshire, Dec. 1828.

October 22, 1828, visited Ann Unsworth, aged 28 years: she is a very small, pale, sickly-looking woman, the mother of three children, and is now at the full period of utero-gestation. Her health is generally bad, and during her pregnancy has been worse than usual, the appetite being very defective, digestion feeble, and bowels irregular, with extreme debility.

A week since (October 15), whilst walking near home, her foot slipped, and she fell with considerable violence on her hands and knees; she arose with difficulty and in great pain, and on arriving at her own house expressed her fears that something serious had taken place, for that at the time of falling she distinctly felt a tearing and giving way in her inside; she was also sure the posture of the child was altered. A slight sanguineous discharge took place from the vagina within an hour after the accident, and the accession of labour pains was naturally and anxiously anticipated.

During the three following days she was uneasy, irritable, and restless, with an indescribable feeling of weight and pressure in the abdomen, but quite free

from pain; vaginal discharge constant; in other respects as well as usual; was enabled to walk about, and in fact attended to her domestic duties as before the accident.

Slight uterine pains commenced on the 19th (four days after the fall), and continued with variable force (all last night they were very strong) till this morning (22d). I found her seated on the side of the bed, with her feet on the floor; she looked pale and exhausted, her respiration was hurried and difficult, voice tremulous, surface of the body cold, pulse 160. She has not felt the child since the accident, and has had no uterine pain for several hours. The abdomen is tense, and so exquisitely sore as to preclude the slightest attempt at external examination by pressure. On examining per vaginam, I found the os uteri much dilated and flabby within an inch of the external aperture, but could discover no part of the fœtus with the finger passed as far as possible into the uterus, though I could distinctly feel its head through the upper and posterior parietes of the vagina, which were bulging forwards. On introducing my hand into the uterus, I found that the legs and thighs of the child, with the placenta and cord, were its only contents, the whole of the body having passed into the abdomen through a fissure in the right side of the uterus, the breech of the child occupying the aperture, but not so closely as to prevent my feeling the intestines with the point of the finger. The contractile power of the uterus being again excited by the manual irritation, aided perhaps by a dose of the secale cornutum, and the external parts in a very relaxed state, the delivery of a full-sized male child, in a state of putrefaction, was easily effected, by gently drawing down the feet; but the instant the child was extracted, the patient sank into a most alarming state of collapse, from which she was with difficulty roused by the application of pressure to the uterine region, hot flannels to all parts of the body, and the free administration of brandy with tinct. opii. The re-action, however, was of short continuance, for in five hours after delivery she died.

On examining the body the following day, I found, as might be expected, all the abdominal and pelvic viscera, with the exception of the uterus, exhibiting appearances of the most intense inflammation. The uterus itself was of the common size, the whole of its fundus, posterior and left lateral portion, being as firm and thick as usual, and free from any traces of disease; all the right side of it, on the contrary, was dark-looking, relaxed, thin as a sixpence in places, and transparent; a fissure three inches and a half in extent, with ragged and sloughy edges, running perpendicularly through it to the cervix, which appeared to retain its usual texture: above the commencement, and to some extent on each side the fissure, there were several patches of diseased structure, the whole doubtless indicating morbid action of long continuance.

In this case I should think there can be little doubt that the uterus, from some cause or other, having lost its peculiar power of increasing in thickness with its increase of size, became so attenuated by mechanical distention, and perhaps weakened by diseased action, as to suffer a rupture at the moment the shock of the fall was sustained; at which time, too, the body of the child must have emerged into the abdominal cavity. If this really took place in the manner supposed, to me it appears most wonderful,—not that the uterus became thin and diseased,—not, (a very possible and natural consequence), that its parietes gave way, and the fœtus escap- into the abdomen—but that an injury of such magnitude to parts of paramount importance in the system could be sustained with sueh comparative impunity for days after its occurrence. I observe that Denman says, "I have seen one case in which there was reason to believe that the woman walked a considerable distance, and lived several days after the uterus was ruptured, before her labour could be properly said to commence."

To the Editor of the London Medical Gazette.

Mansfield. Nottinghamshire,
December 29, 1828.

Sir,

In the 53d No. of the third volume, page 32, of the Medical Gazette, mention is made that no one ever recovered from ruptured uterus, where a full-grown fœtus had escaped into the abdomen. Now it has fallen to my lot to have met with six cases of ruptured uterus that proved fatal, and *one* that

recovered, where the upper part of a full-grown fœtus escaped into the abdomen; an account of which you will find in the Medical Repository and Review for 1817, p. 110.

I once met with a very extensive rupture of the uterus, commencing at the os uteri. The case was as follows: A healthy negress, about 18 years of age, was taken in labour with her first child. When called to her, I found the head within the uterus, with only a trifling dilatation of the os tincæ pressing very forcibly upon the perineum, forming the perineal tumor, and with so much force that I thought the uterus, with its contents, would be expelled through the os externum. I abstracted blood from the arm, and supported the perineal tumor as much as I could; but, in spite of all my exertions, the force of the pains continuing, the uterus was rent upwards, from the os uteri towards the fundus, for at least six inches, and the child, with the placenta, was expelled through the os externum, with only a slight laceration of the perineum *.

What was still more extraordinary in this case, the patient recovered without any untoward symptom, and two years afterwards gave birth to another child, with no more inconvenience than from the common occurrences in natural labour. I am, Sir,

Your's, &c.

Thos. H. Brock, M.D.

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

Sir,

I trust that your columns will afford me an opportunity of appealing to Dr. Blundell, as an authentic source from which to obtain information relative to the truth of a report (which reached me several weeks ago) of another *attempt* made by him to extirpate the uterus. I was informed that he commenced the operation under circumstances, "cæteris paribus," as encouraging as usual, but that when several steps of the operation had been completed, he unexpectedly desisted from it, lest (to use his own words), "he should loose his laurels." The result of the case I have yet to learn; but I understand that the doctor has since consented, (explaining the danger to the patient's friends), to perform the operation at all hazards, if required. The patient was under the care of a general practitioner residing at Newington. Eagerly have I looked for an official communication relating to this case, being unwilling ere that to give credit to the report, although my informant assured me that his authority was an eye-witness of the operation; for in these days, when misrepresentation under the specious pretext of liberality so readily distorts facts and disseminates untruths, motives of prudence, if not of charity, should bid us pause ere we assist in circulating a rumour to which a satisfactory explanation might be given by those whom it affects.

If, Sir, the report be fictitious, its refutation is easy; if, however, it be true, I may freely ask if a favourable case would not have been sent forth to the world in a much shorter time.

Far be it from me anonymously to calumniate Dr. Blundell, or to decry the operation hastily: its propriety can only be determined by its results:—Be that, however, as it may. Let us not be denied the opportunity of comparing the successful cases with those in which the operation fails. The necessity of such a comparison must be evident to every body; and the moral guilt of those who, (whilst they have it in their power to assist in furnishing such a statement) by refusing to do so, are tacitly, though not the less culpably, denying the failures of the operation, and are encouraging others to perform it on such erroneous data, may perchance find a requiem in their own consciences, but cannot be pardoned by an impartial observer.

Before concluding, I would just remind Dr. Blundell, that if the fear of a "withered laurel" deters him from publishing the case in question, which if not performed, it is said was at least attempted; I say, I would remind him that the loss of candour would be far more degrading—nay he owes a fair acknowledgment of the circumstances to the class which he educates—to those who are likely to become the subjects of the operation,—he owes it to the profession and the world at large;

* The patient being perfectly exposed, I saw the whole of the above as described.—T. H. B.

and no principle either of reason or humanity can justify the concealment of a case which may, indirectly, lead to the sacrifice of many an amiable sufferer.

I remain, Sir,

Your constant reader and well-wisher,

ΔΙΚΑΣΦΙΛΟΣ.

Dec. 29, 1828.

TEST OF VACCINATION.

To the Editor of the London Medical Gazette.

Gentlemen,

The importance of an index by which those cases of vaccination, that afford permanent security against small-pox, may be with certainty distinguished from such as lend only a temporary or transient safeguard, is so generally felt, that thanks are due to Dr. Burder for his anxiety in promulgating the ideas of Professor Miller on this interesting subject. But as the speculations of the professor in America are directly at issue with the experience of the profession in England, I am assured that no apology will be needed for the following practical remarks, in answer to the letter of Dr. Miller, published in part by Dr. Burder in your Gazette of Dec. 13th, and previously read, more at length, by the same gentleman at a meeting of the Westminster Medical Society; at which time the criterion was doubted both by Dr. Gregory and myself, and by strict scrutiny I have since proved the justice of our scepticism.

It would be foreign to the present purpose to enter on a consideration of the causes of vaccine failure; but it may not be irrelevant to state, that although undoubtedly occurring, they are greatly misrepresented, both as to number and severity; and I speak from no insignificant field of observation, having had the latter part of the 28 years' practice, in conjunction with the late Dr. Pearson, of the original Vaccine Institution in Broad Street, being surgeon to that establishment at its dissolution; and I see by the reportthat about 1400 were there vaccinated annually. Neither shall I scrutinize the value of other tests, wishing to confine my observations merely to that brought forward by Dr. Burder on the authority of Dr. Miller; nor should I have intruded this on your columns were it not, that from its speciousness it might mislead many; and when disappointment, which could not fail, followed, distrust would probably extend from the test to that valuable practice which already hath received much injury from the indiscreet assertions and unwarranted assumptions of those who, in the goodness of their hearts, wished it to be perfect; and in the weakness of their heads mistook good wishes for valid proofs.

Dr. Miller describes the vaccine cicatrix as containing several small astral depressions, or foveæ, (we will not cavil about terms), from the presence or absence of which he judges of the security or insecurity of the case; *i. e.* as long as the foveæ remain the individual is secure from the malign influence of small-pox; that when they have become obliterated the safeguard hath been withdrawn. Thus, by the appearance of these foveæ, and their number, you have, as it were, a graduated scale by which you may read off the degree of *wearing out* of the vaccine security; for as they wane it wanes also; but that while *even* one is present the person is safe; yet, that when that last hath vanished, the security hath likewise fled. Did experience confirm this statement, it would, from its ready application, be of all criteria the most valuable; but although Dr. Miller speaks of it from an experience of ten, twenty, and *thirty* years, in America, when we have scarcely had *twenty-nine* in England, I must still gainsay this doctrine even with our less lengthened observations.

Thomas Allard, æt. 6 years, vaccinated when 9 weeks old, caught small-pox, (from his brother Isaac, who had a most severe case, but who had not been vaccinated); had a mild, yet distinct and well marked eruption, which went through the regular stages somewhat curtailed. This child has one cicatrix, in which there are several foveæ, (six quite distinct, others not so deeply indented.)

Mary Allard, sister to above, vaccinated when nine months old, caught small-pox at two years of age, and now ten and a half, since nursing her brother has been suffering with pain in epigastrio, lassitude, &c.; and has several very suspicious variolous looking eruptions; still the vaccine cicatrix is studded with foveæ.

H. R. W. æt. 26, a medical gentleman, vaccinated when an infant by the illustrious Jenner, caught small-pox two and a half years ago, and describes his as a severe case. On examining the cicatrix a few days since, I counted eight at least of these so much dwelt on foveæ.

Richard Simmons, aged 21 years, vaccinated when seven years old. One cicatrix distinct and perfect, July 4th, 1828. Four days since had great lassitude; much pain in epigastrio. Other premonitory symptoms, followed by eruptions, now very full over the face, arms, &c.; spots, large and well indented; in short, a decided and rather severe case of small-pox.

Sarah Allen, æt. two and a half years, vaccinated when a few weeks old. Three weeks ago caught small-pox; was ill as usual; but only slightly for two or three days before the eruption appeared. Two of the spots on the face were extremely large, and went regularly through the successive stages of papulæ, vesicles, pustules, and scabs, in twelve days from their first appearance. The vaccine cicatrix is well formed, and very distinct. My assistant, who examined it minutely, tells me that there are several well marked foveæ.

I could multiply instances, but these may suffice. Allow me, however, in conclusion, lest these cases should be misapplied, to state that they are designed to militate only against this astral criterion, and that they do not at all affect the general benefit of the practice or other tests which have been and may be proposed.

I have the honour to remain,
Yours obediently,
GILBERT T. BURNETT.

Dec. 30th, 1828.

VACCINATION.

To the Editor of the London Medical Gazette.

SIR,

I SHOULD not have deemed it necessary to notice Dr. Burder's paper on Vaccination in a late number of the Gazette, had it not made known to practitioners in this country a statement of Professor Miller, of Baltimore, on the cicatrix after vaccination; and which, I think, likely to mislead.

The Professor talks of the distinctive marks of the cicatrix lasting, in some persons, from five to thirty years; thereby, I presume, implying that he understood and practiced vaccination before Dr. Jenner first made it known in England, *which was in* 1798. If the Professor, and practitioners in general, would pay sufficient attention to all Dr. Jenner has written and said on the subject of vaccination; *the regular progress of the pustule*, and its often deviating from the regular course, owing to some previous disease of the skin existing; such absurd and speculative notions as those of Professor Miller would be rendered unnecessary.

I am, Sir,
Your obedient servant,
A CLERGYMAN.

Salisbury.

THE "GANG OF HOSPITAL SURGEONS."

To the Editor of the London Medical Gazette.

SIR,

THE day has at length arrived when every honest individual in the profession must feel himself called upon to declare the sentiments he entertains relative to the late proceedings in the Court of King's Bench.

It can now no longer be considered a mere matter of option—it has become a point of duty which every one owes to himself to remove as speedily as possible the impressions to his prejudice which must necessarily have arisen in the public mind from the matter contained in the defendant's speech: and this, it is imagined, can be best effected by opening some reputable channel easy of access to every practitioner in the country, through which he may express his utter detestation of the publication whose only aim, since the commencement of its career, appears to have been that of traducing and vilifying the characters of all those who have by talent, industry, and upright conduct, justly acquired eminence in their profession.

We look to you, and earnestly hope that some plan will be speedily devised, else how will testimonials (upon which pretensions to patronage are

rightly grounded) from an Abernethy, a Cline, a Cooper, a Bell, or other teachers of like celebrity, avail a young man entering into life, if these men are, as the Editor of the Lancet reports them to be, "a gang of butchers, ignorant of their profession, capable of the most dishonourable conduct—even to perjuring themselves before the face of the whole world?"

The impressions intended to be produced by such language must operate retrospectively as powerfully as upon those about to commence their career. Hence it behoves us, one and all, while yet the subject is fresh in the recollection of all parties, to come forward and mark in the most decided terms our disapprobation and disgust at the shameless conduct displayed by the defendant during the late trial.

Fortunately, for many years past, ample opportunities have been afforded both at home and abroad, aye, in all quarters of the globe, to scrutinize the conduct of the pupils of these men (this gang), and bearing in mind the old saying—"Tell me what company you keep, and I'll tell you who you are,"—I ask the question, what position do they maintain in society? Do they not, for the most part, form a class both respected and beloved?

Ere long, it is to be hoped that, through your honourable efforts, that disgrace to the profession, the Lancet, will be consigned—not to the tomb of the Capulets. I am, Sir,

Your obedient servant,

A Voice from a Corner in the Country.

MEDICAL GAZETTE.

Saturday, January 17, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

THE PHARMACOPŒIA.

We should find it a hard task to assign limits to the importance of this volume. It is the compass by which the great majority of practitioners in this country steer their course through the ocean of medical difficulty. To the oldest as well as to the youngest among us, it proves an indispensible companion. Scarcely an individual exists, from Berwick to the Land's End, who cannot speak, from personal experience, as to the efficacy of some of its combinations. It saves the labour of the physician, and contributes to the comfort and safety of the sick. Every medical man, if he possesses any candour at all, must at once admit that the Pharmacopœia is a volume of inestimable value, and well deserving of all the attention which its legal patrons can bestow upon it.

The first edition of the London Pharmacopœia appeared in 1618, during the reign of James the First, just one hundred years after the foundation of the College. It would be an amusing, and almost a profitable employment of a little leisure time, to trace the different changes which this volume has undergone from the date of its first appearance to the present day. We should thus see curiously exemplified the slow progress which pharmacy has made; and we might form from it, too, some idea of the singular revolutions which the practice of physic has experienced in our own country during the space of two hundred years. Few editions of the Pharmacopœia have appeared, but the alterations received at successive periods have been so great that, like the knife which had first a new blade and then a new handle put to it, it would puzzle a casuist to prove the identity of the work.

One of the most important duties which devolve upon the College of Physicians, is that of revising the Pharmacopœia; and our present object is to direct the attention of that learned body to the propriety of speedily exercising that high and most honourable privilege. In so doing we trust we shall not

lay ourselves open to the charge of arrogance and presumption. Our aim is to suggest, not to dictate. Candid discussion of a subject so important to all, cannot, we conceive, do harm, and may be productive of some good. Nothing, at least, is farther from our intention than to cast the slightest reflection upon the College, in reference to the Pharmacopœia. Fully sensible of the difficulties of the task which the legislature imposes upon them, and of the utter impossibility of pleasing every body, we shall throw out a few hints, which if useful, will, we are sure, be well received, and if valueless, be as freely pardoned.

We are no advocates for frequent changes in the standard volume of English pharmacy. The names of important drugs, and the proportions of active ingredients in compound formulæ, should never be altered without some strong reason; and change, for change's sake, is a positive evil. Nevertheless, the season of revision must at length come round, and we are strongly inclined to think that such a crisis is now arrived. It is indeed true that only four years and a half have elapsed since the date of the last edition, but if we examine it closely we shall find it to be almost identical with that of 1809. The changes and additions made in 1824 were very few, and of no great practical value. Only two new drugs of any activity were introduced; viz. Cubebs pepper, and Croton oil; and though some chemical improvements were made, two only were of essential importance,—the processes for making tartar emetic and calomel, and we strongly suspect that the directions for purifying the latter are not attended with that effect. The remaining changes were more in names than in things; and though in many respects desirable, would of themselves never have given birth to a new edition.

We shall not be far wrong, then, in saying that the present Pharmacopœia is, *essentially*, that of 1809. Since that period the advances of chemistry, and of chemical pharmacy, have been stupendous, fully justifying some changes in the national Pharmacopœia. We shall proceed to enumerate those which, according to our imperfect judgment, the course of time appears most obviously to demand; but, ere we begin, we must express our earnest hope, that when next the great work of revision is undertaken, it will be done effectually; every part of the subject fully investigated, and the minutest details brought to the level of our present knowledge. We shall arrange our hints under six heads; viz. Nomenclature—New Remedies—Obsolete Drugs—Chemical Processes—Pharmaceutical Processes—and Compound Formulæ.

1. *Nomenclature.*

The rage for scientific nomenclature, introduced by Lavoisier and his followers, has been proved by experience to be so ill adapted to physic, that we trust the greatest caution will hereafter be adopted in the use of new terms; and every disposition shewn to go back, where possible, to old ones. *Hydrargyri protochloridum* would soon share the fate of *hydrargyri submurias*. Let any scientific exposition of its nature be appended that may suit the prevailing theory of the day, but let *Calomel* be the authorised medical term. The danger of thus catching at any new explanation of a chemical compound is strikingly displayed in the conduct of the College with regard to the salts, alum, and borax. The former they very properly called *alumen*, which name it will of course retain in the next edition. The other they called *subboras sodæ*. However, instead of being a *sub*borate, it is now found to be a *bi*borate of soda, and the sooner we go back to the good

old name, borax, the better. The phraseology of sub and super salts is now almost entirely exploded; yet would we advise caution ere potassæ supersulfas be changed to bisulfas. This latter term will probably not have a longer existence than its predecessor, and the former term does not mislead. The subcarbonates must of course be changed to carbonates. There is less reason to anticipate any material changes in the nomenclature of vegetable drugs. Nevertheless, we venture to distrust the propriety of substituting Krameriæ for Rhataneæ radix. We greatly prefer the mode adopted with regard to Mastiche, and trust it will be the model hereafter pursued, viz.

Mastiche.—Pistacia Lentiscus, (*Resina*).

2. *Introduction of New Remedies.*

Our readers will at once anticipate the propriety of introducing the sulphate of Quina, and perhaps one or two preparations from it. This valuable drug has clearly established its title to so honourable a promotion, and we shall gladly hail its enlistment into the ranks of our regular forces. It will be the duty of the College to consider whether some other modern remedies have made good a similar title; especially Iodine, the hydriodate of potash, and Prussic acid. One great advantage will be derived from the admission of the latter drug; its strength will be regulated and established by some plain test, and thus the experience of one practitioner may be safely taken as the guide of another. At present we tremble whenever we direct this remedy, having before our eyes the melancholy accident which occurred at the Bicètre in May last, and which will be found recorded at page 21 of our second volume. We have no desire to see the French remedies, as they are called, introduced suddenly into the Pharmacopœia, — morphia, emetine, strychnine, and brucine. We can perceive no great hardship in swallowing a scruple of ipecacuanha, nor a grain or two of solid opium, but we are ready to agree to the admission of a liquor opii sedativus, which has clearly substantiated its claims as a medicine of energy.

3. *Erasure of useless and obsolete Drugs.*

We trust the pruning hook will be freely used. It is urged in defence of the retaining such a load of mouldering drugs, that *store is no sore.* They do no harm, it is true; but why should we have discarded balm and sage, and stick fast to rue and marjoram? There are at least five and twenty drugs of which the Pharmacopœia might safely be purged. We can give no quarter at all to the following:—Wormwood, common sorrel, wood sorrel, centaury, purging flax, coltsfoot, horehound, stinking hellebore, cumin, fucus, laurel berries and leaves, buckbean, leek and garlic, and we should not grieve were we to lose sight of madder, amber, willow bark, petroleum, mallow, sagapenum cardamine pratensis, simaruba, bistort, asarabacca, charcoal, opoponax, and elder flowers. There are also several useless (or very inefficient) formulæ, which have long held a place in the pages of the pharmacopœia, and which we shall hope to see dismissed. To this class belong confectio rutæ, pulvis sennæ compositus, oleum sulphuratum, calx e testis, confectio scammoneæ, extractum colocynthidis aquosum, and others which we need not stop to enumerate.

4. *Chemical Processes.*

Having completed our survey of the repairs necessary in the first division of the Pharmacopœia, we may contemplate those which are required in the chemical and pharmaceutical departments—

and first, of the purely chemical processes. We would lay it down as a great and leading principle, that no process should be given for the preparation of those drugs which are employed in the common arts of life, and which are produced by the manufacturing chemist in a state of purity sufficient for medical purposes. This principle has been always acted upon in the case of sulphuric acid and cream of tartar, but not so in the case of nitric and muriatic acids: for this we can see no adequate reason. The same remark applies to citric acid, sodæ sulfas, potassæ sulfas, sodæ carbonas, and many others. The processes given in the Pharmacopœia will never be followed while drugs equally good can be obtained in the market prepared in a cheaper way. It seems to us, that in the present advanced state of chemical manufacture, a different plan should be followed. The drug (say acidum muriaticum) should be placed in the catalogue of the Materia Medica, its specific gravity noted, and a simple test given, by which its fitness for medical uses may be ascertained. It is well known that citric acid cannot be economically obtained by the College process, and permission is therefore given to purchase it from the manufacturing chemist. Why then retain the imperfect process in the pages of the Pharmacopœia? Of course the æthereal preparations, and all saline compounds (potassæ acetas for instance) which are employed exclusively in medicine, should be directed by the College as heretofore. We question very much the propriety of introducing any process for preparing the sulphate of Quina. It has hitherto been made without any help from the College, and it will continue to be made in the cheapest and best manner. The College formula (if given) will probably be superseded by a better one in the course of a very few years. The wiser plan would probably be, merely to give a good *test* of the purity of the drug.

5. *Pharmaceutical Processes.*

If we might, without offence, allude to any part of the Pharmacopœia which requires careful revision, it would be to that which directs the mode of preparing the infusions, decoctions, syrups, wines, and conserves. This is the really valuable part of the Pharmacopœia. Chemicals will always be well prepared —if not by the College process, by some better one; but the pharmaceutical processes must, in most instances, be carried on according to the strict letter of the law. It would be impossible, at this time, to do justice to this branch of the investigation; but a few instances may suffice to shew the necessity of careful attention in this quarter. The syrup of orange peel has half a pound more sugar to the pint than common syrup: either the one has too little, or the other has too much sugar. In making the tinctura aloes composita, and many others, directions should be given for pressing out the fluid by a machine, instead of merely *straining*, otherwise the quantity of tincture afforded is very small. The direction given to macerate all tinctures for fourteen days is not very scientific—fourteen hours is sometimes sufficient, aided (as is often specified) by a gentle heat. The quantity of ingredients too is often unnecessarily (and therefore wastefully) great. This is probably the case with the tinctura opii. The correct mode would be to evaporate the tincture, and observe the quantity of extract that remains. The formula for the decoctum aloes comp. contains several mistakes: the whole is directed to be boiled too long—the myrrh and the saffron should not be boiled at all, but only gently simmered for a short time. The decoctum veratri is boiled far too long: all decoctions should be boiled as short

a time as possible, otherwise extractive matters are precipitated, and volatile ingredients dissipated. The custom of always ordering an ounce to a pint cannot be defended—it is, in general, considerably more than is requisite. This applies with singular force to the vinum colchici, where the quantity of root ordered is so great, that the spirit scarcely covers it. The vinum colchici has a *pound*, and the acetum colchici an *ounce* to a pint: surely one of the processes must be wrong. The decoctum lichenis should be directed to be made thus:—Instead of water a pint and a half, boil to a pint and strain, we should read—water two pints, simmer over a very gentle fire for an hour, and strain. It may reasonably be asked why there is no anise seed water in the Pharmacopœia? An extract of dulcamara would be found as useful as the extract of sarsaparilla or dandelion. We know no reason why starch should enter into the pulvis tragacanthæ compositus: this powder is generally added to cold mixtures, and starch is insoluble in cold water. We might extend these criticisms further, but enough, we think, has been said to shew the utility of attention to pharmaceutical details.

6. *Extension of Compound Formulæ.*

Some difference of opinion may exist on this subject, but our own impression is strongly in favour of extending the class of *mixtures*. We are sure that much time would daily be saved if the College would favour us with a good black dose—a *mistura cathartica*. For our own parts, we should hail its appearance with great pleasure. The Dublin Pharmacopœia would afford a *mistura menthæ composita*, which, transplanted into this country, would, we are persuaded, become speedily very popular. A real *mistura camphoræ* might be advantageously given, and the present preparation designated by its *legitimate* title, aqua Camphorata. On what principle it has so long been called mistura camphoræ, we have always been puzzled to discover. Considering the difficulty of adjusting nicely the different ingredients, the College should certainly give us a *mistura Cetacei*.

From the Edinburgh Pharmacopœia we might take with great advantage the pil. Rhei compos., which, in fact, is to be found in every shop. A pulvis jalapæ compositus, and a pulvis rhei compositus (with magnesia), certainly deserve a place in the Pharmacopœia as much, if not more, than the pulvis scammoneæ compositus, pulvis sennæ compositus, and the pulvis aloes compositus, which now occupy its pages. But we must draw this article to a close—it has already extended beyond our original contemplation, for which we have only in excuse to plead the importance of the subject to every man who prescribes, and to every man, woman, and child, who take physic in his Majesty's dominions.

ENGLISH PHYSICIANS IN PARIS.

We alluded, on a former occasion (vol. i. p. 641), to an action which had been brought by Mr. Roberts, a chemist in Paris, against certain physicians practising there. Roberts was apothecary to the embassy, and on the following representation, which we copy from Galignani's paper, he was dismissed:—

"Saturday, June 9, 1827.

"The undersigned physicians, now resident in Paris, respectfully beg leave to direct your Excelleney's attention to certain published statements proceeding from an individual connected with your lordship's establishment, and affecting their common professional reputation.

"Mr. Roberts, a retail druggist, in the Place Vendome, professing to hold the situation of surgeon and apothecary to your Excellency's household, has, on several occasions, asserted verbally, and implied by printed advertisements,

that the English physicians engaged in practice in this town are, and have been, in the habit of receiving from druggists employed in compounding their prescriptions a profit or per centage on the medicines so ordered. The physicians undersigned, individually, and in the most unequivocal manner, do hereby declare that, neither directly nor indirectly, have they been parties to any such arrangements with the compounding apothecaries or druggists. They feel it scarcely necessary to state that they would consider such compact as fraudulent to the public, as utterly inconsistent with their education as men of science, and with their principles as men of honour.

"They beg leave to state, on direct evidence, that this same disgraceful arrangement has been proposed to one of the gentlemen who have now the honour of addressing you, by the very individual in question.

"They have hitherto, for reasons which the discernment of your Excellency will best appreciate, forborne to take public notice of the attack directed against them in the printed advertisements of your lordship's apothecary.

"They have repeatedly warned him of the folly and injustice of his proceedings, and they now most unwillingly feel themselves compelled to submit the statement of his conduct to your Excellency's consideration.

"Had not Mr. Roberts availed himself of the sanction of your lordship's name in his public advertisements, they would never have been noticed by the body against whose character and interests they are directed. They will not presume to suggest to your Excellency any means of redress against the libels of which they complain, but have full confidence in your Excellency for extending to them whatever protection your lordship may be enabled to afford. With every apology for trespassing on your lordship's time, they have the honour to remain your Excellency's faithful and obedient servants.

(Signed by thirteen Physicians.)

"To his Excellency the Viscount Granville," &c.

To the above the following answer was received: it is not given by Galignani, for reasons best known to himself.

"Paris, June 26, 1827.

"Gentlemen—In acknowledging the receipt of the letter which you have done me the honour to address to me, containing a representation of the means employed by Mr. Roberts to degrade the character of the British physicians practising in Paris, I have to express my regret that any person calling himself the Apothecary of his Britannic Majesty's Embassy should have given occasion to such a representation. The inclosed copy of a letter which, by my direction, has been addressed to Mr. Roberts, will sufficiently shew my opinion of his conduct, and will, I trust, satisfy you of my readiness to meet your wishes, and of the respect with which

"I am, Gentlemen,
"Your most obedient servant,
"Granville."

This letter to the physicians was accompanied by one to Mr. Roberts, discharging him. An action was instituted by Roberts and his partner, M. Laugeois, against Drs. Boyton, Morgan, Chermside, Macgloughlin, and Wilson, which was decided in favour of the plaintiffs, and the defendants condemned to pay 5000 francs and the costs. This was the decision of the Tribunal de Première Instance, but the defendants having appealed, the cause was tried on the 8th ult. before the Cour Royale. The trial excited much interest among the English residing in Paris, and three or four of the most distinguished French barristers were engaged in it. M. Barthe, counsel for Mr. Roberts, argued that any one might get a degree in this country, as "a diploma may be obtained from the College of Edinburgh for the sum of 15l." We know not what our northern brethren will say to this calumny, but it does not seem to have had much influence with the court, who reversed the former decision, and condemned Messrs. Roberts and Laugeois to pay the costs.

We talk of the glorious uncertainty

of the law among ourselves, but our neighbours are not a whit behind us in this respect; for, notwithstanding that the above is the result of a second trial, we understand, that the cause may be brought on once more in the Court of Cassation!

EXPULSION OF MR. LAMBERT FROM THE WESTMINSTER MEDICAL SOCIETY.

We have once again to call the attention of our readers to the proceedings at the Westminster Medical Society, rendered of importance as they are by the decided step which has been taken by the members of expelling from among them the man who stands the self-convicted author of one of the most unprofessional and infamous libels which is to be found in the records of calumny. He asks what he has done?—we answer, he wrote the report of Mr. Cooper's operation of lithotomy on Stephen Pollard. He demands to know who is his accuser?—we answer, James Lambert. We care not whether he made the hole between the bladder and rectum or not; though, from the testimony of Dr. Hodgkin and Mr. Key, we *believe* he did. We care not whether the judge rebuked him or not, though we *know* he did*. He was the author of the report,—that is enough; that, in our opinion, is alone sufficient to disqualify him from holding a place in any respectable society. After what has passed, as was justly observed by "a general practitioner" in our last number, (see page 193), "who could listen either to his facts or his inferences with confidence?" He complains that he has been unfairly dealt with—so does every man who dislikes the punishment of his offences. He urges that he has done nothing against the rules of the society, and that the members have no right to take cognizance of what he does elsewhere. Indeed! then if Mr. Lambert had been detected robbing a man of his purse instead of his character, would it be deemed sufficient to say—true, I pick pockets in the morning, but on my honour I never do so here? He says his expulsion is the result of party; and yet, at the second meeting, *not one man either spoke or voted in his favour!* His impudence had disgusted even those who at first had been disposed to pity him.

We are glad to find that the hint which we threw out in our last was adopted, and that the committee had taken effectual measures to guard against disturbances similar to those which disgraced the previous meeting. On this occasion, all the gentlemen who had been introduced as visitors retired at once, on being desired to do so, with the exception of the reporter to the Lancet, and his friend, who had the impudence to obtrude themselves again into the room, and were turned out the second time very unceremoniously. The committee ought to take care that this individual is not again admitted; not because he is reporter to the Lancet, but because, though visitors were put upon their *honour* to leave the room, he sneaked into it again, hoping to avoid detection in the crowd.

We cannot take leave of this subject without expressing our admiration of Mr. Hawkins' conduct in the chair. Any one who fancies himself in the same situation, will feel how very unpleasant it must have been. The matchless effrontery of the intruder left the chairman without any precedent by which his conduct might be guided; the propriety of temperance, and yet the necessity for decision, all conspired to render it an office of any thing but enviable responsibility and distinction. Mr. Hawkins, under these perplexing circumstances, conducted himself with a mildness and intrepidity which called

* Lord Tenterden's words, as taken down by Mr. Gurney, are, "This is *fencing* in a way most unbecoming; you do not answer any one question *directly*."

forth the simultaneous and cordial plaudits of all the members present, and we have pleasure in offering him the meed of our humble commendation; the rather too when we consider that he had just been appointed assistant-surgeon to St. George's hospital, and that the individual who drew upon himself the indignity which he so well merited, is the sub-editor of a publication in which no effort has ever been spared to blast the opening reputation of any one who is independent enough to despise alike its praises and its threats.

The London Medical Society have the path now opened, and a precedent to guide them. Let them not incur the disgrace of suffering to remain among them one who has been expelled from another society. Let them shew that they are not to be ruled by a president who, by numerous acts, has proved himself favourable to the principles of the Lancet; and, above all, let it not for shame be said that they shrunk from their duty under the frown of a visitor who lately attempted to overawe them by his presence, and who has had the insolence to hold out intimidation as a motive for what he knew could not be affected by an appeal to their principles, their honour, or their justice.

CORRESPONDENCE BETWEEN MR. WAKLEY AND DR. GREGORY.

NO. I.

Mr. Wakley to Dr. Gregory.

MR. WAKLEY presents his compliments to Dr. Gregory, and deems it proper to inquire whether Dr. Gregory approves of the following statement, which appeared in Dr. Macleod's Journal of Saturday last; and if not, Mr. Wakley wishes to know whether Dr. Gregory is prepared to speak to its unqualified falsehood.

"Dr. Gregory, with equal intrepidity and physical strength, threw himself into the chasm, bearded the champion of reform and his myrmidons, and fairly pushed his editorship back upon the landing-place."

35, Bedford-Square, 12th Jan.

NO. II.

Dr. Gregory to Mr. Wakley.

Dr. Gregory presents his compliments to Mr. Wakley, and begs to acknowledge the receipt of his letter of this day's date, requesting to know if Dr. Gregory approves of the following statement, which appeared in the London Medical Gazette of Saturday last; and if not, whether Dr. Gregory is prepared to speak to its unqualified falsehood.

"Dr. Gregory, with equal intrepidity and physical strength, threw himself into the chasm, bearded the champion of reform and his myrmidons, and fairly pushed his editorship back upon the landing-place."

1. It is impossible that Dr. Gregory can approve of any statement in which the trifling exertions which, as the oldest member of the Westminster Medical Society present, he thought it his duty then to undertake, are commented on in terms so far beyond his merits.

2. Dr. Gregory does not approve of Mr. Wakley being designated as the "champion of reform," or of the gentlemen who then surrounded him being called his "myrmidons."

3. Dr. Gregory, lastly, does not approve of the statement that the Editor of the Lancet was "fairly pushed back" by him upon the landing-place, because, when Dr. Gregory's attention was first drawn, by the conversation of those around him, to Mr. Wakley, he was leaning on the stairs; and Dr. Gregory has no reason to believe that he ever came in contact with him.

While Dr. Gregory in this manner satisfies the just and most natural wish of Mr. Wakley, that the report of the proceedings of the Westminster Medical Society, *in so far as he himself is personally concerned*, should be strictly accurate and free from all dramatic colouring, Dr. Gregory cannot avoid stating that he might, with equal justice, arraign the correctness of that passage in the last Number of the Lancet, wherein he (Dr. Gregory) is represented as desirous of the presence of *armed men* for the protection of the meeting.

Dr. Gregory begs to assure Mr. Wakley of the extreme inaccuracy of this passage, inasmuch as Dr. Gregory was at the time perfectly satisfied (and the event justified the opinion) that one

unarmed man was quite sufficient for the intended purpose.

8, Upper John-Street, Golden-Square,
Tuesday Evening, Jan. 13, 1829.

In reference to the foregoing rather *singular* correspondence between Mr. Wakley and Dr. Gregory, we beg to state that the simple facts are as follow:—While a member of the Society was addressing the meeting, he was interrupted by some one at the door calling out "that's false," and demanding to be admitted. There was instantly a general cry of "that's Wakley!"—"turn him out!" &c.* Attempts were made to shut the door, but these proved ineffectual till Dr. Gregory lent his assistance. He disappeared, pushing back those without, among whom was Mr. Wakley, and the door was then at length closed.

Dr. Gregory's answer contains the contradiction of no statement made in the Gazette, as it is not affirmed by us that he had any personal contest with Mr. Wakley individually. It is evidently *here* the shoe pinches. With regard to our representation of the transaction, it matters not a jot whether Wakley was one of those who actually pushed, or whether he contented himself with *listening*, and interrupting the proceedings by calling out, at the door, while it was forcibly held open by others. It is really amusing to see how some people wince under the lash, the moment it is applied to themselves, and how the slightest touch on a thin skin festers into an irritable sore.

ANATOMY.

It has been asserted by a contemporary more remarkable for the strength than the truth of his expressions, that, after the recent murders in Edinburgh, no man in this country is safe "from the knives of the assassin and the anatomist." The members of the medical profession will, no doubt, duly estimate the opinion of them which is implied in this association; and as it is addressed to the prejudices of the ignorant, we are happy to find that the subject is to be probed to the bottom, and that the College of Physicians have come forward to lend their assistance in allaying the excitement of the public mind.

"We understand that the investigation into the late criminal transactions has been renewed, and is still continued with unabated industry. On Monday several of the anatomical teachers met the Lord Advocate at his request. This meeting was strictly confidential; but its object was no doubt to procure such information as might prove useful in bringing out a more full disclosure of the late nefarious transactions. Yesterday a meeting of the Royal College of Physicians was held, at which the following resolutions were passed:—

'That the Royal College, taking into consideration the recent disclosure of crimes, which have so justly excited the horror and indignation of all classes of the community, think it due to their own character, and that of the profession (although no one of their number has ever been, in the smallest degree, connected with the perpetrators of those crimes), to express their deep and sincere regret, that the anatomical instruction, which they conscientiously believe to be an essential part of the education of physicians and surgeons, should ever have furnished a temptation to such unexampled atrocities.

'That the College have some consolation in thinking that many members of the profession, and this body in particular, have, on a former occasion, distinctly and strongly stated to the public, and to the legislature, their sense of the evils which they knew to be connected with the teaching of anatomy in this country.

'That it is not for the sake of the advancement of any speculative science, but with a direct view to the practical relief of human suffering, that the College consider anatomical instruction to be of essential importance to society; and that it was with this view solely, that they concurred with other members of the profession, in recommending to

* That it *was* Mr. Wakley is admitted in the Lancet of last Saturday.

the attention of the legislature, measures which they think would be effectual for providing the means of that instruction, without injury to the feelings of individuals; without the necessity of the purchase of bodies from any private persons whatsoever; and, therefore, without the possibility of encouragement to any sort of crime.

'That the College trust that these suggestions will now meet with the serious attention of the government and of the legislature; and, in the meantime, can only further express their anxious wish to give any assistance which may be in their power for the prevention or detection of any such iniquities as those which have lately been exposed."—*Edinb. Evening Courant, Jan.* 8.

MR. BRANSBY COOPER—LITHOTOMY.

We are not in the habit of directing attention to the operations which we place on record in the usual routine of our hospital reports, but the circumstances under which Mr. Cooper is placed are so peculiar as to warrant the infringement of a general rule. After what has so recently occurred, any thing unusual in a case of this nature—any difficulty, any delay—though perhaps in no degree dependent upon him, would have been his ruin; no excuse would have been received, no explanation have saved him from the inevitable consequence—the total wreck of his surgical reputation. When this is considered, it will be felt that it required nerves of iron to carry a man through the ordeal which awaited Mr. Cooper on Tuesday last. He had to perform the operation of lithotomy on a subject by no means favourable, in the presence of a theatre crowded with spectators, and with the public eye fixed upon him. He did perform the operation, and we must say, under such circumstances, with admirable coolness and self-possession. His manner was calm and his hand was steady, amid the anxious looks and trembling anxiety of his friends, and complete success rewarded his efforts. The operation was performed within a few minutes, and a large calculus removed. We hope those who trumpetted forth his former case as a failure, will have the candour also to record his present success!

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

In a late number of this publication there is recorded amongst the "Extracts from Foreign Journals" a case in which some severe injury was done to the lungs, and several of the ribs were fractured, but it is only interesting as regards the fact of the patient having recovered. At present there is a man in the hospital who, we may say, has now recovered from an injury of the chest equally severe as that which we allude to. The particulars of the case are as follow:—

William Lloyd, æt. 28, a robust healthy man, was admitted in Ruher's ward, under Mr. Lawrence's care, for a severe injury of the chest, which he had received about an hour before, from having been accidentally pressed by some machinery. When he had been placed in bed, and his chest examined, he was found to have a fracture of all the ribs on the left side, near their cartilages, from the second or third to the seventh. The whole of the left side of the sternum seemed to be distorted, and driven in; and the sternal end of the clavicle, which was very moveable, appeared much above its ordinary situation. When, however, it was attempted to replace it, if the pressure of the hand were removed from it, it regained its unnatural position. There was emphysema around the fracture, which extended down towards the axilla.

The man was breathing with his diaphragm; his respiration was hurried; his countenance extremely anxious; his pulse small and quick; his head seemed as though it had been mechanically fixed in one position. This, however, was found afterwards not to pro-

ceed from any injury done to the spine, as was at first supposed.

He was ordered a dose of calomel and jalap, and to be kept quite quiet; to have a rib bandage applied around the chest. In the course of two hours the pulse began to rise, and it was full and quick. Being in much pain about the injured side, and his respiration, if possible, more disturbed, he was bled to ℥xvj. The bleeding made him feel faint, and he was afterwards somewhat relieved; but the breathing still continued very laborious, and the rib bandage, which had been applied around the chest, seemed to give him much uneasiness and pain; it was accordingly slackened. It is a question in those cases where a considerable degree of mischief has been done to the chest, whether the rib bandage does any actual service; and whether it does not do in some cases much injury. In applying the rib bandage where such injury has been sustained as in the case before us, the sensation which is conveyed to the patient when it is drawn rather tightly is that of almost complete suffocation; and he expresses himself quite unable to endure it. After a few days the patient may be able to endure the pressure with moderation, and then the parts are supported by it; and though at first it is inconvenient, eventually it becomes indispensible. In a case which we shall relate hereafter the person could not, and did not, wear any bandage until the third week after the first occurrence of the accident.

Vespere.—It was thought necessary to take ℥xviij. of blood from the arm again this evening, his pulse being still very strong.

14.—He had not exactly a restless night, for he did not move from the position in which he was first placed; he, however, had not closed his eyes. The pain in the chest was less urgent, and he felt some relief from the bleeding last night. Pulse accelerated, but not full. He had a very tiresome cough, which, as he expressed it, "tore his chest to pieces;" it gave him much additional pain, and he contrived by every means to lessen it.

Ordered a linctus for his cough, and to take nothing but toast and water.

15.—He had had a very restless night, not having closed his eyes for more than five minutes together. The pain in the chest was greater, the cough increased in difficulty, and the respiration rendered so much more laborious as to give him altogether an appearance of intense anxiety. The pulse was full, hard, and frequent; and the bowels had been once relieved.

The inability to expectorate caused much distress, sometimes amounting almost to suffocation. He was attacked in this way every five or ten minutes. Ordered to lose ℥xx. of blood, and more to be taken, if necessary.

Liq. Antim. Tart. ℥ss.; Mag. Sulph. ℥ij. Aquæ Menth. Liq. Ammon. Acet. aa. p. e. 6tis horis sumendus.

He was bled until he fainted, and he was for a time relieved; but in the afternoon the symptoms had recurred, though not so violently, sufficient to require venesection to ℥xv.

Vespere.—The house-surgeon was called to him about 12 o'clock, and found him breathing in a hurried and anxious manner; the countenance much distressed, and the pulse beating 120, hard and strong. He was bled again to ℥xvj. which gave him relief. Skin hot; tongue dry.

16.—The blood which had been taken away the night before was not so much buffed as that which had preceded it; there was a misty appearance upon its surface. This night had been better spent, and he had slept an hour or so; but he was still very anxious and uncertain in his manner, and his voice faltered more than yesterday. Pulse by no means subdued, it was full and frequent. Skin still very hot; tongue dry, with more thirst.

When Mr. Lawrence saw him to-day, he ordered that he should have ℥xviij. of blood drawn from the arm, and go on with the saline medicine.

Vespere.—The pain in the chest and distress of breathing returned this evening; the pulse was firm and full. He was bled to ℥xv.

Skin hot; thirst continued; the cough was very troublesome.

17.—Had a much better night; felt no pain in his chest as he took in his breath; respiration more free, and cough very much better. He had a patchy kind of expectoration, very glutinous, but small in quantity. Pulse was full, but he did not require bleeding, as he suffered no pain. Skin not so hot; feels altogether much better; but the oppression on his chest is still

great enough to prevent his free articulation; he does not move from his original position, on his back.

19.—Going on very well; is in no pain; and the cough is rather better. Takes his food more willingly; no heat of skin or thirst; sleeps pretty well at night.

From this time no particular circumstance has occurred to vary the symptoms, or to require any particular note being made to this case, which has been slowly improving. The pulse kept up, but it did not require the lancet again.

Jan. 10.—Feels quite comfortable; is in no pain; has lost his cough; and has a good appetite. His breathing is very much improved, and he is able to sit up in bed.

GUY'S HOSPITAL.

Operation for Lithotomy.

By Mr. Cooper.

Samuel Watson, ætat. 4½, a fat healthy-looking boy, but who had laboured under symptoms of stone in the bladder for two years, and who had been in the hospital for six weeks under treatment for a deranged state of the primæ viæ, with green slimy stools,—a circumstance which led to the operation being delayed till the present time.

Jan. 13.—The patient being placed upon the table in the usual manner, a sound was introduced, and the stone being immediately struck, led to the supposition that it was of large size. The patient being bound, the straight staff was then passed, and from the smallness of the urethra one of small size was necessarily used. We remarked that the first incision was more than usually large; but yet, from the depth of the perineum, and the smallness of the groove in the staff, there was some difficulty in introducing the point of the knife, which, on being effected, was smoothly and readily passed into the bladder. Mr. Cooper then introduced the fore-finger of the left hand into the bladder, and finding that the prostate grasped his finger, was satisfied that the opening was not sufficient for the size of the stone; he therefore considered it prudent to enlarge the internal incision, when the forceps were introduced, and a rough stone of about the size of a walnut immediately removed, without any difficulty. The operation occupied about five minutes, and we observed that not a drop of urine followed the introduction either of the knife or of the forceps.

Jan. 15.—The patient is going on well.

GLASGOW EYE INFIRMARY.

Sulphate of Quina in Strumous Ophthalmia, by W. Mackenzie, Esq.

This disease is commonly attended by great restlessness during the night, terminating in profuse perspiration. The skin is, in general, pale and relaxed, the abdomen tumid from muscular weakness, and the excretions from the bowels unnatural. The local symptoms are extremely peculiar, especially the excessive intolerance of light, profuse epiphora when the eyelids are forced asunder, fascicular redness of the conjunctiva, and formation of minute pustules or phlyctenulæ on the cornea, too frequently ending in ulcers and indelible specks.

I need not here insist on the utility of local blood-letting, by leeches, and scarification of the palpebral conjunctiva; of purgatives, and of tonics, in the treatment of this tedious and distressing disease. My object is solely to recommend, and that in the most earnest manner, the employment of the sulphate of quina in this complaint. After many years' experience in the treatment of strumous ophthalmia, and a trial of numerous and various internal remedies, I have found none so useful as quina. In most instances, its effects have been very remarkable; and, indeed, although I have met with a few cases which appeared to resist its beneficial influence, in most of the little patients to whom I have administered it, it has acted like a charm.

I do not trust to the quina alone; nor do I, in general, begin the use of it till the stomach has been cleared by an emetic, and the bowels put to rights by repeated doses of calomel and rhubarb, or some other such purgative. I continue to leech and scarify, and to use such local applications as the vinum opii, or nitras argenti solution, exactly as I used to do before I became acquainted with the powers of the sulphas quinæ over the constitutional disorder which attends strumous ophthalmia, and thereby over the local complaint.

The dose which I employ is generally 1 grain thrice a-day, rubbed up with a

little sugar; in very young children, ½ grain; and in adolescents or adults, 2 grains.

Cinchona is not a new remedy in strumous ophthalmia. Dr. Fothergill recommended it many years ago in very strong terms; but its powers, in the form of powdered bark, or in any other form in which I have tried it, are insignificant in comparison to those of the sulphate of quina.

I shall add a few cases from the Journals of the Eye Infirmary, illustrative of the effects of this most valuable addition to ophthalmic, as well as to general, medicine.

Case I. 4th July, 1828. Elizabeth Rodgers, aged 6. Conjunctivitis strumosa of four weeks' standing, consequent to measles, and affecting chiefly the left eye.

℞ Tartr. Antimonii gr. iv. Aquæ ℥vi. Solve. Detur pro emetico, more solito.—Instill. gtt. solutionis Nitratis Argenti.—Utatur Collyro Muriatis Hydrargyri.

7th. ℞ Sulphatis Quinæ gr. vi. Sacch. Albi ℥ss M. et divide in pulveres xii. Capiat i. ter indies.

21st. Eyes rather more tender, but till to-day they were improving. ℞ Subm. Hydr. gr. i. Pulv. Jalap gr. viii. M. Cap. q. p.—Omitt. Pulv. Quinæ hodie.

28th. Much improved.

10th August. Still improves. — Contin. Quina et alia.

1st. Sept. All but well.

29th. Dismissed cured.

Case II. 23d July, 1823. Jane Thomson, aged 9. Ophthalmia strumosa of the right eye, of fourteen days' standing. A deep ulcer near the centre of the cornea, surrounded by a broad effusion of lymph. An onyx at the lower edge of the cornea. Much reduced in general health by bleeding, purging, and blistering. Affected with night sweats.

℞ Sulph. Quinæ gr. xii. Sacch. Albi ℥ss. M. Divide in pulveres xii. Cap. i. ter indies. —Instill. gtt. Sol. Argent Nitr. — Collyr. Mur. Hydr.

24th. Onyx all but gone.

27th. Ulcer contracted.

29th. Bowel complaint. ℞ Subm. Hydr. gr. iv. Opii gr. ss. M. Divide in pulv. ii. Cap. i. hora somni.

6th August. Eye continues to improve. Cont. Quina et alia.

16th Sept. Eye strong. Ulcer has been cicatrized for some time, and the leucoma grows thinner. ℞ Sulph. Quin gr. vi. Sacch. Albi ℥ss. M. Divide in pulveres xii. Cap. i. ter indies.

Case III. 25th July, 1828. James Walker, aged 7. Ophthalmia strumosa of the right eye, of five weeks' standing. Conjunctiva much inflamed. A pustule, the top of which is ulcerated, at the lower part of the cornea.

Emeticum Tartr. Antimonii, more solito. —Instill. gtt. Sol. Argent. Nitr.—Collyr. Mur. Hydr.

27th. Vesicatorium pone aurem dextram.

30th. Hirudines vi. ad tempus dextrum.

31st Repetatur vesicatorium.

2d Aug. Improvement slow.—℞ Sulph. Quinæ g. vi. Sacch. Albi ℥ss. M. Divide in pulv. xii. Cap. i. ter indies.

10th. Considerable improvement since last report.

18th. Ulcer cicatrized, and eye strong.

27th Omitt. Pulveres.

29th. Sept. Sight perfect. Leucoma much contracted. Dismissed cured.

Case IV. 13th August, 1828. John Tielman, aged 1¾. Conjunctivitis strumosa of the right eye, with an albugo on the cornea, and red vessels running into it. Restless, and sweats through the night. Symptoms consequent to measles, four months ago.

℞ Sulph. Quinæ gr. vi. Sacch. Albi ℥ss. M. Divide in pulv. xii. Cap. i. ter indies. —Lac cum aqua tepida, ter indies, pro collyro.

17th. Rests much better, and sweats less. Eyes stronger.

27th. Still improves.

31st. Bowel complaint. ℞ Subm. Hydr. gr. i. Sacch. Albi. gr. vi. M. Cap. q. p.

7th Sept. Much improved. Con. Quina.

Glasgow Medical Journal, No. 4.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 10.

Cæsar Hawkins, Esq. in the Chair.

In consequence of a notice which had appeared in the Lancet from Mr. Lambert, calling upon the members of this Society to prevent his expulsion by refusing to confirm the minutes, it was supposed that some attempt of this nature would be made, and the room was crowded before the usual hour. Among those present was Mr. Lambert, which being made known to the Committee, they sent up a note to him requesting him to withdraw, but which he refused to read or

even to receive. On the Chair being taken and the Minutes read, Mr. Lambert rose and addressed the Chair, asserting that he had been unfairly treated, and protesting against the confirmation of the Minutes.

The Chairman informed Mr. Lambert that he was no longer a member of the Society, and had therefore no right to speak.

Mr. Lambert said he was a member, and would speak; but his voice was drowned in a general cry of "Chair, chair!"

The Chairman stated that Mr. Lambert had been regularly expelled by a large majority of the members of the Society, and in conformity with their laws,—that the Minutes were read to ascertain that they were correct, before they were confirmed by the signature of the President,—that any gentleman might speak as to their correctly or incorrectly representing what had passed on the preceding evening,—but that the question of Mr. Lambert's expulsion having been then determined by a meeting convened for the purpose of considering the expediency of that measure, could not again be entertained; he therefore requested that Mr. Lambert would withdraw.

Mr. Lambert again attempted to address the meeting, but his voice, as before, was was drowned amid the cries of "Chair!"

The Chairman said he had a most painful duty to perform, but as Mr. Lambert was not a member of their Society, he had not a right to address them, and therefore he would not suffer him to do so. He requested, as the business was of a private nature, and as from the conduct of Mr. Lambert it was likely to assume so unpleasant an aspect, that all strangers might withdraw. (A considerable number of visitors left the room, but some did so with evident reluctance, among whom was the reporter to the Lancet.)

Mr. Lambert again seized the opportunity of a pause to address the meeting, but their determination not to hear him was as decided as his pertinacity in attempting to speak: and "turn him out" was instantly echoed from all sides.—"I should like to see who will do so!" said Lambert. "I defy any man to put me out; I shall not go out, nor will I be put down!"

The Chairman said that the Committee had conceived it possible, from the outrage which had taken place on the former night, that some disturbance might occur this evening, and they had provided against it by having police-officers in attendance. He therefore once more requested that Mr. Lambert would withdraw, without obliging him to have recourse to more decided measures.

Mr. Lambert again refused to leave the room.

The Chairman then requested one of the officers to remove him. Ballard, the one to whom he had addressed himself, said it would not be legal for him to interfere unless there was a breach of the peace, but if any officer of the Society would lay hands on Mr. Lambert he would then turn him out by force, if he resisted.

A moment's delay ensued, during which Mr. Hawkins consulted with those about him, and Mr. Lambert sneeringly exclaimed —"I told you how it was; you have no right to turn me out." At this time two of the visitors had returned into the room, viz. the reporter to the Lancet, and another gentleman with him. Mr. Hawkins then left the chair, and, followed by the officers, walked down to the lower end of the room, where he first compelled the reporter to the Lancet to retire, and then advancing to Mr. Lambert, and laying his hand on his shoulder, requested him to withdraw, but, instead of this, Mr. Lambert threw himself back, evincing his determination to resist, and the police-officer informing Mr. Hawkins that what he had done was not sufficient, he then more forcibly pushed Mr. Lambert towards the door. Ballard was now about to eject him forcibly, when Mr. Lambert said he would not offer further resistance, and moved towards the door. The ejection of Lambert and the spirited conduct of Mr. Hawkins was followed by general plaudits; this so incensed the former, that he turned round at the door and exclaimed—*"You're a set of dirty blackguards!"* which valedictory address was received with a general burst of laughter.

Mr. Hawkins, on returning to the Chair, was greeted with cheers from all parts of the room. The minute recording Mr. Lambert's expulsion was unanimously confirmed, not one hand being held up against it. Mr. Arnott having been requested to take the Chair, a vote of thanks was moved, seconded, and passed by acclamation, expressing the sense of obligation which the Society conceived themselves under to Mr. Hawkins for his mild, but firm and spirited conduct, on so unpleasant, and in some measure perplexing an occasion. It was afterwards moved and unanimously carried, that, in the event of Mr. Lambert instituting any legal proceedings against Mr. Hawkins, the Society should hold themselves responsible.

For a considerable time after Mr. Lambert left the room, great anxiety was shewn by a gentleman who had declined to vote, lest his doing so should give rise to the idea of his being connected with the Lancet. So great was his uneasiness on this point that he rose four or five times, entreating the members, with the most amusing earnestness, not to do him such injustice: he could only be pacified by the repeated assurances of the Chairman that his explanation was perfectly satisfactory. After this some new members were admitted, among others Mr. Thomson, the son of Dr. A. T. Thomson.

Intermittent Forms of Disease.

Dr. Stewart called the attention of the Society to the tendency evinced by diseases not usually intermittent, to assume that type during the present season. He mentioned, in illustration, the case of a gentleman who had laboured under symptoms of catarrh, which, after resisting the common treatment, yielded to sulphate of quina. He appealed to Dr. Johnson, who had formerly alluded to this subject, and called upon him for further information.

Dr. Johnson then rose and related some cases of headache, which we understood him to say had been almost entirely confined to one spot, which had assumed an intermittent type, and finally yielded to sulphate of quina or to arsenic The Doctor also stated that he had met with cases of pain about the stomach, and palpitations at the heart, presenting the same tendency to intermit.

Dr. Ley said he had met with a case of violent cough in a pregnant lady distinctly becoming intermittent, and yielding to quina. The remedy being discontinued, the cough returned, and was again cured by the same means.

Dr. A. T. Thomson informed the society that the intermittent character was extremely well marked in rheumatism, some striking illustrations of which he had met with ; and after some further observations he concluded by recommending the preparations of bark as entitled to particular attention.

Mr. Gilbert Burnett next rose, and shortly related a case of mania which had proved intermittent, and yielded to tonics.

Dr. Macleod remarked, that if we went on much longer at this rate, there would not be any disease in the whole range of nosology but would come under the denomination of an intermittent, while he supposed that this would be followed by a corresponding change in our treatment in favour of sulphate of quina. Without denying that catarrh and head-ache, and pain of the stomach and palpitations, and cough, and rheumatism, and mania might occasionally assume an intermittent type. He denied that such was the general character of these diseases ; and he feared that the younger members, from what they had heard, might be too ready to abandon the usual remedies, and have recourse to tonics where they were calculated to do harm.

Dr. Thomson replied with some warmth, protesting that he had not discountenanced other remedies, such as bleeding, calomel, opium, colchicum, and purging in rheumatism, but repeated that the disease was frequently of an intermittent nature, and that cinchona was one of the best means that could be employed against it, and appealed to the authority of Dr. Haygarth. He added that it would be better both for Dr. Macleod and his patients, if he endeavoured to benefit by what was said, rather than to throw doubts upon it ; for his own part he had been twenty-nine years in practice, and judged from actual observation.

Dr. Macleod was sorry he had not been able to derive so much advantage from Dr. Thomson's observations, as that gentleman seemed to think he ought to have done, and repeated his belief that Dr. Thomson was incorrect in classing rheumatism among intermittent diseases. According to his experience it might in the great majority of cases, be cured before half the list of remedies enumerated by Dr. Thomson had been gone over, unless indeed an early and injudicious recourse was had to cinchona, by which the recovery was delayed.

Dr. Ley stated that he had himself suffered much from rheumatism, but had not been able to observe the intermittent character attributed to it by Dr. Thomson: he doubted the fact of Dr. Haygarth having looked upon it as, properly speaking, intermittent, and he himself had not formed a favourable opinion of bark in this disease.

Dr. Copland thought bark was useful in the advanced stages of rheumatism, when it sometimes assumed a *remittent*, but not an *intermittent* form.

Dr. Johnson and *Dr. Stewart* explained, that they had not intended to exclude the use of the more ordinary remedies in the affections of which they had spoken.

The Chairman announced that next evening Mr. Stafford would read a paper on the cure of strictures of the urethra, by means of a new instrument.

HUNTERIAN SOCIETY.

January 7th.

Dr. Billing, President, in the Chair.

Mr. Cooke referred to a case which he had formerly detailed to the Society. It was reported as one of affection of the liver, consequent on cardiac disease, and the opinions that were then advanced had been confirmed by the death of the patient.

Examination.—The liver was enlarged and granulated in its texture ; and the gall-bladder was filled with a large biliary concretion. The small intestines exhibited increased vascularity, and the colon was inflated. The left cavity of the chest contained six ounces of serum, and the right lung closely adhered to the costal pleura. The auriculo-ventricular aperture of the right side of the heart was much contracted by vegetations, which had formed on the tricuspid valves. This contraction had occasioned considerable dilatation of the auricle and corresponding contraction of the ventricle. The ventricle of the left side was enlarged ; numerous osseous depositions were disco-

vered in the course of the aorta ; and the coronary arteries were ossified throughout.

An interesting discussion took place on the pathology of pertussis ; and Dr. Babington related the appearances in an examination he had recently attended. The epiglottis, larynx, and trachea, were quite healthy, but a considerable quantity of brown frothy matter filled the cells of the lungs, and pervaded the ramifications of the bronchia. When the head became affected in this disease, the Doctor said he regarded it merely as sympathetic.

Mr. Callaway detailed a case of laceration of the liver produced by excessive vomiting. The patient was a healthy female, ætatis 28, and was in the eighth month of utero-gestation. On Christmas day, being at a party, she ate an enormous dinner. She walked home, but complained of great uneasiness of the stomach. The following day vomiting came on, attended with violent pain, and the measures resorted to proved ineffectual. She became languid, afterwards exsanguined, and death ensued on Saturday morning.

Examination.—A coagulum of about 20 ounces was found within the abdomen, and the blood had escaped from two large and other minute fissures in the liver. There was no appearance of external violence, but the injury seemed to have arisen from the severe efforts of vomiting, and was facilitated by the enlarged state of the uterus. The stomach was empty, and not inflamed.

Mr. Callaway also related two instances of recovery from wounds of the liver. In one case the liver was penetrated by a knife, on which bile was afterwards found. Symptoms of collapse ensued. By bleeding and the antiphlogistic regimen, the wound healed, and the patient recovered. In the other, suicide was attempted by a man in a fit of insanity, who ran a knife into his side. The wound healed by the ninth day, but on the eleventh, having walked out and drank freely, peritoneal inflammation came on, and he died. On examination, it was found that the knife had transfixed the liver, and had passed through the mesentery, but the wound was perfectly cicatrized.

MEDICAL SOCIETY OF LONDON.

January 5th, 1829.

Dr. Haslam, President, in the Chair.

The minutes of the last meeting having been read, Dr. Ramadge exhibited to the Society five specimens of morbid affections of the heart. The first three shewed the auricular ventricular contraction, one of these exemplifying also hypertrophy of the right ventricle. The fourth shewed hypertrophy of the left ventricle. The fifth was that of a heart loaded with a great quantity of fat.

Mr. Salmon exhibited another specimen of stricture in the rectum. The patient, a female, had died of phthisis pulmonalis. From this case, and many others, Mr. S. was prepared to state that pulmonary disease, in not a few instances, had been induced by mechanical obstruction in the intestines. By directing the attention to the state of the intestine, the progress of the pulmonary disease might be arrested.

Mr. Gossett said, that, in the specimen exhibited by Mr. Salmon, he saw nothing more than a contracted portion of intestine ; a circumstance extremely common in the latter stages of phthisis pulmonalis.

Dr. Ramadge stated that he had examined not less than 1000 bodies, in which the evidence of pulmonary disease had been present ; yet he had not seen, except very rarely, stricture of the rectum accompanying the affection of the lungs. Fistula in ano he had certainly met with in conjunction with pulmonary disease.

Mr. Salmon, when called upon to explain why stricture of the rectum should cause disease in the lungs, replied that impediments to the due performance of a function so important as that of expulsion of fæces, would operate as exciting causes of any disease to which the patient was predisposed.

Dr. Ramadge stated that, examining the body of a diabetic patient, he had observed that the colon over each kidney was in a state of great distention. This state of the intestine had, Dr. R. conceived, greatly irritated the kidneys, and caused an increased flow of urine. By a subsequent sympathy of the stomach, and possibly the absorption of some secretions by the lacteals of the small intestines, an additional stimulus had been given to the kidneys, and saccharine matter produced. In the examination of the kidneys, traces of vascular excitement were seen between the cortical and tubular parts of the organs. Dr. Ramadge observed, that he had in his possession a kidney in which scarcely any vestiges of the tubuli uriniferi were to be seen, that part of the organ being replaced by cortical substance, and much fat deposited. Dr. R. added, that whenever much fat was seen in the kidney, a diseased state of the viscus might be inferred.

At an early period of the discussion the Registrar rose and stated that the Chairman of the Council had placed in his hands a notice, to be read before the breaking up of the meeting.

The President objected to the reading of the paper, which he deemed to be an interruption to the business of the evening.

Dr. Shearman very warmly deprecated the contumelious treatment of the Council

implied in this objection of the President to attend to a document transmitted to the meeting by that part of the Society to whom the executive part of the government of the Society had been delegated.

The Society calling upon the Registrar to "read," that gentleman read the paper, which was an instruction to him to summon a "Special General Meeting of the Society on Monday the 19th inst., at eight o'clock in the evening, to take into consideration the conduct of Mr. James Lambert, and to take such measures as shall then seem fit."

The President then again reading the notice, took an objection to the wording of it; inasmuch as it did not contain any charge against the individual whose conduct was arraigned.

The President was, however, reminded that this resolution of the Council must have been founded upon their own view of the matter.

The President, notwithstanding, attempted "to take the sense" of the Society upon the reception of the notice, and made a fruitless appeal to the members; whose "honour he had always felt himself bound to maintain."

Amongst the visitors, whose names were read over, we noticed *Mr. Wakley, introduced by the President.*

Jan. 12.

GEO. DRYSDALE, ESQ. VICE-PRESIDENT, IN THE CHAIR.

THE minutes of the last meeting having been read, and no observation having been made upon them, the vice-president requested the registrar to read two cases of malformation of the œsophagus, communicated by Mr. Hallam, of Kennington. The cases were very similar in their circumstances, and in the anatomical structure of the parts. In both, every attempt to introduce food brought on temporary suffocation, accompanied by excessive convulsive action, and the alimentary matter was returned. The urinary and alvine excretions did not appear to be at all influenced by the failure of the nutrition of the little patients. The post-mortem appearances were "the same as in the first case, differing only in the proportions of length and size." They were as follows:—The pharynx terminated in a cul de sac, resembling the finger of a glove, two inches and one-eighth in length, and was connected to a similar pouch arising from the cardia, by an extension of membrane-like substance. The trachea and intestinal canal were perfect. Attempts were made in the first case to support life by clysters of mutton broth with rice, administered three or four times a day. Both the children became extremely emaciated: the first lived 19 days; the second, 5 days. The preparation of the parts in the first case were given to Sir A. Cooper, who remarked that he had never before met with a similar one; Mr. Hallam, however, observes that "from conversations he has had with medical gentlemen of large experience, he had been led to believe that this defective formation is by no means of so rare occurrence as has been imagined, although hitherto unobserved."....."Mr. Abernethy, in alluding to this case (the first), has stated the child to have lived 16, instead of 19 days." The preparation of the malformed parts in the second case, from the museum of Dr. Blundell, were exhibited to the society, with an excellent drawing of them.

Mr. Burton Brown related a case which he deemed to be similar to those just mentioned, and to the case related by Amesbury at the preceding meeting; the regurgitation of the food was similar; the wasting the same; and death took place after the expiration of six weeks, apparently from inanition. Mr. B. suspected the presence of the malformation described, and stated his intention to have the structures examined.

The conversation now reverted to the subject discussed at the preceding meeting. Mr. B. stated, that from a very large experience of the symptoms and results of phthisis pulmonalis, he could not concur with Mr. Salmon as to the frequent coincidence of phthisis with interruption of the calibre of the intestinal canal. He had enjoyed an intimacy with the late Mr. John Hunter and Dr. Baillie, and the histories of many dissections of diseased lungs had passed before him, yet he "had never seen disease of the lungs connected with disease of the rectum."

Mr. Salmon, after remarking that there was not a necessary, but a frequent coincidence of these diseases, recapitulated the grounds of his belief for the much more frequent occurrence of diseases of the rectum than the members of the profession, in general, admitted.

A rather desultory conversation on the functions of the rectum followed.

Dr. Blicke replied to the remarks of a writer in one of the weekly journals, which attributed to him (Dr. B.) the opinion that no parturient effort followed the administration of the ergot of rye, and that he should have made trial of the medicine before he spoke of its effects: now he (Dr. B.) had said that the parturient efforts were *not* the consequence of the administration of the ergot; and he had employed the remedy under every form in use, and yet he had arrived at the same conclusion of its inertness as an excitant to the uterine system.

Dr. Ryan advocated the superiority of the decoction of the secale cornutum: the powder and the tincture were frequently adulterated.

Late in the discussion Mr. Lambert addressed some observations to the chair on

the subject in question: one of the vice-presidents, several of the council, and another member or two, immediately rose from their seats, and left the room. The society soon after adjourned.

MR. THOMAS'S VINDICATION.

Extract of a Letter to the Editor of the London Medical Gazette.

You designate Mr. Thomas a "shop-boy to a tinman." Now the fact is, having been educated at a boarding-school, where, having a predilection for the game, he carried off several prizes, he was taken subsequently into the family of an intimate friend, who was a furnishing ironmonger, of known respectability, at Kingston upon Thames. This gentleman promised to instruct him in the business; but conceiving a dislike for the trade, and his inclination being more for literary than commercial pursuits, he at the age of 15 left his master, after having been with him about 12 months. He used, when residing under his friend's roof, to apportion his leisure time, and rising by 4 o'clock in the morning, to prosecute his studies in history, Latin, Greek, and Hebrew.

It is truly astonishing, Mr. Editor, that you should undervalue his surgical knowledge because "a few years ago" he was in the situation described. He has been 7 years in the profession, and during his apprenticeship saw much surgical practice in a manufacturing town in the North of England: and were testimonials necessary, he has only to refer to Mr. Green, Lecturer on Anatomy, and Surgeon to St. Thomas's, who has been heard to speak of him in the most approving terms; and who can testify that he awarded to him a prize, after a public examination of two hours on anatomy.

Is it not therefore to his credit, though a "demonstrator of only two months standing," even "to an itinerant lecturer," to be a demonstrator at all? It appears to me that the great offence he has committed is, that he told the truth too fearlessly; but though, as a witness, you have heaped upon him a tolerable quantum of invective and abuse, I have heard him declare that his firm resolve is strictly to adhere, cost what it may, to those principles which inculcate integrity, moral courage, and truth.

Do you sincerely believe, Sir, that his application to a business 7 years ago is a discredit to him; that such an occupation for ever disqualifies him for the acquisition of sound chirurgical knowledge; and that consequently his evidence, as a witness of a surgical operation, is of no value?

I should not have noticed the insinuation conveyed in your remarks, had I not thought the occasion appropriate for stating some facts in his favour, which, with honourable minds, will speak volumes.

Persuading myself of your anxiety, under all circumstances, to act honestly, to do justice, and to right the injured, I hesitate not to anticipate the immediate insertion of this; and by doing so you will assure me of your love of truth and fair dealing.

I am, Sir, your reader,

MEDICUS.

London, Jan. 12th, 1829.

We have given all of the above letter which relates to Mr. Thomas. The first part, which for want of space we have omitted, consists of examples in which great men have risen from low extraction. We are asked, whether we regard Mr. Thomas's "application to a business 7 years ago as a discredit to him?" We do not in the abstract, but in this particular case we do; because we do not think that a young man, who a few years ago was in such a situation, could be a fit judge of the question he ventured so confidently to decide. As to great men having occasionally risen from low origin, we would remark that their rise has never been owing to any conduct similar to that of Mr. Thomas, but to candour and liberality, joined to industry and talent. We shall be glad to find that Mr. Thomas proves as great as any of those referred to, but as yet he must allow us to say that the *origin* is the only point of resemblance.

BOOKS RECEIVED FOR REVIEW.

Analytic Physiology; treating of the Cure of Nervous Diseases, by external Applications to the Spine. By Samuel Hood, M.D. A.B. Second Edition, with an Appendix.

Report on the Trial, Cooper *v.* Wakley, for Libel. From the Notes of W. B. Gurney, Esq. Short-hand Writer to both Houses of Parliament. With Remarks on the Evidence, by Bransby B. Cooper, Surgeon, and Lecturer on Anatomy at Guy's Hospital.

NOTICES.

Dr. Sheil has addressed a Letter to us, explaining the circumstances which led to his absence from the Westminster Society when Mr. Lambert was expelled. We really did not allude to Dr. Sheil in any of our remarks: no one who knows the part he took at the Meeting at the Freemasons' Tavern can suspect him of favouring the partizans of the Lancet.

W. WILSON, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

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Medicine and the Collateral Sciences.

SATURDAY, JANUARY 24, 1829.

ON THE SPECIFIC EFFECT OF ATMOSPHERIC POISON

On various Structures of the Body, as connected with the production of disease—especially fevers.

By Edward Seymour, M.D.

(Concluded from Vol. II. page 748.)

Fever in which the Miasma or Poison of the Atmosphere acted immediately on the Brain after being received into the Circulation.

The affection of the nervous system in fever naturally attracted early the observation of pathologists; and the frequent cases in which after death disease was discovered in the brain and its membranes, led to the conclusion that the origin of fever was to be sought in inflammation and alterations in the structure of parts lodged within the cranium. It is true that it did not escape the observation of these physicians that it occasionally happened that no trace of disease was to be found on examining these parts after death.

Without seeking for disease in other parts which might give rise to secondary disturbance of the nervous system as severe as when primary disease existed in the brain, physicians endeavoured to explain the anomaly of the same derangement of functions existing with or without apparent alteration of structure, by alledging that in the second case a change in the cerebral substance really occurred, but was too nice and minute for human faculties or human observation to discover, and that probably the question would be entirely set at rest when the improved state of microscopic instruments enabled the physician to examine these parts with accuracy.

It is singular that this argument, employed to prop the theory of Drs. Ploucquet and Clutterbuck*, and animadverted on in strong and just terms by Dr. Beddoes in his treatise on Fever, should have been recently revived by Mons. Broussais, to support a doctrine entirely opposed to it; alledging that in the case of fever in which ulcerations of the small intestines are not observed, it arises not from the absence of the organic lesion, but the imperfection of our sight in estimating minute changes of structure.

I have endeavoured to shew in the preceding papers that poisons received into the circulation from the atmosphere act as known mineral and vegetable poisons do on definite structures of the body; inflammation and lesion of the membrane lining the bronchi being the direct consequence of the poison of the influenza or epidemic catarrh; inflammation and lesion of the small intestines, the immediate consequence of the poison of the bilious or autumnal fever of temperate climates received into the circulation. The disturbance of the nervous system in such cases being the result of the injury of parts essential to life, acutely diseased; that is, so rapidly injured, that parts at a distance have not been able to become accustomed to an alteration in the relation of functions, which would scarcely have suffered under slow or chronic disease.

For many years physicians were so satisfied with seeking in the brain for

* Beddoes on Fever, page 131.

the alteration either as the cause or consequence of disease in all fevers, that, with the exceptions mentioned in a former paper, only a cursory view was given to the numerous and important viscera of the abdomen and chest; and the accurate observation of the mucous lining of the intestines has until very recently indeed been almost wholly neglected. I recur more frequently to this fact, because it shews the difficulty of estimating justly the epidemic diseases in which the brain and its membranes were primarily affected. There are numerous histories of cases in which severe lesions were found of parts within the cranium, but nothing is said of the state of other viscera. In modern cases very accurate accounts are given of the state of the viscera in all the cavities: hence we can reason on the causes of disease in the latter examples, but not in the former.

There are various appearances in the brain and its membranes, presented after death, in those who die of fever from the primary influence of miasmata, or atmospheric poison, on these parts, after being received into the circulation.

In the majority of cases there is increased vascularity; the vessels of the pia mater are gorged with blood; an unusual quantity of fluid is found in the ventricles; and on cutting into the substance of the brain, a great number of bloody puncta from the divided vessels present themselves to view. Sometimes, in addition to these, a thin layer of semifluid lymph is observed beneath the arachnoid membrane; and in very severe cases, in which, during the course of the disease, vision has been either diminished or destroyed, lymph has been discovered at the base of the brain, or round the origins of the optic nerves. In much rarer instances, again, the lateral sinuses have been observed to be obliterated after inflammation to a greater or less extent; and abscess in the cerebellum, not communicating with the diseased vein but formed in its vicinity, (as abscesses are formed in other parts of the body in the neighbourhood of an inflamed vein), has been observed.

With such appearances after death, considered in relation to violent disturbance of the functions of the brain during life, no doubt can exist on the mind of the physician as to the cause of the disease. In similar cases, likewise, (and I have seen many such in hospitals,) no alteration of structure was to be discovered in the lungs or intestinal canal. They were true cases of fever from primary disease in the brain.

The diagnosis of fever from primary disease excited by the atmospheric poison acting on the brain through the medium of the circulation, from the fever with deranged cerebral functions, arising from the injury of parts at a distance, is extremely difficult; for, as I have already remarked, the disturbance of the nervous system is often fully as great, where the disease is situated in the small intestines, as when produced in the brain itself; but, although the diagnosis is difficult, it is not the less essential, as the treatment of the two cases is widely different.

The principal characteristics of the disease we are considering, are, headache, costive bowels, through which, if a passage be obtained, scarcely any fæces are observed, the evacuation consisting entirely of the medicine, with some mucus from the bowels. There is considerable trembling and great sensibility of the surface. If pressed on the abdomen, sense of pain is produced; but a similar sensation is produced by touching the muscles of the leg, or thigh, or arm: the whole sense of touch seems to be morbidly excited. Early in the disease the pupils of the eyes are contracted to a minute point, and there is a marked expression of hurry in all the patient does or requires: with this there is sometimes early delirium, but more generally the senses are collected; but aberration of mind is observed on some trivial subject, often the first indication of the severity of the disease. There is present, thirst, nausea, heat of skin, anorexia, or occasionally depraved appetite, a longing for food, which, when presented, is rejected with loathing. The eyes are brilliant and suffused. The symptoms proceed, until, sometimes suddenly, often when unexpected, intense pain is complained of, with screaming, tossing of the hands, rolling of the head, partial loss of sight, stupor alternating with delirium, involuntary discharge of fæces and urine, subsultus, floccitatio, and death.

There is, as in the case of disturbance of the nervous system from injury of parts at a distance, no observable remission: the duration of the symptoms

of excitement of course vary; in very severe cases four days are sufficient to determine the disease, but the most ordinary period is about three weeks, which has, perhaps, given rise to the popular name of one-and-twenty day fever, a name often applied to diseases different in duration, cause, and danger.

The distinguishing marks of fever, from primary affection of the brain, from fever with disturbed functions of the brain with injuries of distant parts, may be drawn from the costive state of the bowels, the contraction of the pupil, the trembling of the hands and arms, the morbidly excited sense of touch, and often of taste, the absence of more pain in the abdomen than in other parts of the body, the aberration of mind, generally to be traced on particular subjects before it becomes general, pain in the head, often confined to one spot, and very acute, and the pale, haggard, and distressed features of the patient, distinguishable from the flushed and changing colour of the countenance in fever from abdominal disease, and by the absence of marked remissions.

Still it must be allowed that the disturbance of the nervous system is in many respects common to each form. There is subsultus, muttering delirium, sighing, moaning, present in both: it is only by a very accurate history and careful observation that we can establish which part has been primarily attacked, to which our essential mode of cure is to be addressed, while we palliate symptoms which may be believed to have arisen secondarily.

In considering the treatment of this form of disease, we shall, I think, find a clue to the cause of the great disparity of opinion which has existed among physicians on the subject of bloodletting in fever. Where the impression of the morbid poison is directly on the brain, early and repeated bloodletting is necessary, and mercury is to be given in such quantities as will affect the system, and change the action of vessels which would terminate the inflammation by the effusion of water into the ventricles, or lymph within the membranes. Before the pressure of the distended blood-vessels is taken away, the bowels are entirely torpid, the secretions over which the nerves preside are not formed from the blood, and any attempt to restore them by violent or active purgatives, *before the pressure is removed,* appears to me to add a fresh stimulus to the system, and aggravate in a great degree the very evil it is intended to alleviate. On the other hand, in remittent fever, where the disease is situated in the small intestines, and the disturbance of the functions of the brain secondary to the injury of this important part, venesection, except under very particular circumstances, does harm. It does not relieve the disease, but it lowers the patient, rendering him less equal to the administration of remedies necessary to promote the gradual cure of parts rapidly injured, and whose restoration must be of long duration. The patient under such evacuation of blood does not sink to the point we wish or reasonably expect under its use in phlegmonous inflammation, but far below it, and it not unfrequently happens that a patient in these circumstances, after a full bleeding, falls so low as not to be roused, except by the use of strong stimuli, and has then to pass through a dangerous and protracted illness.

It is only from a wish not to draw out this paper to an unreasonable length, that I do not load it with cases; it is sufficient to say, that I allude to no one point of practice which has not been illustrated under my own observation.

Here, then, is the answer to those two parties who have adopted the practice of bloodletting and mercury in fever, or have arbitrarily condemned it. In cases in which the brain is primarily affected in disease, or in the catarrhal fever, with severe oppression of the respiration, venesection is necessary —it is essential. It should be employed early, largely, and repeatedly; according to the circumstances of the case, and the relief afforded. In cases of fever, with disease in the bowels, it should scarcely ever be resorted to, and then with extreme caution, even when the functions of the brain are greatly disturbed. In fever with primary disease in the brain, purgatives are injurious until the pressure be relieved; in fever from diseased bowels purgatives are always useful—often essential. They must, of course, be adapted to the particular case, and selected with care, to produce a more gradual and healthy secretion from the mucous glands. In this fever, the other remedies in the knowledge of almost every practitioner

may be briefly alluded to. Cold lotions should be constantly applied to the head; and, in severe cases, ice mixed with these will be found to relieve sometimes in a wonderful degree the dangerous symptoms, reducing the increased heat, and restoring the mind to a state more nearly approaching natural tranquillity. If blisters are employed they should be used with great caution, and not until the evacuations of blood have made a decided impression on the disease.

The question of the employment of blisters to the head in fever, appears to me to be, as in the case of venesection, of no very difficult solution.

Blisters act either as direct stimulants or by revulsion. From the time of the elder Willis downwards their use has been condemned by many physicians in fever, except on the second principle, and then their application should be at a distance from the affected part.

To the nape of the neck, or, still better, to the legs, this remedy, after due abstraction of blood, has often appeared to have cured decidedly the disease of the brain; but both from respect to the opinion of the able physicians who have written on the subject and from my own observation, the application of blisters to the head itself, as a remedy for inflammatory action in the brain, appears wholly inadmissible.

But it sometimes happens, after fevers, that the functions of the brain so long excited are impaired, not from inflammatory action, or the destruction of parts, but from the absence of blood circulating in these parts—a condition similar to that which exists in children after long and wasting diarrhœa. Thus aberration of mind has sometimes existed for weeks after the disturbance of functions of the brain in fever, either from primary inflammation or secondary derangement. In such cases, a direct stimulus applied to the brain, by repeated application of blisters, has been attended with the happiest results.

If blisters, then, are applied in fever, after due evacuations, they should be applied at some distance from the affected part, on the principle of revulsion.

If to restore an increased degree of vitality to parts injured in their functions by long over-excitement (cases which are rare), they may then be employed as near as possible to the affected part, on the principle of stimulation.

Saline medicine and sub-acid drinks are, of course, employed in this fever with the greatest advantage in the disease and of comfort to the sufferer; and the moderate use of purgatives, the action of venesection and mercury, having relieved the chief danger, will guard against a relapse.

The functions of the skin and kidneys, the disease of the brain being subdued, often return in an increased degree of activity, giving rise, in other words, to the termination of the fever by crisis.

The following occurrence, among several, sets in a very clear point of view the action of atmospheric poison on the brain, through the medium of the circulation:—

In May, 1826, I was requested to see the child of a poor man in very miserable circumstances, on a ground floor in the lowest part of Westminster. The weather was unusually warm, the room damp and stifling. The child was labouring under manifest effusion into the brain, after an illness of three weeks, described to me as fever. It is needless to say it was fatal. About a fortnight from this time I was sent for to see the father, who had head-ache, occasional delirium, a constant trembling, the pupils of the eyes much contracted, and costive bowels. There was great sensibility and incessant talking. His extreme poverty, and the unhealthy situation, induced me to send him into one of the hospitals, where his disease proved fatal about the sixteenth day from the first attack. On examination, there was much fluid in the ventricles and at the base of the brain, and a thin layer of semifluid lymph between the pia-mater and arachnoid membrane The viscera were healthy, and not a trace of ulceration, or indeed disease, was to be found in any part of the intestines. Two children of this unfortunate man were attacked in succession; one of ten, the other of eleven years of age: but by directing the treatment to the affection of the brain early and fully, they both perfectly recovered.

To fevers of this description are to be referred the epidemics related by Drs. Vieussieux and Matthey, as having occurred in Geneva in the year 1805. The description after death of the

formation of lymph and pus in various parts of the brain, which cannot certainly occur without the utmost disturbance to the functions of other parts, or the production of fever, might satisfy the mind of the inquirer that inflammation and lesion of the brain was the immediate consequence of the absorption of the atmospheric poison.

It is possible that, at some future time, I shall resume this subject, with reference to other epidemic disorders; and I may here shortly allude to a disease whose nature (as far as report is concerned) would lead us to believe that it is an example of the poison of the atmosphere acting on a particular structure, after being received into the blood.

Accounts have reached this country of an epidemic disease which has visited Jamaica and the Island of New Providence, but more especially the Bahama Islands; affecting the joints of the body, attacking every class of persons, whether under circumstances of exposure or otherwise, and equally the poor and rich. It has not been fatal, but most extensively epidemic. As I have no personal knowledge of the disease, I should be unwilling to rely on it as an example; but, from the authenticated account sent to this country, it would appear that the poison of the atmosphere, received into the circulation, affected the synovial membranes of the body. If this be true, it is another very strong instance of the action of atmospheric poison on particular structures.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from p. 150.]

PAINS IN THE JOINTS.

Among the most frequent of all the attendants upon syphilitic eruptions, are, enlargement and pains in the joints, particularly the elbows, shoulders, and knees. The skin, in these cases, is not red externally, nor very tender to the touch; but the joint is stiff, painful if moved, and the pain is greatly increased at night when the patient is warm in bed; the articular ligaments are affected in these cases. I have not found external applications here of much avail. I have occasionally decreased the swollen joints by the application of blisters, but have not succeeded in removing the pain; nor will any means so speedily or so permanently effect this desirable object as the exhibition of mercury. Authors tell us, that these swellings sometimes proceed to suppuration. I never saw an instance of this, and should think it scarcely possible to occur with common prudence and skill.

There remain to be noticed those enlargements upon the aponeuroses of muscles which have obtained the name of gummata and tophi: these are to be met with in various situations; in the legs, thighs, shoulders, back of the arm, &c. They are not easily mistaken; they are hard, yet possess some degree of elasticity. There is no external redness of the surface, and they are chiefly painful at night. They do not occur as solitary symptoms; and therefore their treatment may be comprised under that of those affections of the bones which are called exostosis, periostosis, or node; and which, indeed, most usually are met with at the same time.

OF NODES.

There are no symptoms of syphilis which require more discernment and discrimination in the mode of treatment than affections of the periosteum and bones. Those who are exclusive mercurialists in their practice may indeed boast that they never fail to overcome these symptoms by their favourite remedy; and if we are disposed to consider as cured those unfortunate persons whose palate or nasal bones have become carious, leaving them objects of the most deplorable deformity, proclaiming the foul source of their afflictions wherever they go, then the fact must certainly be admitted; because, when the carious bone or bones are thrown off, the disease is generally at an end; leaving the patient, however, with a broken-down constitution, and a habit liable to be affected by the slightest causes. But such a result is very far, in my opinion, from deserving the name of a cure; and I cannot help thinking that a more judicious management of the earlier symptoms of the disease would prevent such affections in the

majority of instances; and that even where they unfortunately do occur, the termination by caries and exfoliation may very frequently be averted. When this desirable end has been accomplished, the surgeon may then, and then only, boast of having actually performed a cure. We have heard, in the relation of the many thousand experiments performed in the army, how seldom the venereal disease, when left to pursue its own course, led to any diseased condition of the bones, or of their investing membrane; and that even in those cases where nodes, or painful swellings of the tibia, did occur, a simple mode of treatment, or at most a very trivial quantity of mercury, was sufficient to overcome the disease. This was certainly a novelty to most professional men who had been bred up in the belief that disease of the bone was the ultimate termination of syphilis, where it was either left to itself or imperfectly cured; and that the employment of mercury was then more absolutely requisite, and for a greater length of time, than in any of the milder forms of that complaint. It did not, however, escape the observation of practical men, that many cases of diseased periosteum and bone led to the most serious and alarming consequences, in spite of the administration of mercury; and reading men discovered that authors of great eminence, ages before, had attributed almost all the cases of caries of the bones to the profuse exhibition of mercury. They pointed out some remarkable expressions of Fallopius bearing upon this point; and even Astrue himself afforded a passage which, from so decided a mercurialist, could not fail of making a great impression. A venereal caries, which attacks the bones, he says, rarely yields of its own accord to mercurial treatment, even properly managed; nor is it wonderful that it should require for its cure a more operose treatment, and a longer space of time.

There is nothing more curious in tracing the accounts which authors give us of syphilis than the very diffuse manner in which all the theoretical points of the disease are discussed, and the little that is said as to the symptoms. I have had occasion to make the same remark when speaking of syphilitic eruptions; and it applies still more forcibly to affections of the periosteum and bones. All that we find asserted by the best authorities is, the belief that these symptoms imply the deepest taint of the constitution; that they are certain to arise if the primary or first class of secondary symptoms are neglected; and that mercury, and mercury only, freely administered, and for a very long period, can cure the patient; and yet we find, by the confession of these authors, and by the directions they have given us, that even mercury will not prevent a caries, or why so many rules as to the best mode of expediting the casting off of the exfoliations? Caries of the bones was also formerly believed to have two modes of making its advances, one from within, the other from without; but we now do not admit of the former of these affections. Delpech combats the belief very forcibly; and I think there is no reason for suspecting that syphilitic caries ever begins from within the bone itself. A previously diseased condition of the periosteum, I believe, always is the precursor of the attack; but I also believe, that if mercury is profusely or rashly administered in this condition of the system, that a caries of the body of the bone may readily be established; and that has been, and perhaps is even now, called by some people a venereal caries. Well, then, if mercury is still continued to be given for the cure of this condition of the bone, what will be the consequence? Why, that a certain portion will be devoted to destruction, and the patient recover to become a valetudinarian for life; or else he sinks altogether under the disease, and is accounted to have died of the French pox, as the bills of mortality used formerly to call it. It appears to me that if the modern discussions and experiments had led to no other result than to a clearer understanding of the nature and consequences of these diseased conditions of the periosteum and bone, as connected with syphilis, they would deserve to be written in letters of gold; because these are the cases which formerly led to such dreadful consequences, and rendered the patient too often a cripple for the remainder of his life. Most surgeons could find their way through the labyrinth of primary symptoms without doing much mischief, because the lapse of a few weeks at least cleared up the difficulty; but when bone once became affected, and mercurial action was to be

kept up for months, and nothing short of this was believed to be consistent with the patient's safety, it was not surprising that mischief, irreparable mischief, ensued. New pains, new enlargement of joints, new swellings of the bones, made their appearance under this treatment; and at last the constitution gave way in consequence of the perpetual and exhausting stimulus of a misapplied remedy. But of late years sounder doctrines, and consequently sounder practice, has prevailed; and one of the most meritorious writers of the present day has truly remarked, that in all syphilitic complaints of the bones we must carefully avoid salivation, for if it comes on, the mercury, though introduced into the body in great quantities, will not effect a radical cure. This remark I especially quote, because it appears to have been the result of practical observation, and does not arise from any peculiar views relative to the venereal poison. The same author also truly observes, how much less frequent these diseases of the bone are now than formerly, and which I attribute entirely to the mitigated mode of employing mercury.

According to my view of the matter, then, I am led to think that wherever there is an affection of the periosteum or bones, as consequent upon former syphilitic affections, there is something more than ordinary mixed up with the disease; that something is most commonly a scrofulous leaven in the constitution. Therefore it is that I am more than usually cautious in the exhibition of mercury in such cases, both with regard to the quantity of the remedy and the mode of employing it; that is to say, I should insist upon my patient confining himself to his apartments entirely during his treatment, in whatever mode I might choose to administer the mercury.

The bones most usually liable to disease, as a consequence of syphilis, are, the bones of the palate and nose, the cranium, the tibia, fibula, and sternum. Nodes are sometimes met with as solitary symptoms, although the history of the case will shew that other secondary affections, usually some form of eruption, with nocturnal pains, have preceded them, keeping up, as it were, a continued chain of diseased actions, all traceable to the primary sore. The bones of the palate and nose, the turbinated bones, the vomer, &c. become diseased most commonly in consequence of some form of ulceration of the fauces or palate being communicated to their covering membrane; and therefore the mode of preventing or meeting this mischief is to remedy these various conditions of ulceration as speedily as possible, since it is impossible to prevent the contamination of the bone where the periosteum has sloughed, or matter has formed beneath it in contact with the bone; and this mistaken belief, that mercury can prevent exfoliation, if arising from a syphilitic cause, has, I believe, occasioned the loss of more noses than all the other conflicting modes of practice can be supposed to have given occasion to. Now, the mode of preventing this heavy affliction is to pay attention to the peculiar character of the ulceration of the palate or throat; the different mode of treating the inflammatory ulcer, the irritable ulcer, and the sloughing ulcer, has already been pointed out; and if those directions are attended to, I feel confident that the affection of the bones will generally be prevented; but should that not be the case, we must recollect that however imperatively we may be called upon to administer mercury for the accompanying symptoms, there is no necessity to continue it until the whole process of exfoliation is completed, for the virus will be extinct long before that happens. We must also recollect that it is peculiarly incumbent upon us to watch the effect of the mercury on the habit; for if mercurial action be excited, an aggravation of the disease will be the consequence. Fresh bone will become implicated in the inflammation, and the complaint will spread with renewed energy. I am, therefore, in the habit of feeling my way cautiously, with small doses of mercury, combined with sarsaparilla, in the form of decoction, increasing the quantity as I find the symptoms yield or the health improve under its exhibition: the local application of mercurial washes, or fumigations, must not be neglected in these cases, since they have not only a powerful but a prompt action in subduing the disease; though I think it by no means justifiable to omit the general employment of the remedy mildly and cautiously, to prevent a recurrence of the disease either in the same or in other

parts: but so far only am I a mercurialist. Beyond this, the administration of the remedy as formerly recommended, and as yet often practised, is highly to be reprobated. Inquire of those unfortunate people who have lost their noses, or suffered severely from exfoliations from the palate, and they will all say, to a man, that they have used mercury freely and largely—nay, lavishly—most commonly without any precautionary measures, and very often against the clearest indications to the contrary line of practice. In truth, I believe that in all those instances where the bones become implicated in the disease, there is a scrofulous diathesis to contend against, and that, therefore, as an alterative, we may advantageously have recourse to mercury; but that we cannot venture to prescribe it without much limitation and strictly watching its effects.

Enlargements and nodes on the skull are of two distinct kinds; one is the true node, originating in inflammation of the investing membrane of the bone; the other is caries of that bone, arising from foul phagedenic ulcerations, spreading in all directions, coalescing together, and forming a honeycomb ulceration: this state often ensues as a consequence of mercury either pushed too far at the time, or from the constitution having previously broken down under its employment. The former diseased condition has, however, all the character of the true node: it is extremely painful, more especially at night; pain is, indeed, a mild word to express the torture which the patient appears to suffer. These swellings are frequently met with on several parts of the skull at one time; the forehead and parietal bones are, perhaps, the most usual situations. They very often proceed to suppuration, and the best mode of treating them in that case is simply to evacuate the matter by a small opening, and suffer the part to heal up, which it will most usually do without the necessity of exfoliation, which will frequently ensue if you follow the practice sometimes recommended, that of laying the whole tumor fairly open: but this is quite unnecessary, indeed it is worse, because a small puncture will equally relieve the pain, by taking off the distention caused by the purulent matter, and if the bone should happen to be denuded, no possible harm can arise from attempting to suffer the part to heal, since, should that be the case, the closing of the wound cannot be effected. When, however, these swellings remain hard and discoloured, shewing no sign of coming to the surface, they may be greatly relieved by the application of leeches and blisters, but more especially the latter; and when by the action of the appropriate remedy they cease to be painful, but still remain prominent, the mercurial plaister worn constantly in contact with them, tends very much to reduce their size. In the event of the discharge continuing to increase after the contents of these swellings have been opened, that it becomes thin and fœtid, the orifice ulcerating, and giving reason to believe that bone is uncovered, having with the probe ascertained the fact, it is better, I believe, at once to proceed to lay open the part, and then to adopt that treatment which would upon any other occasion be adviseable for the purpose of hastening the casting off of the dead portion of bone.

The above plan of treatment may also be had recourse to in nodes of the tibiæ, or fibulæ; that is to say, local remedies, such as leeches and blisters, may be employed at the same time that an alterative exhibition of mercury with the sarsaparilla is pursued: if the pain is intolerable, and fluctuation is perceptible, the part may be opened; if only partial relief follows this plan, it may be adviseable to lay the whole tumor open, which by no means renders an exfoliation of the bone indispensible; on the contrary, in many instances the relief is permanent, and the part heals up without difficulty. The mezereon root formerly enjoyed great reputation in these painful affections of bone; it has now lost its reputation, but still continues to be an ingredient in the compound decoction of sarsaparilla. It was also in these cases that both opium and hemlock obtained each a short-lived character as antisyphilitic remedies: they are, indeed, useful in controlling pain, and procuring rest, but beyond that they appear to possess no peculiar powers.

Nodes are not, in general, absolutely got rid of at once under any mode of treatment: on the shin a roughness, or thickened condition, or partially swollen state of the bone, continues often for months or years, and is but little influenced by medicinal applications: it is

necessary to bear this in mind, because we may be otherwise inclined to pursue a course of mercury for a needless length of time. We find in Mr. Carmichael's Synopsis of Venereal Diseases, that he makes nodes to be the ultimate symptoms of what he calls the pustular venereal diseases, as well as of the true syphilis. For these affections, in either case, he recommends the same general remedies, and adds, that if they prove inefficient, mercury may be of advantage, provided the general disease is on the wane. I cannot help thinking that these directions are full of contradiction, and tend much to prove the unstable foundation of his system; for he here admits the same symptom to be produced from two distinct poisons, and after proscribing mercury, ends by recommending its employment when all other means fail. Whereas, according to my view of the subject, nodes, or affections of the bones, are by no means necessary or general results of the action of the poison of syphilis on the constitution; I conceive that they imply some debilitated, or otherwise diseased condition of the constitution in which they occur; and that, though they are amenable to mercury, it must be employed in these cases very temperately and cautiously, and more especially if the bone affected is of the thin and spungy kind, wherein mercurial action improperly excited or kept up will inevitably extend the disease, and continue to spread destruction to all the neighbouring parts. In complicated cases of this description it is impossible to proceed too cautiously in the use of mercury: it may be necessary to suspend its operation again and again, to recruit the general health, to watch our opportunity of recurring to mercurial treatment, and so to feel our way cautiously, gradually increasing the mercurial action as the system becomes reconciled to its operation. In such cases nothing is more pernicious than to commence with large doses of the remedy, which sometimes take a sudden and violent hold of the patient, and completely exhaust the little remaining strength he may possess.

The local treatment of nodes I am inclined to think must be regulated by those common principles of surgery which would apply to diseases of the bony structure where no peculiar poison is concerned. I deprecate, as I before said, too early or too officious an interference with them by the knife, but more especially by laying on caustic, as was formerly the almost universal custom. A simple evacuation of the matter will very frequently take off the painful distention of the parts, and render all further interference unnecessary. One thing appears quite certain, that nodes are now but rarely met with compared with the frequency of their occurrence some twenty or thirty years ago, when the mercurial course was of such a dreadful length and severity. In the whole of that part of my army practice in which I was following the non-mercurial treatment experimentally, not above one or two slight cases, in no instance leading to caries, took place, and my evidence is supported in this respect by the concurrent testimony of every man who followed the same system. This universal agreement cannot have been the effect of accident, and must, if there be any thing like truth in physic, be the consequence of our having now a more clear and precise knowledge of the natural history of the disease, as well as of our having adopted a more rational plan of cure, the perfection of which appears to me to consist, not in a wilful and capricious abandonment of the old remedy, mercury, but in employing it temperately, cautiously, and with a reference to the peculiar state of some constitutions, and the actual condition of all, even the most healthy and robust.

OF SYPHILIS AFFECTING PREGNANT WOMEN AND INFANTS.

It is acknowledged that infants are occasionally born with symptoms which have been referred to a syphilitic source: these symptoms being a peculiar shrill tone of voice, emaciation, peeling of the cuticle, followed speedily by some form of eruption, together with occasional ulcerations of the mouth and fauces. Authors who have consented as to the origin and nature of these symptoms, have been greatly divided as to the mode in which they have been transmitted, and here, departing from plain matter of fact, the explanation of the phenomena has been sought for in some fanciful hypothesis; but if they had recollected that the laws of generation are still a hidden mystery to the wisest of us, and that there is really no more marvel in the transmission of

syphilis than of scrofula, gout, and many cutaneous diseases, they need not have resorted to elucidation of these occurrences, by supposing that the infant always became infected with the syphilitic poison merely in passing through the vagina, since that would imply that the female must at the period of her delivery be labouring under some form of ulceration. Now this is contrary to fact, and was only advocated by Mr. Hunter, because he believed that the blood could not infect, and therefore he could in no way understand how the fœtus could acquire the disease in utero; neither do I profess to understand how this can be, but then there are so many things which I do not understand, and yet which are happening every day, that I do not think it necessary either to deny the truth, or to seek for some very improbable explanation, rather than at once to confess my ignorance. If there be any truth in medical testimony, there cannot be any doubt of the occasional occurrence of syphilis in new-born infants where the father or mother, one or both, are labouring under some form of secondary affection, and that such children have communicated a similar disease to the breast of the nurse who has suckled them. Upon this point, Foot, Astrue, Boerhaave, Mahon, Swediaur, Levret, the Swedish physician, Roux, and a host of great names, are united, and Hunter, admitting the fact of the infection of new-born children, only denies the propagation of the disease from the parents, and that, as I before said, from a belief that the blood could not infect; but surely this is sacrificing a great deal too much to hypothesis.

I shall beg to relate the following case, because it not only proves the truth of the above position, but it also illustrates the mode of treatment necessary to be adopted in these cases; which, however, as may be supposed, are but rare. A young gentleman, just before he married, had been attended for venereal complaints. Thinking himself safe, he married a beautiful woman, who was delivered of a fine healthy boy at the end of ten months. During her second pregnancy, the husband declined visibly in his health, and, within five months of the second delivery, he had venereal ophthalmia, and a suspicious fungous excrescence round the anus. At the time that the lady was confined, in addition to the above symptoms, the husband had an ulcer at the back of the palate, extending towards the larynx. He then submitted to a course of mercury, and got finally well. During the time that the gentleman was under treatment the infant's condition excited attention: it was squalid, and full of eruptions, scattered from head to foot, and appeared to swallow with difficulty. It could not suck, and was fed upon goat's milk. On the mother not the smallest mark of venereal infection was to be found. The child was cured by rubbing ten grains of the stronger mercurial ointment into the soles of the child's feet, and continuing this treatment until the symptoms all yielded.

The symptoms generally met with in new-born infants are purulent ophthalmia, eruptions, apthæ ulcerations round the anus, a hoarse squeaking voice, desquamation of the cuticle, and great emaciation. When infants are nursed, it will be sufficient for their cure if the nurse employs the mercury; but if the infant is fed, small doses of calomel may be administered, or the mercurial ointment may be employed in the manner above directed. It has also been recommended to treat these tender subjects with the corrosive sublimate in milk; but I cannot recommend this plan. The dose required for an infant is so minute, the medicine is so likely to disagree and to produce violent griping, that I should be extremely unwilling to trust to it in these cases; and Swediaur urges the same objection to its use. The submuriate of mercury, or the hydrargyrum cum creta, appear, upon the whole, to be the best forms of exhibiting the medicine in these cases.

I had nearly forgotten to state, among the later advocates for the transmission of syphilis to the fœtus in utero, the evidence of Mr. Hey, which is to be met with in the 7th volume of the Medico-Chirurgical Transactions. It was the last paper written by that eminent man, and though it contains many propositions relative to the venereal disease which we cannot readily admit of, still the evidence he adduces of the facts I have above mentioned is very strong, and, taken with all that has been urged before, altogether irresistible. Mr. Hey also mentions another circumstance, which has lately been insisted upon more forcibly by Dr. O'Brien, of

Dublin: it is this—a woman shall repeatedly miscarry at the end of the seventh or eighth month, and be delivered of a dead child; or if the child be born alive, it exhibits all the appearances of disease, and soon dies. Dr. O'Brien, whose paper is published in the Transactions of the College of Physicians of Dublin, relates many cases of this kind, and assures us that he has in several instances of this kind been led to the belief of a syphilitic taint lurking in the constitutions of the mothers, and that his suspicions have been confirmed by the result of a course of mercury, which has not only restored the health of the patients (previously valetudinary), but has enabled them to become mothers of living and healthy children. I cannot say that I have any evidence of my own to offer on this subject—I mention the facts as related by the above respectable authorities, and it will be worth the young surgeon's attention, in after life, to bear in mind what they have urged, should such or similar instances come under his observation; certainly where a female, formerly in good health, has declined without apparent reason—where she is regularly miscarrying at one particular period of her pregnancy, or bringing forth puny children, dying almost as soon as they come into the world, it may not be amiss to turn our attention to the probably syphilitic source of her misfortune, and by gentle beginnings, to try the effect of a mercurial treatment; and if our authors are to be believed, the result will be most satisfactory.

In the account which I have just given, I have purposely abstained from all theoretical views and doubtful modes of practice: it would have been no difficult matter to have extended this part of my subject, but it could have had no other effect than that of rendering the method of treating these affections doubtful. In such cases, wherever the health of the mother has declined, and the symptoms affecting the infant are such as I have described, whatever we may think or believe theoretically, we must endeavour to cure our patients, and this, if there be any reliance upon the testimony of surgeons of character and experience, can be done safely and securely by a mild and temperate administration of mercury.

The same observations may be made respecting the occurrence of nodes. A node may be venereal or it may not be so, therefore I endeavour to trace out accurately the previous history of the patient; if I can either obtain it, or if I can have any reliance upon it when obtained, I should devote such a patient, even when I clearly made out a connexion between the node and a previous syphilitic complaint, to a mercurial course with great caution—I should watch the effect of the medicine very suspiciously, and withhold it the moment any constitutional disturbance was produced by it, or any new or anomalous symptoms developed themselves; if, for example, an ulcer in the throat became established after mercury had been some time exhibited, or pains in the limbs, before unfelt, began to trouble my patient, I should not look upon this as a confirmatory proof of the disease being syphilitic; so far from it, it would warn me of the danger of pursuing a mercurial treatment—it would, moreover, urge me to get rid of the mercury from the system as fast as possible, and in lieu of it to adopt all those means of restoring the vigour of my patient's health that are usually recommended for that purpose; among these the bark, sarsaparilla, sea bathing, and country air and exercise, are the most prominent.

[To be continued.]

ON COMPLETE INVERSION OF THE EYELIDS.

By S. J. Stratford, Surgeon.

There still existing considerable difference of opinion as to the treatment of inversion of the eyelids, the perusal of the following cases may tend to illustrate a variety of treatment which, if employed with sufficient judgment and perseverance, will be found fully to remove this troublesome complaint, and consequently to stop the progress of corneal opacity, which this disease always occasions, and in some cases to such an extent as totally to prevent the exercise of vision.

Case I.—Mr. M., a respectable tradesman, was sent to me by my friend Mr. Selwyn, of Ledbury. He had been troubled with this complaint for many years. From his description, when very young he had frequent attacks of conjunctival inflammation: this, in all probability, first

caused the inversion of the cilia, which afterwards frequently induced its return. Upon examining him, I found that he had a most complete inversion of both the lower lids: this had taken place to the extent that not only the cilia but even the skin of the lid was brought in apposition with the conjunctiva covering the globe. The cilia were folded up, or bent in such a manner as to bring them in contact with the conjunctiva, where it forms the reflection from the ball to the lid, and consequently was in some degree removed from the corneal portion of the membrane. The whole lid appeared to be very considerably elongated, so that when the cilia were returned to their proper situation it formed several considerable folds, while an evident stricture was formed by the contraction of the tarsal cartilage, that made it difficult to retain the lid in its proper situation, especially if any involuntary contraction of the orbicular muscle was excited. The patient complained that the inversion of the cilia caused very considerable pain, prevented his application to study, and, indeed, made his life miserable. There was but little conjunctival inflammation present, in all probability dependent upon the position of the cilia, which being fixed in some degree in the angle of reflection, had but little motion, and consequently, at the present stage of the disease, seemed to cause but little inflammatory excitement. Marks, however, of previous attacks were sufficiently obvious, and if they had recurred, would doubtless in time have caused blindness. Having explained the nature of the complaint, and kind of operation required, the patient expressed himself willing to submit to it.

Operation.—I commenced the operation, after having properly fixed the patient's head, by introducing one limb of a pair of scissars (with a blunt point) to the bottom of the fold formed by the reflection of the conjunctiva, as near the external angle of the lids as possible, and, holding them in a perfectly perpendicular direction, cut through the skin, tarsal cartilage, and membrana conjunctiva. This evidently afforded considerable latitude of motion to the lid, and being repeated at the inner angle of the inverted lid (taking great care to avoid the punctum lachrymale and horizontal canal), obviously freed the part from that constriction which was a chief cause of the complaint. The cilia now, in a very considerable degree, returned to their natural situation. I next seized a large fold of the skin of the lid, and cut off horizontally a considerable portion of it. This was included between the two previous perpendicular incisions: after the bleeding had ceased, I passed an armed needle through the tarsal cartilage in three situations; the two first close to the perpendicular incisions, the last in the centre between these. I then fixed the ligatures to the cheek by means of adhesive plaisters, so as completely to evert the lid. A little lint, besmeared with simple ointment, and a compress and bandage, were now applied, and the patient enjoined not to disturb the plaisters, &c. Very little irritation was excited by the operation; the wound was dressed daily, and the ligatures were firmly retained in their situation. About the fourth day, adhesion had evidently taken place between the cut surfaces of the horizontal wound, while the perpendicular incisions were granulating. The ligatures came away about the ninth day, when the everted lid soon returned to its natural situation, without the least inversion of the cilia. At first there appeared some disposition to permanent eversion of the lid, but this entirely subsided as the thickening of the cellular tissue of the lid was absorbed. The patient now freely expresses the very sensible relief which he experiences from the previous continual annoyance, which he purchased at the expense of a little pain, but certainly without any of the personal deformity which the excision of the tarsal margins must have produced.

Case II.—Mary B. had long been troubled with inversion of both the upper eye-lids, causing continual attacks of inflammation, for which a great variety of treatment had been employed: she had been frequently bled, freely cupped and leeched, while several marks of issues might be observed upon her person. She had been salivated so profusely as to have destroyed all her teeth, and completely to have undermined her health. The inversion was a continual source of irritation, often causing conjunctival inflammation to a very considerable extent, so that much opacity of the cornea had result-

ed from it, and had exceedingly impaired her sense of vision. The returns of inflammation were so frequent and so violent as to render her life miserable, and after a time would completely have blinded her. I performed an operation on the upper lids, similar to the one above recorded on the lower, and with equal success in every point of view, while, after a time, I had the pleasure to find that the corneal opacity (which had previously been produced) was in a great degree gradually removed.

Case III.—I. B. had had complete inversion of the lower eye-lids for some years, often causing considerable inflammation and some opacity of the cornea. Here the same operation was had recourse to, at first with apparent success in both eyes: in the right the cure was permanent, but some slight degree of inversion returned in the left. This, however, was completely removed by excising a small fold of skin from the margin of the lid, which causing a degree of contraction as the cicatrix formed, completely removed all disposition to inversion.

I have performed the operation on several other occasions, but as the cases present no variety from the preceding, I shall rest satisfied by stating that in each instance the operation was employed, and that a complete removal of the complaint was accomplished.

I have been the more readily induced to record the above cases, from knowing that at the present time many very celebrated surgeons, both in this country and on the continent, have recourse to excision of the margin of the tarsal cartilage, an operation which causes very considerable deformity; and at the same time that it removes the perpetual irritation caused by the cilia, very often produces a constant epiphosa; the delicate margins of the tarsi being removed, the functions of the lids are in a considerable degree destroyed, while the eliptical cartilaginous borders, which give that firmness, regularity, and graceful curve to the palpebra, are mutilated and disfigured. Perhaps this operation (which was first particularly recommended by Mr. Guthrie) is more difficult of performance, and more painful and tedious in its several steps, than excision of margin of the cartilage; but when contrasted in a successful case, its obvious advantages must be clearly demonstrated. It is certain that considerable care is required in its performance, and much perseverance, sometimes even amounting to a second attempt, is necessary, before all its advantages are fully developed. Among other points a chief object is to prevent the union of the perpendicular incisions by the first intention, that they shall be filled up by granulations, so as to lengthen the tarsal cartilage; and if we are sufficiently successful, the subsequent removal of a little skin will always prevent any inversion, should it appear disposed to occur.

In recommending this operation for the cure of inversion of the eyelids, I would wish it to be fully understood as applicable only to the more complete forms of this disease, while other and less painful treatment may be used with advantage in its minor varieties, a view of which I have given in my Manual of the Diseases of the Eye.

Dec. 1828.

Case in which Two Ounces of Concentrated Sulphuric Acid were swallowed, detailed by J. Orr, Esq. *Assistant-Surgeon 95th Regt.*

Communicated by Dr. James Johnson.

The following case, which came under my notice while in charge of the depôt of my regiment, then stationed at Sunderland, and which was treated in a great measure after the plan recommended by Professor Orfila of Paris, I am induced to forward to you, as affording some little additional light on this very obscure and important subject.

Joanna Carby, æt. 19, a young woman of delicate constitution, in a fit of temporary alienation of mind, arising from hysteric sensibility, swallowed, on the morning of the 4th Feb. 1827, about two ounces of concentrated sulphuric acid, purchased at the shop of Mr. Bray, an intelligent druggist in Sunderland, and who, on being informed of her having taken the poison, repaired to the room, where she lay in the utmost agony, and occasionally labouring under hysterical fits, accompanied by spastic rigidity of the muscles of the lower jaw, complete loss of speech, great and sudden sinking of the

animal powers, weak and fluttering pulse, with paleness and extreme dejection of countenance.

As soon as it could be procured from his shop (a distance of three or four hundred yards), Mr. Bray administered a mixture of the carbonate of magnesia, which was with the utmost difficulty passed down the throat, to the amount of two ounces or more; part of which, however, was rejected by vomiting. The patient having remained in an almost insensible state, with coldness of the extremities, was bled by Mr. Embleton, who had in the meantime arrived, as did two other practitioners, who, on merely seeing the case, deemed it hopeless, and departed forthwith, leaving the patient under the charge of Messrs. Bray and Embleton.

On the evening of the 4th I was requested by a brother officer, with whom the patient had been living previous to this unfortunate occurrence, and who was much interested in her behalf, to visit her; which I accordingly did about 7 P.M. (she having taken the vitriolic acid about half-past 9 A.M.), and found her lying in a state of insensibility and collapse, from the bleeding, but on the whole apparently much relieved. On pressure in the region of the stomach, more particularly at its cardiac orifice, she evinced a slight sense of pain; and I suggested the immediate application of leeches to the epigastric region, to be followed by a large blister on the same part. A large quantity of castor oil and a copious enema were administered, and a decoction of linseed given as common drink. During the night she remained in a quiet state, but unrefreshed by sleep; the breathing was occasionally hurried and stertorous; and on the morning of the 5th, her pulse becoming more rapid, with increased tenderness and pain in the epigastrium, about sixteen ounces of blood were drawn from the left arm, and the oil and enemas repeated. During the night she had six or seven very copious stools, of a perfectly black colour, and highly fœtid. She slept a considerable time, and soundly, during this day, but in the evening her pulse again rose to 140, was small and easily compressed, with increased tenderness and pain in the abdomen and throat, and slight pain at the "basis cranii." Another blister was applied to the thorax, and the tartar emetic ointment ordered to be rubbed into the neck, which occasioned considerable irritation of the external parts, and afforded the most decided relief.

On the 6th she swallowed some arrow-root without much difficulty, and the tongue, which had become tolerably clean during the previous day, seemed to have been but partially injured, retaining the sense of taste to a considerable extent; the fauces, from being swollen and inflamed, became less painful, and many words were very distinctly articulated, and in a firmer tone. She had slight cough and sputa, mixed with muco-purulent matter, apparently from the upper part of the trachea, muscular power in that region having almost ceased since she swallowed the acid. She had two or three dejections during this day, of varied colour, but latterly more natural, and containing a good deal of bile. Pulse 131, and more equal; tongue cleaner; pain of head gone; sits up in bed, and is cheerful, and swallows with less difficulty.

Feb. 7th.—Passed a good night; pulse 98, and firm; less pain in swallowing; very slight tenderness in the abdomen; ate some more arrow-root, and continues to drink linseed decoction, with gum arabic dissolved in it. Had several stools of a more natural colour, and speaks with regret of her forlorn condition.

Feb. 8th.—Convalescent.

From this period until the time I left Sunderland (about a week afterwards) she continued to improve.

In this case two points are worthy of notice: the very great benefit derived from the bleeding, notwithstanding the presence of symptoms contraindicating its necessity, and which was repeated on the slightest appearance of returning pain, and I have no doubt was that which most decidedly operated against the supervention of gangrene; and, secondly, the marked and beneficial results from the application of external stimuli to the regions of the abdomen and thorax. The primary administration of carbonate of magnesia, by my friend Mr. Bray, cannot be too much praised, as it, in the first instance, saved the patient, affording an opportunity for the trial of the other medicines and treatment which followed.

Malta, Oct. 10, 1828.

COMPOUND FRACTURE OF THE OLECRANON.

To the Editor of the London Medical Gazette.

Sir,

I beg leave to send for your insertion in the Medical Gazette, the following narrative of a case of compound fracture of the olecranon, which occurred lately at St. Bartholomew's Hospital. The circumstances of the case are, I conceive, sufficiently interesting to merit a place in your valuable journal, more especially as I do not find any mention of a similar case in any publication which I have consulted. As anchylosis frequently follows compound fractures extending into joints, a most important practical question arises in what position such a fracture as I am about to describe should be placed? A choice of evils presents itself to the practitioner—whether the limb should be placed in the extended position commonly employed in simple fracture of this part, by which the fractured surfaces may be closely approximated; but in the event of suppurative inflammation, the joint may become immoveable in a position which renders it nearly useless?—or whether the limb should be bent to a right angle, by which the fractured ends would be widely separated, but, in the event of anchylosis, the limb would be useful for all the common purposes to which it is applied?

In looking for authority to guide us in this most important decision, the only passage I find on the subject occurs in Sir A. Cooper's large work on Fractures, &c. page 490:—"In compound fractures," he says, "of this bone, namely, the olecranon, the edge of the skin must be brought into exact apposition; lint imbued in blood must be applied to the wound, with adhesive plaister over it, and union by adhesion be effected, if possible; *but in other respects the treatment is the same as in simple fracture.*"

From this passage it appears to me, either that Sir Astley has never met with such a case, or that he has not given the subject that mature consideration which it deserves; as I am convinced that he would not have been satisfied with recommending such rules of practice, without some qualification in the event of suppurative inflammation taking place within the joint. Without further preamble I shall proceed to state the case, which I trust will afford an useful commentary on the subject.

Peter Glannon, æt. 23, was admitted into Pitcairn's ward on the 1st December, with a compound fracture of the right olecranon. He had been engaged in a fight with some Irish friends, and had received a severe blow on the elbow from a poker, while in the act of raising his arm to defend his head. A small artery was divided, which bled very profusely.

At the time of his admission the gentleman who first saw him stated that the olecranon was slightly retracted to the upper part of the posterior fossa of the humerus. The wound was accurately closed, and the hæmorrhage readily restrained with a compress. The external wound was rather below the seat of the fracture. I visited him a few hours after his admission, at which time the olecranon was not in the least retracted, though it could be moved laterally in its proper cavity. The arm was placed on a pillow, extended to about an angle of 160 degrees, and was enveloped in cloths wetted with the coldest water. Cal. gr. iv. pulv. jalapæ gr. xv. were given to him, and the strictest rest and an antiphlogistic regimen enjoined.

On the 2d extensive swelling and inflammation of the whole arm had taken place, with great pain in the joint. He was bled from the arm, and 30 leeches were applied round the joint. The cal. and jalap were repeated. As he complained of the cold applications, warm fomentations were substituted, from which he experienced much relief.

3d.—The swelling was somewhat reduced, but he complained of excessive pain in and about the joint, and he had frequent convulsive twitchings in the arm, which disturbed his rest. A long splint was applied in front of the arm, with an additional pad at the flexure of the elbow, to maintain the exact degree of flexion which I have found best adapted to these cases, and which I have particularly advocated in a paper on this subject published in 1823. The wound had not united, and discharged a thin fluid resembling sinovia. The bursa over the olecranon was much distended with fluid, and around this the integuments were very shining and inflamed. Being apprehensive of extensive cellular inflammation, which so frequently

attends on suppuration of the bursæ, I made a free incision, and let out about half an ounce of turbid fluid. This afforded great relief, and there was no further irritation from this source, the wound readily healing in a few days. 30 more leeches were applied round the joint.

4th.—He still complained of much pain in the joint, which continued to pour out turbid thin sinovia in abundance. 30 more leeches were applied in the morning, and 20 again at night, and the limb was constantly fomented. His bowels were kept open, and fever diet continued.

On the 6th the swelling and inflammation were much reduced; the discharge continued very abundant.

From this day until the 10th he continued to improve, and could bear the surfaces of the joint to be pressed gently together, and the radius to be pronated and supinated without any increase of pain. On this day (the 10th) some purulent matter was mixed with the thinner discharge of sinovia. I had constantly watched the appearance of the discharge, having determined, if a copious purulent secretion took place, accompanied with obstinate inflammation in the joint, indicating ulceration of the articular cartilages, that it would be right to disregard the separation of the broken bones, and to alter the position of the limb to a state of more perfect flexion. The puriform discharge was, however, so small, and the inflammatory action had so much subsided, that I did not consider it necessary to make this alteration.

The discharge from this time gradually diminished, and the wound closed in about three weeks from the receipt of the injury. During this time he had twice a return of pain in the joint, but this readily yielded to the application of leeches. Slight passive motion, particularly of the radius, was commenced about the twentieth day, and gradually increased. The olecranon has united so firmly and perfectly, that it requires a most accurate examination to detect the line of fracture. He has at present the power of perfectly extending the arm and bending it a right angle, and he is daily gaining freer motion and greater power in the joint. In supinating the radius with the arm bent, a slight grating sensation can be perceived, which causes some pain, which probably arises from partial absorption of the cartilage.

The above case I consider a good practical illustration of the propriety of attempting to unite the bone in the position most favourable for adaptation, and at the same time combating all the inflammatory symptoms with the most active treatment. Should the inflammation, however, continue, and the discharge clearly indicate extensive ulceration of the cartilages, it would, I conceive, be the duty of the surgeon to place the limb in such a position as would be most serviceable in the event of anchylosis taking place. The case affords also a further corroboration of the truth of the position which I have advanced in the paper alluded to—that the great retraction of the fractured portion, as stated by most authors, does not in general occur in this accident as in fractures of the patella.

I am, Sir,

Your obedient servant,

H. Earle.

George-Street, Jan. 10, 1829.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'Alembert.

Comments on Corpulency; Lineaments of Leanness; Mems. on Diet and Dietetics. By William Wadd, Esq. F.L.S. Surgeon Extraordinary to the King, &c. London. 1829. Ebers.

In our last volume we inserted some of Mr. Wadd's facetious comments: to these he has since added his "Lineaments," which are written in the same style, containing some interesting and instructive facts, presented to us in a very different dress from that in which medical information of any kind usually appears. A few extracts, which we subjoin, will give an idea of the lively manner of this agreeable writer: analysis of the work is out of the question: one might as well attempt to give an idea of the flavour of champagne by analyzing a bottle of it;—it can only be relished when neat and sparkling. Speaking of the famous Anatomie Vivante, he says,—"I have seen full as great curiosities as the said Monsieur within the circle of my own acquaintance: and, in

the persons of two of my most intimate friends, witnessed the most extraordinary instances of emaciation that the human frame could possibly exhibit. One of these was a gentleman about forty years of age; the other was one of the most lovely and beautiful of her sex, who, when she died, at the early age of thirty, presented the resemblance of an ivory skeleton covered with thin parchment.

"These cases were similar in appearance and progress; and each of them the effect of great organic disease, in the mesenteric glands and abdominal viscera. The first of these cases was Major P——, who, after much military service, and harder duty, as regarded his health, in the service of conviviality and good living, became a barrack-master in Sussex. I had not seen him for a year or two, when one morning he called me up, having suddenly left his quarters, 'to seek my friendly advice, on matters of the utmost importance!' For some moments I could not recognize my friend—I knew him not; how should I? an insane skeleton addressed me! It spoke of circumstances I knew, but in a voice that I knew not. Never, in my professional life, was I more distressingly affected. I met the momentary difficulty of contending feelings as well as I could, and, as soon as circumstances permitted, deposited a living skeleton in the charge of his family. He lived a few weeks, eatingly voraciously; and swallowed, or rather bolted, some large lumps of meat within a few hours of his death.

"There are, however, cases of the absorption of fat, the causes of which it is impossible to ascertain.

"A curious case is related by Halle, in the 'Mémoires de l'Institut National,' of a young woman who gradually became emaciated, without any diminution of appetite, and without any specific complaint. At the age of 21, the emaciation commenced; and from that time went on progressively. She died at five-and-twenty, having been confined to her bed only fifteen hours, and in these were included the usual hours of rest. The only peculiarities discovered on dissection were the almost total want of fat, and the obliteration, in a great measure, of the lymphatic system. The lacteals were invisible; all the glands were remarkably small; the inguinal glands, in particular, were quite shrunk, and the vessels leading to them were almost impervious.

"Halle therefore concludes, that this case affords an example of atrophy, independent of any organic affection, except what resulted from the successive obliteration of the lymphatic system.

"Two remarkable instances are mentioned by Lorry, one of which will sufficiently illustrate this remark.

"A person advanced in years, and affected with melancholy, became, without any evident cause, in such a dry state, as to be unable to move without producing a horrid, crackling noise in all his bones, even the spine, to such a degree, that (being a priest) he was obliged to give up saying mass, as the noise was so great as to astonish the vulgar, and make children laugh. . . . .

"'But what is the cause of my leanness?' said a thin gentleman, who would have given half his fortune for half my fat; 'what is the cause of my leanness?' 'Demandez-ce à ce Dieu!' —'Pho! demand a fiddle-stick's end! I want *you* to tell me, sir; *you*, sir; what is the cause of my leanness?' 'Well—soyez tranquille—be quiet a minute: there is a predisposition in your constitution to make you lean, and a disposition in your constitution to keep you so.' This explanation, about as satisfactory as Dr. Thomas Diaphoreus's explanation of the properties of opium—'*Quia est in ea*,' &c. &c. did not soothe the irritability of my lean inquirer, who became, if possible, more shrunken and wizened as his heat increased. Seeing the nature and temper of my antagonist, I went to book with him in another way: —'Why, sir, as to the causes of leanness, there may be many that an ingenious theorist might suggest;—I speak to you, sir, as *to a sensible man.*' The storm and heat began to subside; an oily word is like an emollient: 'I speak to you, sir, as a sensible man, and I am aware that it is not sufficient to talk to *you* in general terms, of constitutional peculiarities, digestive organs, and alimentary functions; you must have a positive, specific cause; and, if possible, an explanation of that cause, as plain as the specification of a patent.' 'Just so; that is what I want: you speak like *a sensible man*,' (the retort courteous): 'every effect, sir, must have a cause; and I want to know whether the cause may be in the stomach, or any particular part of my inside;

and if so, whether, by particularly directing our attention to that part, wherever it may be, we can in any way alter its nature?'

"The expectations of patients are sometimes very exorbitant, generally in proportion to their ignorance; sensible people give very little trouble. These demands it is not difficult to satisfy; for a foolish answer will always balance a foolish question. I do not recollect ever to have met the equal of this inquirer, except in a very pompous person, who kept a large circulating library, who doubtless thought, 'keeping a library, he himself was learned,' and who, whenever my answer satisfied his great mind, always expressed his approbation by a condescending nod, with—'Ay! now, sir, you give *us* a physical reason!'"

Among the various methods at different times suggested to cover the asperities of the lean with some tolerable proportion of fat, one of the most extraordinary is that of *flagellation*. It is spoken of as follows:—

"In the 'Artificial Changeling,' we read that the Mangones, to make their bodies more fat for sale, 'were wont to whip their posteriors and loins with rods, and so by degrees make them more fleshy;' and it is even said that this is noticed by Galen, as no contemptible stratagem to attract the nourishing particles to the outer parts.

"The operation of flagellation has been, in former times, resorted to by ecclesiastical, as well as medical doctors; and some very curious secrets were laid open in the Abbé Boileau's 'History of the Flagellants.' But the work most to our purpose is that of Meibomius, 'De l'Utilité de la Flagellation.'

"'Jerôme Mercurialis,' says Meibomius, 'nous apprend que plusieurs médecins ont ordonné la flagellation à des personnes maigres pour les engraisser, et leur donner de l'embonpoint.

"'Galien, citant à ce sujet les stratagêmes des marchandes d'esclaves, qui se servoient de ce moyen pour les faire paroître plus brillans de fraicheur, et d'embonpoint, ne laisse aucun doute sur l'efficacité de ce remède. Il est certain, qu'il fait gonfler la chair, et attire à elle les alimens. Personne n'ignore que la flagellation avec des ortus vertes a le plus grand succès pour raffermir les membres, et rappeler la chaleur, et le sang, dans les parties qui en sont privées.'—*Meibomius, de l'Utilité de la Flagellation*, p. 33.

"He adds: 'Combien de nourrices, sans avoir consulté Jerôme Mercurialis, ni Galien, ont recours à ce stratagême qu'elles connoissent par tradition, et claquant les enfans sur les fesses, avant de les rendre à leurs mères, trompent par cet embonpoint factice, et momentané, la confiance des tendres parens qui leur ont confié ces intéressantes créatures.'"

On Aneurism, and its Cure, by a New Operation. Dedicated by permission to the King. By James Wardrop, Surgeon to His Majesty. 8vo. Longman & Co. 1829.

We may, perhaps, be expected to take some notice of this work from the great interest of the subject of which it treats; namely, the proposed method of tying the artery *beyond* the tumor in certain cases of aneurism. The work, however, consists merely of a reprint of the papers formerly published in the Lancet, and as a critical examination of these was laid before our readers in an early number of this journal, we beg leave to refer to it, there being nothing in the present volume calculated to throw additional light upon the subject, or to alter the opinions we then expressed.

Observations on the History, Use, and Construction of Obturateurs, or Artificial Palates; illustrated by Cases of Recent Improvements: to which are added, numerous Cases of Deficiency of the Lower Jaw, Lips, Nose, &c. &c. with the most efficient Means of restoring the parts artificially. By James Snell, Surgeon Dentist, &c. &c. 2d Edition. Callow & Wilson. 8vo. pp. 106.

There are no cases in surgery which demand more surgical dexterity, combined with mechanical ingenuity, than those upon which Mr. Snell offers his opinions, and the result of his practice in the present volume. But little has been said by surgical writers upon the construction of instruments proper for supplying the distressing defects enumerated in the title-page: and medical practitioners, who have been gifted with a talent for mechanics, have not before

turned their attention to the subject. The utility of Mr. Snell's work is, therefore, obvious. He freely confesses his obligations to the French writers, from whose productions he has derived information not to be obtained from English publications. An extensive gratuitous practice has given him ample opportunities of proving the efficiency of his own improvements, by which the functions of the defective parts have been restored in a manner that would not be effected by any of the means hitherto described. Many of the cases detailed by Mr. Snell are highly creditable to his practical dexterity: and those who are desirous of obtaining information upon the various subjects he treats of, cannot consult a better authority than this short, but practical volume.

MEDICAL GAZETTE.

Saturday, January 24, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ANATOMY.

ONE of the great difficulties which medical men have had to contend against, in their endeavours to procure relief from the obstacles to the cultivation of anatomical science, has been the assumption that the prejudices of the lower orders are such as to render any legislative enactment unavailing. This we believe to be what we have just called it—namely, an *assumption*, and not a fact; at least it is as yet without any proof. We are convinced, on the contrary, that the real obstacles are, the officious interference of busy magistrates, and the love of a little "brief authority" on the part of churchwardens, overseers, and other parish despots, who are not sorry to have an opportunity of shewing their power over those who are their superiors in the rank which they hold in society, no less than in their intellectual accomplishments. Differing as we do from much contained in the pamphlet lately published by Mr. Guthrie, his remarks on this part of the subject appear to us to be most just. "The Jury (says he) who award damages against a surgeon on account of his ignorance of anatomy, will, in their several capacities of churchwardens, overseers of the poor, and governors of hospitals, immediately walk to their respective parish poor-houses and hospitals, and take all possible pains to prevent perhaps the very same man from obtaining that knowledge which is only to be gained by dissection, and which they have just punished him, and would punish him again, for not having acquired."

To these impediments in the way of anatomical study must be added, the apathy or pusillanimity of the government. Representations have been made to the Minister for the Home Department again and again: he has heard them with politeness—he has agreed in the necessity of doing something, and has done—nothing.

If Mr. Peel had taken high ground, and looked upon it in its proper light, as a great national question—not one concerning merely teachers of anatomy—we do most confidently believe that the plan of giving up unclaimed bodies, which we have so often recommended, might long ago have been carried into effect, and ere now the trade of the resurrectionist extinguished; and the temptation to murder for the price of the body having ceased to exist, a blot would have been spared the national character in the murders at Edinburgh, which no time can efface.

While the public mind is yet "brim full of fear," and a despicable portion of the press, addressing itself to the ignorance of the multitude, associates the "assassin and the anatomist," and

rings an alarm calculated to "fright the isle from its propriety," we once again call upon the profession to send petitions to Parliament, and by their numbers, their respectability, and their earnestness, give additional weight to the efforts of those zealous and enlightened individuals who now are preparing a bill calculated to remedy the existing evils. If prejudice be admitted as a motive for influencing the decisions of Parliament, it will now run in favour of granting the necessary facilities to anatomical pursuits; for even if the prejudice against dissection be as great as some would have us believe, no one, we suppose, will deny that the *prejudice* against being suffocated by ruffians is still greater.

We are happy to see that some of the most influential papers are taking a liberal view of the subject: the Chronicle has written several articles in this spirit, and the Times has recently inserted an excellent letter, which we subjoin, and has even called attention to it, declaring the absolute necessity for parliamentary interference. This we consider as a great step, for the Times is more than any other paper—at once the echo and the leader of public opinion. Several of the Edinburgh papers, too, have taken up the question in its proper light, as will be perceived from an extract which we gave last week. We have likewise looked over some of the provincial papers, and here too we find the same enlightened view of the subject: in proof of this we subjoin some short extracts. And now we ask, where are those dreadful prejudices—or if they exist, are they so inveterate as not to be overcome by reason and expedieney? Are the inhabitants of this country less amenable to such influences than other nations are? We have shewn, and were the first to shew, that the very same state of matters formerly prevailed in Italy—the dissection of murderers, and the abhorrence of all other dissection; till an enlightened Pontiff, by one bold measure, removed them both. The same revolution has been effected long since among the other nations of Europe—and are we alone to linger behind? What is the boasted march of intellect good for, if among us alone the most useful of all the arts is to be saerificed to imaginary fears? The very Egyptians, whose reverence for the dead amounted almost to idolatry, have yielded to the general progress of knowledge: an anatomical school (a short notice of which will be found in the present number) has been established among them, with every prospect of suceess. Again we ask, shall we be the last in the race of improvement?

"Among the various observations which have followed the disclosure of the late atroeious transactions in Edinburgh, the members of the medical profession have been most unjustly arraigned. The blame is not attributable to them, but to those who are entrusted with the government of the country.

"For upwards of fifteen years, the ministers for the time being have been repeatedly apprised of the difficulties (almost amounting to prohibitions) under which the study of anatomy was prosecuted, by the complaints and solicitations for relief addressed to them by the teachers of that science, and by surgeons generally. These applications have certainly been received with courtesy—the arguments even listened to with attention; but a refusal to interfere has invariably ensued, accompanied, too, by the pusillanimous and unjust assertion, that nothing could be done. Evidently viewing the question as one merely of a scientific nature, and not as what it actually is—one which involves the interests of the community at large—the suggestion of giving up unclaimed bodies (the only means by which an adequate supply can be obtained) was rejected as being one to which the public would not assent. Finding all attempts unavailing to excite the energies of the executive in their favour, and their difficulties increasing, the profession represented their situation to both houses of parliament; and when, in the House of Commons, a committee was moved for, to inquire into the subject, the Right

Hon. Secretary for the Home Department, instead of sanctioning the measure by his unequivocal support, and strengthening it by the aid of his talents and influence, gave only a chilling assent, and expressed a doubt if it would be attended with any benefit! Unquestionably Mr. Peel was prepossessed with the belief that the opinion of the public was so prejudiced upon the subject as to discourage any deliberations thereon. Now this is a mere assumption, utterly destitute of proof: no attempt has been made to reason with the public—no attempt made to point out the true state of things, or to explain to, and convince them of, the expediency of the regulations sought to be established; if this had been done, the public would not be found so unreasonable, so bigotted, and so unenlightened, as they are said to be. When hundreds of our fellow-men, in the plenitude of health, and in the enjoyment of comfort (persons, too, regarded with the tenderest love, and mourned with the sincerest regret), are slain in battle either by sea or land, and that sometimes in the furtherance of objects of very doubtful importance to the nation, are the feelings of the public outraged by their remains being committed to the deep, there to be devoured by fishes in the one instance? or, in the other, heaped together promiscuously into a pit, unhonoured by the performance of religious rites? (though such, I am aware, are duly observed when opportunity admits);—or, again, are the feelings of the public outraged when such remains are left exposed, as has been often the case, to rot apon the surface of the earth? Why, then, should it be assumed, that the public will not allow the bodies of individuals who, worn out by age or disease, have died, unlamented and unknown, or, at any rate, unclaimed, to be given up for purposes which are to contribute so essentially to the health and the welfare of the living? The fact is, that this belief is either founded in ignorance, or originates in a species of cant, which some persons adopt, in order to acquire popularity with the multitude. It does not even emanate from the poorer classes in society, but from a race of negative beings, too indolent or too unintellectual to inform themselves of the truth of matters on which they presume to debate and to decide. Had the minister, however, fearlessly acknowledged his conviction, that the yielding up the bodies of the unclaimed was necessary to promote the interests of humanity, all idle clamour—all assumed objections, would at once have ceased; and, to conclude, had the Government acted as well as listened, the revolting murders in Edinburgh would not have been perpetrated."—*Correspondent in the Times, Jan.* 16.

"The law as it now stands is a bounty on iniquity and ignorance. It is also fraught with injustice; it punishes a surgeon for having improperly performed an operation on his patient, whilst it prohibits the means of acquiring accurate anatomical knowledge. Punishing for an offence of which the law is the prime cause! 'They manage these things better in France,' and generally throughout the continent. There the bodies of all persons dying without friends to claim them, are given to the various schools for dissection. And what possible injury results from this practice? If such a regulation prevailed in England, there would be no violation of churchyards—no murdering the helpless. Society would be materially benefited by the increase of anatomical science; the pain attending operation would be lessened, whilst the certainty of successful results would be increased; in short, a fruitful source of ignorance, fraud, extortion, robbery, and perhaps of murder, would be for ever destroyed. Among the many and great imperfections which require the amending hand of legislative interference, there is not one which requires to be dealt with more promptly, for which the remedy is more easy, and the good result more evident. The ignorance and prejudice of the people, combined with the tardiness of the legislature, have hitherto prevented any enactment on this subject; perhaps the new mode of supplying the schools, now developed, may induce Mr. Peel to turn his attention to the subject, and to bring in a bill for the legal supply of our anatomical schools. The report of the Committee which sat last session, will supply ample materials for this consideration, and the widely-circulated trial of Burke will have satisfied the public mind that it would be better, at any cost, to amend a law which occasionally (as in this case) acts as a bounty on wilful murder."—*Liverpool Chronicle.*

"No reasonable man will deny the necessity of anatomical knowledge to a

medical practitioner. Without it, he must be a mere quack, and the most mischievous of all quacks. The human body is a most complex and intricate machine, and it is no more possible for a medical man to cure the diseases to which it is liable without a knowledge of its component parts, than it is possible for a mechanic to put in order a machine without a knowledge of its construction."—*Leeds Mercury.*

SCHOOL OF SURGERY IN ALEXANDRIA, IN EGYPT.

After many vain efforts, the perseverance of Mahmoud Ali has at last succeeded in forming a school for surgery in Alexandria. As the Professors, for the most part, understand little or no Arabic, the expedient is resorted to of composing their lectures in the Italian or French language, and getting them translated. The great difficulty to be overcome arose from the opposition of the Ulemas, who regard the study of anatomy as a profanation of the dead. These, however, after much negociation, consented to give the affair their connivance, and at this moment the study of anatomy is pursued with the same freedom in Egypt as in Europe. The Pacha has fitted up, for the use of the Professors, the military hospital of Abu Dscebel (the old man of the mountain), and in the past year a course of medical lectures has already been given in it. In conjunction with the study of medicine, a course of instruction in the French tongue has been instituted; and, on the whole, great expectations are entertained with regard to this establishment. The number of students in the medical school last year was—twenty-five in the first class, thirty eight in the second, and eighty-three in the third class, according to the degree of progress they had already made.—*The Atlas.*

RESIGNATION OF DR. HASLAM—EXPULSION OF MR. LAMBERT.

It will be perceived by our report of the proceedings at the London Medical Society, on Monday last*, that two very important advantages have been gained; viz. the retirement of Dr. Haslam, and the expulsion of Mr. Lambert. In carrying this latter measure into effect, the members have acted with becoming dignity to themselves, and have done an act of justice to their brethren, who naturally looked to them for the support and maintenance of professional character: while the manner in which it was done, the number of respectable practitioners present, and the circumstance of the expulsion being moved by a man of Dr. Babington's years and spotless reputation, gives double weight to the great moral lesson these proceedings are calculated to afford.

With regard to the ex-president, he seems to have acted on the principle of those prudent and sagacious dogs who walk down stairs when they perceive demonstrations made for more forcible ejectment. The reason assigned by Dr. Haslam for his resignation is absurd; for if Mr. Lambert did not deserve to be expelled, he ought to have endeavoured to protect him, instead of deserting his post before the day of battle—it would have been time enough to have retreated when he was beaten. We believe, greatly as the feeling of the Society was against their President, that no attempt would have been made to depose him, and simply for this reason—that as he had to go out by rotation in March, it would not have been worth while to take any measure against him for so short a period. Perhaps, however, he has judged wisely, for he has retired with some *eclat*, as his resignation is looked upon by all as the greatest benefit he ever conferred upon the Society.

* See page 268.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

Severe Injury of the right side of the Chest, and Fracture of the Ribs near their Angles, with Emphysema.

Sarah Hopkins, a strong stout-looking girl, æt. 18, was admitted under the care of Mr. Vincent, Dec. 6th, 1828, having fallen through a loft about 30 feet upon her back. On examining the chest, the

fourth and fifth ribs of the right side were found broken near their cartilages, and considerable injury was done to them also about their angles. There was emphysema around the fracture. She had sustained some injury about her head, and was insensible. There was a slight wound of the scalp. Her breathing was hurried and anxious, and performed chiefly with the diaphragm; the respiration was apparently stopped, as though something mechanically obstructed it every now and then; and the air rushed through the bronchial tubes, making a crepitous noise, which indicated that blood had been effused into the air cells, from some injury done to the lungs. The pulse was rapid and very small, scarcely perceptible at the wrist. She was ordered to have warm brandy and water given to her every half hour, until she had recovered herself a little. In the evening there was but little alteration in the pulse, and the symptoms had not varied. She was ordered to have frequent doses of warm brandy during the night.

The next morning she had more pulse, and it was thought necessary not to give her more brandy during the day: she had not closed her eyes all the night. She remained in this state, taking no notice of any thing around her, lying motionless upon her back, and breathing with much labour and anxiety, until the 9th. As her pulse varied, she had the brandy given her or omitted. She could now articulate a little, and expressed herself to be uneasy, by shifting about in different directions. The brandy was not, however, left off entirely, as she had a very small pulse, which varied very much at times, and often called for support. The bowels had been acted upon by calomel and jalap, and her motions came away involuntarily.

11th.—She was considered to be able to do without the brandy; the breathing was certainly not so laborious; the crepitous noise had partly disappeared. Pulse still very small.

13th.—Soon after she came in, it was thought to be adviseable to apply the rib bandage, in order to give support to the chest; but Mr. Vincent found that it gave her so much distress and additional difficulty of breathing that he requested it might not be applied. To-day she had a bandage applied around the broken ribs, which seemed to give her pain, and she did not feel easy with it for several days, so that it was worn very slack. The fæces and urine having come away involuntarily, the back has unavoidably become in a state of great inflammation; she was therefore placed on her side. She gets through her nights very well, sleeping nearly all the time very soundly; but there seems to be something like imbecility about her. Pulse still very weak.

15th.—There was a troublesome cough, and the pulse continued rather quick and small, but she talked more like an idiot to-day. The bowels were open, and she took food very well. The respiration was very much improved, and no crepitous noise could be heard when she breathed.

20th.—Going on very well.

25th.—She had continued much the same. The pulse was still very small, but not so quick. Had not a very good appetite. Bowels regular.

Jan. 1st.—Getting on slowly. Appetite better since she had taken some tonic medicines. She did not appear to have recovered the shock altogether. She remained quite quiet all day, and made no remarks to any body. Pulse weak and small.

6th.—Within the last day or two she had rallied very much, and seemed more lively, but the pulse had not varied its character. She was allowed to get up for a few hours in the day.

12th.—There was something about her gait which seemed to indicate that her back had been injured; it was tender, and she was ordered to lose some blood from that part by the cupping-glasses.

18th.—She can now walk better; she is in good spirits, and she is gaining strength daily. Her appetite is good, and she is to leave the hospital in a few days.

Phlegmonous Erysipelas of the Right Arm treated by Punctures.

Henry Griffis, æt. 36, a stout Irishman, was admitted in Colston's Ward, under the care of Mr. Vincent, Dec. 13th, having a considerable degree of erysipelas of the right arm and forearm, with much tension and swelling. The arm was in great pain. Around the elbow there was a small wound, which he said had been there nine days. He was working at a crane, and some

thing struck his arm a violent blow. It was sore and bruised, but he did not rest the arm, and four days after he observed it looked red: this redness gradually increased, extending down the fore-arm. Upon feeling the arm over the injury there was a slight fluctuation perceived: this was opened, and half an ounce of matter discharged itself. The tongue was furred, and the pulse rather weak for so stout a man. He had been in great pain for two days.

Mr. Vincent ordered that the arm should be punctured in all directions, after the plan of Dr. Dobson; and accordingly between fifteen and twenty punctures were made all over the surface of the erysipelatous part. The arm was then placed in a warm bath, and suffered to bleed in it for an hour; it was then taken out, and enveloped in a bread poultice.

Ordered four grains of Calomel and ten of Jalap.

14th.—There was a great alteration in the appearance of the limb: the redness was much diminished, as also the tension and swelling. He had a good night's rest—the only one for the last week. There was not the slightest pain in the affected arm.

16th.—All the redness had disappeared, and there was no pain in the affected arm, but where the bruise was, it had not healed. Poultice continued. Pulse quiet. Tongue cleaner.

Ordered another dose of Calomel and Jalap.

He was discharged two days after this, but he returned again, having had a small abscess form about three inches below the elbow, upon the outside of the arm; but this got quite well in a week with poulticing.

GUY'S HOSPITAL.

Fatal strangulated Hernia, without external Tumor.

G. H. a middle-aged man, was admitted into Job's ward, about 1 o'clock, A. M. on Tuesday, the 6th instant, when he gave the following account of himself to the dresser, Mr. Rundle. He said he had long laboured under herniæ, which from his description, and both external rings being then distinctly felt, were believed to have been inguinal, and for these he had worn a double inguinal truss, without a spring. On the Friday preceding his admission into the hospital both herniæ came down, which he reduced himself, but with much difficulty, especially the one on the right side, and immediately afterwards he experienced great pain in the right inguinal region, which has continued: he then re-applied the truss. On admission, there was some tension of the abdomen, no tenderness on pressure, no evacuation since Thursday, (the day prior to the descent of the herniæ); pulse 120, extremely small and thready; great anxiety of countenance; skin cold, particularly of the hands and feet; vomiting of fluid matter, having a somewhat fæcal odour, unattended with hiccough.

Mr. Callaway, who had been sent for, examined him minutely, but could detect no tumor externally indicating the existence of a hernia at either of the abdominal rings, nor in the situation of femoral herniæ: he was ordered

Calomel. gr. iv. Opii gr. iss. statim. Enema ex infus. sennæ et magn. sulph: Bottles of hot water to his feet.

These means produced a scanty dark-coloured motion. In the early part of the day he was again minutely examined, in reference to the existence of a hernia, by Mr. Cooper and Mr. Callaway; still no tumor could be felt. The patient now complained of the same pain; some tenderness on pressure, more particularly in the right inguinal region; the other symptoms much the same, excepting the general depressed state of the system, from which he had rallied a little.

Baln. tepid statim. Hirudines xx. parti dolenti abdominis. Calomel gr. i. Opii gr. i. 4tis horis. Rep. enema.

7th. The vomiting has ceased; he appears much relieved; less anxiety of countenance, and much less depression; he passed another motion, rather more copious than the one of yesterday; in other respects much the same.

8th. Has had three or four scanty evacuations: the pain has returned in the right side; 15 leeches were applied.

The next day he was much worse in every respect. Pulse still very quick, small, and thready.

Ol. Ricin. ℥iij. statim. Rep. Enema Omitt. Pilul.

The pills were omitted in consequence of his becoming affected by the opium

he had taken; the injection returned, but bringing no fæcal matter with it.

During the three successive days the symptoms became very much aggravated, with great pain on the right side; considerable tension and tenderness; bilious vomiting, with great depression. These continued till 9 P. M. of the 12th, when he died.

It may be proper to mention that more active purgatives were not administered, as Mr. Hardy, of Walworth, had already sufficiently tried them previously to the patient's admission.

Post-mortem Examination, 17 hours after death, taken from Dr. Hodgkin's notes.—The exterior of the body offered nothing remarkable, nor was there any appearance of hernia observed on either side. The brain was not particularly examined. The right pleura presented general old adhesions, in the form of an adventitious cellular membrane; on the left side there was likewise considerable pleuritic adhesion, which, in many parts of the chest, assumed the form of slender, elongated bridles: there was partial interlobular emphysema on the left side, and the air-cells in both lungs were somewhat dilated. The pericardium was singularly thin and transparent. The heart was quite healthy.

On opening the abdomen, which was slightly distended, the peritoneum, covering both the parietes and the intestines, was seen pretty generally minutely injected, and of a dull red colour. There was very little, if any, fluid effusion, but the interstices between most of the convolutions of the intestines were filled with a recently effused coagulable lymph, of a light yellow semitransparent colour, of the consistence of slightly boiled white of egg, and generally, although but slightly, adherent to the peritoneal surface, with which it was in contact. On the right side there was an inguinal hernial sac, into which one's finger might be readily introduced: it contained neither intestine nor omentum, nor was it distinctly seen what part of the intestine had formerly descended into it. A small quantity of light-coloured feculent matter, which had evidently escaped from the small intestines, was seen in the left inguinal region; the slight force employed in raising the parietes, and examining the intestines in the left inguinal region, occasioned a much more copious flow of the same material, which was observed to escape from a very small aperture just within the abdomen, at the mouth of a femoral hernial sac: the intestine was strongly adherent at this part. On removing the feculent matter, in order more minutely to examine this part of the abdomen, it was obvious that there had existed a small circumscribed cavity, formed between some convolutions of intestines united by peritoneal adhesions. This cavity was lined by a thin and tender false membrane, which appeared to be of longer standing than that before mentioned as filling up the interstices between the intestines: the irregular and discoloured surface of this false membrane rendered it probable that the cavity which it lined had contained a small quantity of escaped feculent matter. The femoral hernia which still existed on this side, consisted of a portion of ileum, forming a knuckle of about the size of a nutmeg: the intestine was strongly and almost universally adherent to the mouth of the sac, and when both Poupart's and Gimbernat's ligaments had been carefully removed, continued strangulated by the condensed cellular membrane, which united the sac at its mouth to the sheath of the femoral vessels. The descended knuckle of intestine, which was adherent to the sac at its anterior part, was of a dull leaden hue, and apparently in a congested state, but it could not be decidedly said to be gangrenous; the portion of intestine above the stricture was filled with fluid feculent matter, and was dilated to nearly the size of his wrist: its mucous membrane was of a dull venous colour, but in other respects healthy. The alimentary canal below the stricture presented nothing remarkable, but was perhaps slightly contracted. The mucous membrane of the stomach was somewhat mottled. The liver was tolerably healthy: the gall-bladder was unusually large. The other abdominal viscera offered nothing remarkable.

The above case conveys a very useful lesson, even when considered alone; but it is doubly instructive when viewed in connexion with one which recently occurred to Mr. Key (see Gazette, No. 51, and Dec. 27th). In Mr. Cooper's case there was strangulated hernia without any perceptible tumor,—in Mr. Key's there were tumor and symptoms of strangulation without any hernia. An operation might *possibly* have saved

the former patient, but then there was no mark by which the surgeon could be guided as to the part which required to be relieved; in the latter, it would have been unjustifiable in Mr. Key not to have operated under the circumstances, and yet the operation was proved by the result to have been unnecessary. Such is occasionally the difficulty of diagnosis in cases of this nature.

LANCET REPORTS FROM GUY'S.

In one column of the Lancet, of January 10th, occur the following notes of cases, headed "Guy's Hospital."

"On Tuesday Mr. Key performed two operations of lithotomy; the first was on a man aged about fifty-five. *Eight pieces* were extracted, and the operation lasted about eighteen minutes."—*Lancet.*

The truth.—The operation was performed in about eleven minutes; and the unusual delay was occasioned by the man having *nine stones* in the bladder; not *eight pieces*, as the Lancet says, evidently wishing it to be understood by his readers that Mr. Key broke the stone into eight pieces.

"The other was a middle-aged man; and the stone, *which was rather small*, was extracted in one minute and a half."—*Lancet.*

The truth.—The calculus was in circumference *rather larger than a half-crown.*

"Mr. Morgan amputated a child's leg for diseased foot. The patient's age was about ten weeks."—*Lancet.*

The truth.—The limb was removed, not for diseased foot, but for a scrofulous affection of the ankle-joint; the *child's* age was not *ten weeks*, but he was a full-grown lad, of between *fifteen* and *sixteen years.*

In both the cases of lithotomy, also, the age is misrepresented by the Lancet. These mistakes are not to be wondered at, when we reflect that no reporter to the Lancet is admitted within the walls of Guy's Hospital.

ST. GEORGE'S HOSPITAL.

Penetrating Wound of the Abdomen—Portion of Omentum removed—Obstinate Diarrhœa—Death.

This was an interesting case, and on several accounts deserves to be recorded.

Case.—Elizabeth Dobree, a healthy, though delicate girl of 16, was admitted in the evening of the 11th of December with a wound in the right groin, just above the pubic end of Poupart's ligament, extending upwards and inwards for two or three inches. The finger, introduced in this direction, reached the posterior surface of the rectus muscle; from which the peritoneum appeared to be a good deal detached, though no actual wound could be found in it. The pulse was slow and weak. She stated, that whilst standing on some steps, and stretching over the iron railings in front of her house, her foot slipped, and one of the spikes produced the wound described above. Very little bleeding took place, and the patient was brought to the hospital shortly after the infliction of the injury. The wound was dressed tightly with lint and adhesive plaister; and at 10 P.M. the pulse having risen to 100, and pain being felt in the right side of the abdomen, twelve ounces of blood were abstracted from the arm. She vomited shortly afterwards, and then procured some sleep; on awaking from which the pulse had fallen, and the pain in the abdomen was relieved. The blood drawn was buffed and cupped.

Hirudines xx. abdomini.

On the morning of the 12th she appeared to be proceeding in a favourable manner, the abdominal tenderness not having increased, and the countenance expressing no anxiety whatever. The pulse was 80, and rather weak; the bowels had not been opened since her reception in the hospital. She was ordered salines, with sulphate of magnesia, every six hours; and the leeches to the belly were repeated. At noon she took an ounce of castor oil; and at 6 P.M. an enema of twelve oz. of decoct. avenæ was administered. No motions were procured; and the pain becoming worse towards night, accompanied with occasional vomiting, a second bleeding, of twelve ounces, from the arm, was directed. When eight ounces had been drawn the patient grew faint; and at the house-surgeon's visit, in the course of a couple of hours, the pulse had risen to 112. She complained of having passed little water since the accident; the bowels were still unmoved.

℞ Hyd. Sub. gr. v. Ext. Op. gr. ½ statim. Haust. Sennæ, ℥j. post horas quatuor.

Next morning the abdomen was fomented; the enema repeated, with the addition of an ounce of castor oil; twenty leeches at noon applied to the abdomen; and three drachms of the sulphate of magnesia, in aq. menth. pip. directed to be taken every second hour. When we saw her, at 4 P.M. the countenance was pale, and rather, but not extremely anxious; the pulse was small and sharp; the tongue dry and whitish; there was burning thirst, and a great deal of pain on pressing the abdomen. At 9 P.M. she was bled to eight ounces; and at 1 A.M. of the 14th, the catheter was introduced, and more than a pint of urine drawn off. The bleeding, as before, though small, had produced faintness; but the pulse, within two hours after, rose to 130.

14th, 12 M.—The pain and tenderness on pressure have diminished, and her manner is more cheerful. The bowels, however, are still confined, and the urine requires to be regularly taken from her; the pulse is as low as 80.

Cont. Haust. c. Sulph. Mag. Injiciantur aq. calidæ. oct. ij. pro enem.

She vomited once or twice in the course of the day, but was far from presenting any unfavourable symptoms in the evening. Thinking that the constipation of the bowels might depend on the loss of power in the abdominal muscles, whilst the spincter ani was contracting with its usual force, Mr. Lane introduced the speculum ani, for the purpose of obviating the action of the spincter. The theory was ingenious, but the practice was unsuccessful, for no fæcal matter was discharged. In the afternoon of the 15th, a motion was procured for the first time, and that was by no means a scanty one. At 5 P.M. we found her flushed and feverish, with a quick full pulse, and a countenance unwontedly anxious. The abdomen was fomented; the mixture of mint-water and sulphate of magnesia omitted; and five grains of the blue pill, with ten of the compound extract of colocynth, ordered to be immediately taken.

Up to the 15th the patient had been doing comparatively well, but on that day a change for the worse took place, and every succeeding one ushered in more and more untoward symptoms. On the 16th she was irritable and extremely feverish; the tongue was dry and inclined to be brown; the pain in the abdomen was occasionally very severe. Salines, with antimonial wine, prescribed. In the afternoon a diarrhœa set in, which continued, without the slightest "let or hindrance," up to the latest hour of her life. Chalk mixture, with laudanum, were given after every stool; and on the 17th Mr. Brodie saw the patient for the first time. The pulse was then quick; the skin hot; the tongue dry. Something like obscure fluctuation, together with an evident swelling, were felt in the neighbourhood of the wound; and Mr. Brodie observed, that if the symptoms continued next day, he should feel himself justified in making an incision, in order to ascertain whether matter was forming or not. In the interim, salines, with the tincture of opium, were administered every six hours, as well as an opiate enema.

On the morning of the 18th she complained of more pain in the abdomen, to which twenty leeches were therefore applied without much material relief. At half-past twelve Mr. Brodie arrived, and proceeded to examine the wound, particularly that swelling to which we have alluded, and which for the last few days had attracted notice. Having passed a director into the wound as high as it would go, the sharp-pointed bistoury was then introduced along the groove, and the wound laid freely open. A mass now appeared, which looked like, and on close examination proved to be omentum. It was lifted up, and after the wound had been fairly dilated, found to be protruding from the abdomen through a wound in the peritoneum. After some deliberation, the omentum thus protruding, exposed as it was to external injury, and likely to prove a source of irritation, was cut off "close" by Mr. Brodie. A fold of intestine which shewed itself beneath, (within the abdominal cavity), was apparently healthy in its structure, and free from inflammation. No collection of matter, either in or about the omentum, or the wound, was discovered; no quantity of fluid of any kind escaped. An artery, which bled pretty smartly in the cut omentum, was secured, and the threads cut short.

The patient was removed to bed with a pulse weak, quick, and low; a surface pale, and approaching to collapse; tongue brown; much thirst; and a tendency to hiccup. The diarrhœa persisted, and was harassing her

sadly. She was ordered chalk mixture with laudanum, and a blister to the abdomen. She got not a wink of sleep that night, and next day was evidently and rapidly sinking. Salines with opium; opiate enemata; port wine, &c. were employed, and the patient seemed to rally.

On the evening of the 18th so violent an attack of dyspnœa came on, that those around her thought that she was dying. During the height of the dyspnœa the respiration appeared to be performed entirely by the intercostal muscles, assisted by those of the neck, and the patient at the same time suffered from a short dry cough. The violence of the fit after a time passed away, but the breathing continued hurried and painful; the purging persisted; and at six P.M. of the 20th the poor girl died, retaining her senses nearly to the last.

For the notes of the dissection we are indebted to another gentleman, as, unfortunately, we were prevented from attending it ourselves.

The peritoneum investing the intestines and abdominal parietes was almost universally inflamed, particularly where it is reflected from the liver to the diaphragm. Although there were observed many flakes of coagulable lymph, very little fluid was found in the abdominal cavity. The omentum was free from suppuration, and little inflamed upon the whole; on separating it from a portion of jejunum to which at one spot it adhered, an ulcerated opening was found to exist in the parietes of the gut. Another ulcer, two inches in length and half an inch in breadth, was perceived in the mucous membrane of the colon, at its transverse arch, the muscular and peritoneal coats being sound. There were several other ulcerated holes in the course of the intestinal tube, some of which had passed through all the coats, although no extravasation of fæces was discovered. Examination of the thorax detected marks of recent pleuritic inflammation—viz. depositions of lymph on the pleuræ, and sero-purulent effusion in their cavity. The original opening made in the peritoneum by the spike was large enough to admit the passage of two fingers; but the portion of intestine corresponding to it (on dissection) was perhaps as healthy as any other part.

This case excited a high degree of interest in the hospital at the time of its occurrence, as well as much doubt both with regard to the precise amount of injury inflicted, and the cause of the symptoms which subsequently shewed themselves. From the 11th until the 15th the patient had no motion from the bowels, and during that interval took a very considerable quantity of active purgatives by the mouth, as well as a number of purgative enemata. On the 15th the first stool was passed, and from that time a violent, uncontrollable, and probably fatal diarrhœa, was established. Are we to couple the exhibition of these active purges and the subsequent diarrhœa as cause and effect? We cannot but think that we are, for we have witnessed one or two cases where purgatives were administered day after day without effect, till at length a furious diarrhœa has succeeded.

A circumstance worthy of note is the absence of any very formidable symptoms prior to the opening of the bowels. Was this a consequence, or merely a coincidence? We cannot pretend to decide, though many of our readers possibly may. An apprehension was felt by the gentleman (Mr. Lane) who so attentively conducted the case, in the unavoidable absence of Mr. Brodie at the late trial, that too much blood had been abstracted. In that apprehension we cannot share; indeed were a similar accident to happen to ourselves, we should pray for a little more of the lancet, and a little less of the purge. The appearances on dissection are ample warranty for the loss of blood.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Jan. 19, 1829.

Expulsion of Mr. Lambert.

This was a special general meeting, convened for the purpose of "taking into consideration the conduct of Mr. James Lambert," one of its members, "and to take such steps as might then seem fit." At eight o'clock the chair was taken by Dr. Shearman, who had been appointed president till the anniversary meeting in March; Dr. Haslam having since the issue of the circular summoning the members, resigned his seat as a Fellow of the society.

The chairman commenced the business of the evening by explaining the object of the meeting, requesting the Fellows present to

confine themselves to the question before them, and to observe those rules which would enable any gentleman present to speak, if he pleased, upon the subject under consideration. The chairman added, that it was his intention to wait five minutes for Mr. Lambert, who had not made his appearance. In this interval Mr. Bransby Cooper rose to address the chair. If, said Mr. C. the question about to be debated were one between Mr. Lambert and Mr. B. Cooper, no consideration upon earth would have induced him to be present; but the question was one which interested every member of the profession, and was any thing but personal (cheers). For himself he would not have the indelicacy to be present at the ballot; but he attended the meeting that he might repel any statement that might be made by Mr. Lambert injurious to his (Mr. C.'s) character.—A quarter of an hour having now elapsed, and Mr. Lambert not having made his appearance, the chairman declared that the proper business of the evening must begin.

Dr. Babington rose, evidently labouring under indisposition and hoarseness. He observed that if the present meeting had been summoned from personal motives—if it had not been summoned for an object strictly connected with the honour and welfare of the profession—he certainly would not have presented himself to the notice of the meeting. Looking at the motives which influenced medical men in the choice of medicine as a profession, what remuneration could be offered for the arduous duties, the great responsibility, the numerous privations to which they were subjected? what answer could be given to this question, but that they encountered these things for *character*? If it were not so, it would have been better for such individuals to engage in any other occupations than in most of the departments of the medical profession; but that was the recompence that they were anxious to obtain, and that it was that rendered the medical man satisfied with the line of life he had embraced. It was that *character* which enabled them to be acceptable guests in every rank of society, from the cottage to the palace. The education of medical men warranted them to assume the appellation of *gentlemen*; and, on the score of moral duties, where could they, or other persons, imbibe more wholesome principles, than those they had received in early life from the Catechism, "Do unto all men, as you would wish them to do unto you:"—"hurt nobody by word or deed; be true and just in all your dealings; bear no malice nor hatred in your heart; keep your hands from picking and stealing, and your tongue from evil speaking, lying and slandering." With these convictions of the standard of a professional man's character, and the duties of all men, he would proceed at once to the purpose of his rising, and this was, to move—"That the Fellows of 'the Medical Society of London,' finding, to their extreme regret, that an individual of their body, namely, Mr. James Lambert, has avowed himself to be the author of a report, published in No. 239 of 'the Lancet,' which report they regard as unprofessional in form, false and exaggerated in its details, and most unjust in its conclusions, are brought to the painful necessity of declaring Mr. James Lambert to have forfeited all claim to their respect, and to have rendered himself unworthy of holding any connexion with their body."

Resolved, therefore, that the name of Mr. James Lambert be erased from the list of Fellows of "the Medical Society of London."

This address and resolution, emanating from an individual whose character and professional life has been so long and well understood by the public, and who has for forty years been a Fellow of the society, was heard with the deepest attention, and greeted at the conclusion with rapturous applause.

Mr. Pettigrew rose to second the motion in nearly the following words: "Having, I believe, Sir, in common with my professional brethren, attended with great pain to all the details of the case lately adjudicated in the Court of King's Bench, in an action brought by Mr. Bransby Cooper against the editor of the Lancet, and feeling, Sir, that in the development of that case, conduct has been brought to light, on the part of a member of the profession, and of this Society, which whilst it reflects disgrace on the individual, tends also to injure the character of the profession of which he is a member; I feel it my duty, Sir, as an old member of this Society, warmly interested for its prosperity and its honour, to second the motion which has just been submitted to the meeting. I cannot, however, Sir, proceed to offer the few observations I feel called upon to make, without first congratulating this Society upon the manner in which the subject has been brought before their notice, and returning my individual thanks to the worthy and venerable member who has introduced it. Sir, if there be an individual in the profession, who, by the uprightness of his conduct, the duration of his practice, the extent of his information, the suavity of his manners and the kindness of his heart, hath endeared himself to the whole profession, and now stands, after the lapse of so many years, without a single enemy; if, Sir, there be one individual in the profession, who, beyond all others possesses the "milk of human kindness" in an eminent degree, and is free from all vindictive passions and feelings, it is the worthy and excellent Dr. Babington (cheering). His introduction of the subject to

the Society, Sir, shews how warmly he feels the interests of the profession, and nothing but a sense of the necessity of supporting its character, its reputation, and its dignity, would, I am sure, have induced him (labouring under indisposition as he unfortunately does) to appear here on this painful occasion. I say, painful occasion, Sir, because I am aware how severe a measure expulsion from a Society of such long standing, and such respectability, as the Medical Society of London, must necessarily be (hear, hear). I regret, Sir, that the resolution to which the council of this Society have come, and in accordance with which we are met upon this occasion, had not been of a more specific character. This, however, is a matter of minor importance for their attention, and, if I may use the term, the whole mind of the profession has been so powerfully directed to the late trial, that there could be little doubt existing in the mind of any member, as to the meaning of the council upon the subject. Sir, I do not think it necessary to enter into all the details of the case, for they are fresh in the recollection of us all, and great length of time must I fear elapse, before they are erased from our memories. I shall, however, notice some of the principal points which form ground of complaint against Mr. Lambert. Sir, the case of lithotomy, as it is reported in the Lancet, and as made out at the trial, varies in many respects. It is exaggerated in all, and false in many of its details. The very style and manner of the report is highly objectionable; it is as offensive to good taste as to the best feelings of our nature. The dramatic form in which it is described, and the beastly pun upon the name of Sir Astley Cooper which accompanies it, ill befit the recital of a tale of misery. Sir, it is cant of the most despicable description, to pretend to a more than ordinary degree of sensibility for the sufferings of the individual, whilst the narration of those sufferings was destined to assume such a dress, and to contain such expressions (cheers).—Sir, I appeal to every member of this Society whether there be any one amongst us who can lay his hand upon his heart and say he should not feel ashamed and grieved at having written such a report? (hear, hear.) Yet Mr. Lambert feels not this shame (hear, hear)—he has no compunctious visitings of conscience, for at a late meeting of the Westminster Medical Society (at which his expulsion was effected, not by a party or a junta, as it has been called, but by an overwhelming majority of the members), Mr. L. did not hesitate to avow, that if the case occurred again to-morrow, he should describe it in the same manner. This, however, has not always been his feeling, for I shall shew you that he did VOLUNTARILY DISAVOW himself to be the author of the report, or to have had any thing whatever to do with it. Sir, when rumours to this effect reached me, I could scarcely credit them. Wretched as the heart of that man must be who could write such a report, still I could not believe that any one would have been guilty of such gross dissimulation. I determined, therefore, to have the evidence from the mouths of the witnesses themselves: I went to Guy's Hospital, and there saw Mr. Hills, the surgery man (a man of great veracity), who did not hesitate, in the most straight-forward manner, to state to me, that either on the day upon which the Lancet containing the report of the operation appeared, or the day after, whilst engaged in conversation with Mr. James Stocker, Mr. Lambert came up to him and addressed him thus:—"Mr. Hills, a very unpleasant circumstance has occurred—an unfavourable report of Mr. B. Cooper's operation of lithotomy has appeared in the Lancet, and I am suspected of being the author—*I vow to God I never wrote it, nor had any thing to do with it;* and (he added), Mr. Hills, you will oblige me very much by contradicting it wherever you may hear me mentioned as the author." Now, Sir, this is the report of which in a court of justice he has sworn himself to be the author. After this statement it is scarcely necessary to say another word to mark the propriety of adopting the resolution which has been proposed to us; yet there are a few points to which I wish to direct the attention of the Society, in order to shew the malice towards Mr. Cooper. The whole case abounds with such gross insinuations and malicious observations, that it is difficult to select particular passages, yet I would allude to "singularly-gifted operator"—"nephew and surgeon, and surgeon because he is nephew"—"performance of the tragedy"—"full, true, and particular account," all, no doubt, necessary to keep up the dramatic form;—"knife carried onwards; *somewhere,*" to imply that it went any where but where it ought to have gone, although the evidence of Mr. Callaway distinctly proved that it went where it should go (hear, hear). Again, Sir, I would advert to a few of the points stated in the report, and either not proved, or disproved on the trial—"the great and unnecessary violence"—"the forceps being carried between the bladder and the rectum"—"the expressions of distress from the patient"—"the flourishing of the forceps over the head of the operator"—"the patient being permitted to remain bound on the table after the operation"—the report, too, it appears, from Mr. Wakley's account, was originally much harsher than as printed,—all these things are too gross to pass unnoticed, and fully warrant us in adopting the proposed resolution. One word more, Sir, before I sit down. It has been said, that this meeting has been got up by some enemies of the Lancet—that, in short,

it is an Anti-Lancet party; Sir, I deny it. We have nothing to do with the Lancet. The question is not whether the Lancet has been of use or injury to the profession?—whether its pages have been devoted to the defamation of professional character, or the advancement of science?—whether it is a work distinguished by fine and elegant writing, or disgraced by vulgar ribaldry and abuse?—no, Sir, the question is, whether we shall consent so far to abandon the sense we entertain of what is right or wrong—what is becoming as gentlemen, and as members of a liberal profession; — whether we will admit a convicted libeller, and a literary assassin, to sit on the same bench with us—to take a part in our discussions and proceedings—in short, compromise most completely the character, and honour, and dignity of our profession. This, Sir, is my feeling, and I am sure it is the feeling of the Society. I have taken the subject up, not upon any personal ground, but upon a broad professional ground, and on such alone as I am certain this Society will entertain the question. I shall vote, Sir, with pain, for, I am aware how extreme the measure of expulsion is; it may blast—if they be not already blasted—the prospects of Mr. Lambert: but let it be recollected, Sir, that he did not hesitate to attack the professional character of Mr. Cooper, nor to aim at the ruin and destruction of him and his family. Sir, I most earnestly second the motion (cheering).

By this time Mr. Lambert had entered the room, and having been informed by the Chairman that the business had been delayed a quarter of an hour, that he (Mr. L.) might have an opportunity of being present at the commencement of the business, Mr. L. said that that circumstance made little difference with him; he attended not as a delinquent—he attended as a *juror*—no charge had been made against him; if there had been, he ought to have been made acquainted with it. In British jurisprudence every criminal was furnished with a copy of the indictment against him. A meeting was summoned to take his conduct into consideration. He had lived twenty-eight years: what part of his conduct was to be taken into consideration? He really never, during his existence, had heard any thing so unjust, so monstrous. He was taken by surprise. If a charge had been made against him, he would have waved the business of the illegality of the meeting—have been prepared with a defence; but under the existing circumstances, no defence would he for a moment think of instituting.

Mr. Proctor spoke warmly in favour of the motion.

Mr. B. Cooper now repeated what he stated before Mr. Lambert entered the room, adding his reprobation of the assertions Mr. Lambert had been reported to have made, in respect to Mr. Cooper's work "on the Ligaments;" which work Mr. Lambert had been stated to declare that he prepared for the press. Such a declaration Mr. C. affirmed was as "false as hell," for Mr. L. had never seen a line of that work till it had been printed.

Mr. Lambert denied that he had ever made such a declaration. It was the work of Sir A. Cooper on Dislocations that had been submitted to him (Mr. L.) for some alterations.

Mr. Cooper then stated that the copyright of that publication had been given to him by Sir A. Cooper;—meeting with Mr. L., Mr. L. said, "there are some complimentary expressions, &c. in that work, which in the next edition need not be repeated." "Take the book," I said, "and make the alterations in question. From that time to this," said Mr. C. "I have never seen the book."

Mr. Lambert was making some reply, to the effect that he had never been paid for that service, and that there were some other circumstances in the transaction which needed not to be mentioned; when Mr. Cooper exclaimed loudly, "Out with them—out with every thing."

Mr. Ashwell and Mr. Callaway confirmed the statement respecting Mr. Lambert's disavowal of the report to Mr. Hills.

Dr. Ramadge then moved the following amendment:—

"Resolved, That an impartial and unfettered medical press is greatly conducive to the interests of science, the welfare of the community, and more especially to the improvement of all classes of the medical profession; that in this view, this Society regards the report as published by Mr. Lambert, and which has given rise to recent legal proceedings, to have been detailed in an injudicious and most improper manner; not less at variance with true medical taste than unsuited to the solemn occasion in which it originated; and this Society cannot allow such conduct by a member of its own body to pass, without receiving its unqualified disapprobation."

Mr. Dermot seconded the amendment, in a speech rather verbose, the meaning of which we apprehend to have been, that, inasmuch as allowances must be made to an operator from embarrassment, arising from unusual difficulties, or other causes, allowances also must be made to a reporter, who would judge only from opportunities afforded him, and whose motives might be a determination to give a fair representation of what he witnessed.

The amendment having been, as is customary, put from the Chair, with the original motion, was lost by a very decided majority.

Mr. Shearly said he could not understand why the conduct of a member *out* of the

Society should be made the subject of animadversion *in* the Society; he doubted the power of the Society to make this inquiry.

Dr. Merriman was surprised that any member should doubt the power of the Society to take cognizance of an affair of the nature in question. Was it not the duty of every member of the Society to uphold the dignity and respectability of the profession? Would any gentleman say that Mr. Lambert had upheld the dignity and respectability of the profession? If it could be proved that he had so done, then it was not right to expel him from the Society. But this was not an unfrequent occurrence with Mr. L.; he had been over and over again expelled from public bodies.

Mr. Callaway asked Mr. Shearly, through the Chair, whether, in the land or sea service, there had not been delinquencies which, perpetrated *out* of the regiment or *out* of the ship, had called for the degradation and expulsion of the delinquent from the regiment or ship?

After some further discussion, and the call for "question,"—

Mr. Beaman rose to move another amendment: it was to this effect—That the Society should adjourn for a fortnight; that, in the interval, Mr. Lambert be furnished with the resolution moved by Dr. Babington, and with the substance of the charge of his having solemnly denied to Mr. Halls, the Surgery man of Guy's Hospital, that he was the author of the report of the operation of lithotomy performed by Mr. B. Cooper.

Mr. M'Crae seconded this motion.

This amendment was put by the Chairman; and a shew of hands being taken, the amendment was declared "to be lost" by the Chair.

Some confusion now arose on the shew of hands, and a desire was evinced to have the amendment put again, and a ballot taken; but the Chairman decided, that the majority had been manifestly against the amendment, and that it was quite informal to ask for a ballot after the question had been put by the Chairman.

Mr. Seaton suggested that there was a mode of giving those gentlemen an opportunity of taking the sense of the meeting on the subject of adjournment; that was, an amendment similar in purpose, varying the period of time;—and

Mr. Kingdon accordingly moved an amendment similar to the former, with the exception of "a week" for the time, instead of "a fortnight."

This having been seconded by Mr. Callaway, the Chairman was solicited to ask Mr. Lambert whether he would pledge himself to be present at the time specified in the intended amendment.

To this Mr. Lambert replied "that the very question was an 'insult'."

A loud exclamation of indignation followed this reply, and Mr. Callaway withdrew his seconding of the amendment.

Mr. Cooper quitted the room early in the discussion.

The "question" was now loudly called, and the President prepared for the ballot. The ballot was thus conducted—the President placed a ball in the hands of every member as he came up to the table to vote, the ball was dropped into the balloting box, and the name recorded. As soon as all had voted, the drawer was removed, and the two sides compared. There were—

For the expulsion	54
Against this measure.....	11

The numbers were found to tally with the names recorded.

Mr. Tyrrell and Mr. Ashwell stated that they had placed their balls on the negative side by mistake, which circumstance made the numbers 56 and 9.

The registry book of the Fellows of the Society was then handed to the President, who, with a pen, struck out the name "James Lambert," and wrote against it the word "expelled," making at the same time this observation—"this is the first time that a President of the Medical Society of London ever had so unpleasant a duty imposed upon him."

The declaration of the ballot was received in a manner accordant with the character and station of the parties engaged in the transaction—nothing like exultation or unwarrantable feeling was exhibited.

The President having quitted the chair, the thanks of the meeting were voted to "Dr. Shearman, the President, for the manner in which he had conducted the business of the evening, and for his perfect impartiality in the chair."

The Society then adjourned.

WESTMINSTER MEDICAL SOCIETY.

The meeting last Saturday was very numerously attended, and the debate animated and interesting; Mr. Brodie, and other eminent members of the profession, taking part in it. We are obliged, for want of space, to postpone our account of it, as well as of the proceedings of the Medico-Chirurgical Society, till next week.

NOTICE.

Several gentlemen in the country having complained of the Gazette being sent to them irregularly, we beg to inform them that this must arise from their employing booksellers who are not correspondents of our publishers. We shall give the necessary information to any one who will take the trouble to address a note to us through Messrs. Longman and Co.

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THE

LONDON MEDICAL GAZETTE,

BEING A

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OF

Medicine and the Collateral Sciences.

SATURDAY, JANUARY 31, 1829.

PATHOLOGICAL ESSAYS ON SOME DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

ESSAY V. *continued from p.* 218.

Clinical History of Inflammation of the Pericardium.

It has been said that diseases, which pervade several or all the structures of the heart, have their origin frequently either in the pericardium or in the internal lining; and it was proposed to follow them from structure to structure, according to the discoverable traces of their natural order. With this view, beginning with the pericardium, we have already described clinically certain conditions of disease which primarily belong to it. It remains that we take up the subject where it was left, and pursue the history of pericarditis to its consequences in those cases where the patients survive, but the cure is not perfect.

Such a history opens a most interesting and extensive field of practical and pathological inquiry; but I can only enter into so much of it as will serve to fulfil the present purpose I have in view, namely, to illustrate the natural course of diseases of the heart which have their origin in the pericardium.

In acute pericarditis there is no medium between complete cure and certain death; and the cure may be incomplete in two ways. The inflammatory action may be abated but not annulled; or the inflammatory action may be annulled, but the organ may not be restored to its healthy condition.

Now it makes a vast difference in our calculation of results in which sense the incompleteness of the cure be predicated. If the cure be incomplete, because the morbid action, although greatly reduced, does in some degree still exist, the period of dissolution is only a little postponed; for death will result from the actual disease then in progress, from the injury derived to the functions of the heart from the then existing inflammation.

If the incompleteness of the cure of pericarditis be taken in the other sense, namely, that the morbid action has absolutely ceased, but that an injury is done to the heart which is irreparable, death will still be the inevitable consequence; but it will arrive by different gradations, and after a much longer period. It will result, not directly from the inflammation, but indirectly from the condition of permanent injury in which the heart is left after the inflammation has ceased. From this condition a new series of actions, partly vital and partly mechanical, will arise; and will operate their own changes upon its structure and functions, and upon the structure and functions of other organs, which must terminate in death.

Under these circumstances existence is capable of being greatly protracted; for when the inflammation has ceased this new series of actions has yet to begin; and, having began, it is only gradually and tardily that it can bring about that amount and variety of suffering which is incompatible with the continuance of life.

Before we come to the real pathological conditions of which the diseases springing from this source are constituted, we must first run over their clinical history.

The course and character and duration of the symptoms, will vary considerably in different cases.

It is by no means uncommon, in cases where the cure is incomplete, by reason of adhesion remaining after the subsidence of the inflammation, for the patient to believe and profess himself well during a considerable period. This happens especially to people who are habitually inattentive to their own sensations, to children, and to those whose situations in life do not call for active exertion. These people, however, if they accurately compared the condition of their bodily health, after the attack of pericarditis, with what it was before, would find that there was something which they could do or sustain then, which they cannot do or sustain now; and that this failure of their powers is respective to the functions of the heart.

The girl, already referred to, who presented herself at St. Bartholomew's Hospital, with palpitation and pain at the region of the heart, and a hurried breathing, and who six months before had suffered acute rheumatism, with severe pericarditis, and was perfectly cured, (as it was supposed), without the use of mercury; this girl at first told us that after her return home she had no ailment whatever. Being further questioned, she said, "to be sure I could never go up stairs without losing my breath and making my heart beat, but there was no harm in that." An aggravation of the symptoms arose with a fresh attack of acute rheumatism, when the nature of the disease affecting the heart was unquestionably ascertained. There are several children and young people who come occasionally to St. Bartholomew's hospital, at my request, to give me the opportunity of watching the progress of their complaints. They have all palpitation of the heart, accompanied by a loud brouissement. These symptoms, with others bespeaking inflammation of the pericardium, first arose during an attack of acute rheumatism. The rest subsided; these remained; and are now the only symptoms to denote that the heart has not undergone a perfect reparation.

It well deserves to be mentioned, as a circumstance of some weight in determining the existence and character of the disease, and also as a part of its history, that, if the heart has been left in a state of incomplete reparation after an inflammation of the pericardium which had its origin in an attack of acute rheumatism, whenever such an attack recurs, there will always arise together with it, an aggravation of the habitual palpitation, and a louder brouissement, and, moreover, pain in the situation of the heart. But what is it that takes place under these circumstances? Is the pericardium inflamed afresh? I believe that it is; for parts, when they are disorganized, and especially when they are so disorganized that newly-formed structures enter largely into their composition, are very susceptible of inflammation. The pericardium, with its adventitious covering of lymph, is just in the condition most ready to accept inflammation under circumstances favorable to producing it; and none can be conceived more favorable than those which gave occasion to its original disease.

If this really be inflammation, it might be thought that every fresh attack would be more and more full of hazard to the life of the patient; and if it did not kill him, that it must necessarily leave him in a much worse condition than that in which it found him. But, strange to say, experience allows us to regard such cases with no great apprehension. I have known many die in a first attack of rheumatic pericarditis, but none in any subsequent one. And further, the instances have been very numerous in which, after several attacks of rheumatic pericarditis, I have seen the patient left in no worse a condition, in respect of the symptoms referable to the heart, than that in which he was after the first attack.

To escape with life from a renewed attack of pericarditis, where the organ is already diseased, and not only to escape with life, but without aggravation of the symptoms which permanently belong to the heart, are possible and frequent events, yet they can only be ensured by discreet medical management. In such cases it is of great importance neither to do too little nor too much. It is true there is a tremendous augmentation of distress immediately upon the accession of this secondary inflammation; but the inflammation is easily

made to loose its hold, (if I may so say), and the distress is soon abated.

Inflammation affecting parts which are previously disorganized, is calculated to increase the morbid products already formed upon them; and it is not less calculated to do so in the pericardium than in other parts. Under these circumstances, however, it is much less active and vigorous than when it falls upon perfectly healthy structures, and it commonly gives a much earlier notice of its existence; and is brought much more easily under the control of medicine.

As to the kind of medical treatment, I would only remark generally, first, with respect to bleeding, that if you direct this mode of depletion with the view of entirely stilling the violent action of the heart and arteries, you propose a false and impossible indication of practice; false, because this violence of action is in part permanent, and has not to do with the present conditions of disease; impossible, because no quantity of bleeding short of that which will kill the patient, would be adequate to the purpose; secondly, with respect to mercury, that all which can be done is within the reach of other remedies, and therefore it is unnecessary.

We are to restrict our practice to the purpose of removing so much of the disease as is superadded by the present attack, and to abstain from pushing either bleeding or mercury to an extravagant extent, as if we proposed to play a successful after-game for the complete cure of the disease of the heart, which is impossible.

It is remarkable for how long a period individuals, under the conditions of disease in question, may, and generally do, survive; eight or ten years often elapse from the first attack of inflammation which laid the foundation of the fatal disorganization of the heart, and the death of the patient; while, in the meantime, the inflammation is repeatedly renewed in the same organ. And it is still more remarkable for how long a period, and after how many attacks of inflammation, the permanent symptoms of the patient will continue nearly the same, and be strictly confined to the heart itself, without occasioning any constant derangement in the functions of other organs.

I lately saw a young woman, 19 years of age, who was a perfect picture of health—every function of the body was performed with the most complete regularity, and she was quite comfortable as long as she remained still; but she had a strong pulsation within the chest, accompanied with a loud brouissement, and a sense of uneasiness and weight in the region of the heart, and of noise and throbbing within the head. Exactly in this state she had been during three years. Three years ago she had an attack of rheumatic fever (she said), in which her chest was inflamed, and it left her with a palpitation of the heart, which had continued ever since. She had suffered severe subsequent attacks of acute rheumatism, in all of which the palpitation had been aggravated, and the symptoms referable to the chest had been as severe as they were at first; yet still at the end of three years the main and permanent symptoms were a mere palpitation and brouissement, with certain inconveniences which are no more than the mechanical consequences of an over-forcible action of the heart.

Such inconveniences are, as they were in this instance, generally referable to the head. They consist of pain, occasional vertiginous sensations, and ringings in the ears; and to the same cause, viz. the mechanical impulse of blood upon the brain, may be ascribed a symptom which I have often known to be attendant upon these cases from first to last—slight spasms of the extremities, or sudden startings in the sleep.

From what has been said may be collected the ordinary course and character of the disease; but there are cases to which such a description is not suitable—cases in which, from the first attack of pericarditis to the day of his death, the condition of the patient is one of continued suffering: he survives—he is able to leave his bed—but he never recovers the aspect of health: his heart, even in a state of perfect quiet, never ceases to contract rapidly, and with a peculiar sound—his breathing is continually hurried, and he sits still as if he was afraid to stir, and like a man ready to faint upon the least exertion; yet this state of misery is capable of being sustained during many months or years.

But in what manner do such cases arrive at their fatal termination? They have (if I may so say) their natural and their accidental termination: that is, their

natural termination when death is slowly brought on by a defect or failure gradually passing upon the functions of other organs, or systems of organs, between which and the heart there is a natural relation and dependency; and that is their accidental termination when death takes place suddenly, before other organs have yet suffered any material derangement of their natural functions, and when it is strictly and exclusively owing to the heart, which, upon some sudden emotion, becomes baffled in its action, and flutters, and falters, and stops, never to go on again. Thus the patient dies of syncope.

The sudden and (as I have ventured to call it) the accidental mode of death —death not merely by syncope, but by syncope occurring at such a time and in such a manner as to cut short existence long before it has reached the point at which the disease is necessarily mortal—is a most rare occurrence under the circumstances of disease which we are now considering. My own experience does not furnish me with a single instance of death by syncope in cases of organic diseases of the heart consequent upon rheumatic pericarditis. That instances, however, may occur I am ready to admit, from the very nature of such diseases, and that they have occurred I must believe upon the best authority. Nevertheless, while death by syncope is a possible hazard contingent upon all diseases of the heart, it is one, I am persuaded, which rarely occurs in any, with the exception of angina pectoris. But in angina pectoris, it is more than an accident. Syncope, or an approach to syncope, is especially characteristic of this disease, from the beginning and throughout its progress, and when the patient at length dies of syncope, it is not by accident, but under an aggravation of its proper and essential symptom.

When death takes place (as it almost always does) as the natural and necessary consequence of a defect or failure in the functions, or of organic changes in the structure of parts between which and the heart there is a vital relation and dependency, these parts give very intelligible evidences of its approach—evidences which are preceded or accompanied by a marked change in the action of the heart, and the arteries themselves.

The heart's action, which has hitherto been heard and felt in its natural situation only, or but little beyond it, is now heard and felt also beneath the sternum, and, perhaps, on the right side of it, as low down as the epigastric region, and nearly as high up as the clavicle, signs which sufficiently attest, whatever other change of structure the heart may have undergone, that its bulk and capacity are greatly increased.

The action of the arteries, the pulse, which hitherto, whatever may have been its frequency or its force, has been almost constantly rhythmical and regular, now begins to manifest frequent flutterings and intermissions.

Irregularity of the pulse is incident to all organic diseases of the heart, but it especially belongs to those in which there is contraction at some of the orifices, and being so produced, it is constantly present.

That class of diseases which we are now considering, are (as will presently appear) commonly independent of contraction at the orifices, and in them, during the greater part of their progress, irregularity of pulse is only an occasional symptom, arising under circumstances of accidental irritation. But, as they approach nearer to their fatal termination, such circumstances become more numerous, and the heart itself more susceptible of their impression, and the irregularity of the pulse more and more frequent.

When the heart's action is thus found to extend far beyond its natural sphere, and frequent irregularities are now perceptible in the pulse, the extremities of the arterial system soon begin to feel and resent the disorder at their source. The capillary blood-vessels, those little wonderful agents of every living function, are forced to yield to the oppression, and admit a separation of fluid into various parts of the body. Hence arise anasarca and dropsy of the cavities, and derangements in the functions of different organs, betokening that the effusion is not confined to serous and cellular textures. The breathing, especially, becomes more and more laborious, with continual expectoration; and it needs, under these circumstances, but a slight attention to ascertain the actual condition of the lungs. At every part of the chest to which you apply your ear, you will perceive the sound which indicates the displacement of fluid by the passage of air. From the trachæa, throughout

the bronchi, to their extreme ramifications, the whole secreting surface is doing all that it can do, by the separation of fluid, to lighten the burden of blood which oppresses the lungs.

Now, there are many phenomena in the circle of consequences resulting from diseases of the heart, which are not always essentially morbid. Dropsical effusions in remote parts of the body, or large secretion from the air-passages, often produce great relief to the chest. Their beneficial effect is, doubtless, occasioned by diminishing the general mass of circulating blood, and herein is surely contained a rational indication of treatment; for if you employ artificial methods capable of compassing the same end, nature may for a time be spared the trouble of instituting these methods of her own, or for a time will cease to do so, and the patient will be equally benefited. In diseases of the heart, there is good reason for believing that the dropsical symptoms are often postponed by small blood-lettings seasonably employed; and I am certain that no class of internal remedies procure such evident relief as diuretics, even although there are no dropsical symptoms yet present which call for their administration. When they *are* present, the same means often succeed in removing them again and again.

The class of organic diseases of the heart derived originally from inflammation of the pericardium, is, more than any of the same organ bearing a different history, capable of having their effects palliated by medical treatment, and for a longer period, and under circumstances of greater extremity. In the deplorable condition which has just been described, when the heart has been felt pulsating far beyond its natural sphere—when the dropsical effusions have been extensive, and motion and the recumbent posture have been entirely precluded, I have seen instances of that degree of relief which has enabled patients to walk about, and to return to their ordinary occupations. Even in the same individuals I have seen the same relief obtained more than once in the like extremity.

Good reasons, I believe, may be given for this postponement of the evil day in the class of diseases under consideration, and I will endeavour to explain them hereafter.

But it is a hard necessity, by which medical men are compelled to adopt the most painful expedients, to bleed, and to blister, and to apply every species of irritant to the surface more and more frequently as the disease advances: for they all eventually fail.

And it is a hard necessity, by which nature herself is compelled to force every part of the capillary system into new and extraordinary action, for the purpose of relieving the urgency of disease at the centre. For thus, by the magnitude of her own efforts for relief, she eventually operates her own destruction. At length neither the powers of nature, nor the resources of art, can longer avail, and the patient must die.

He may die overwhelmed by the excess of dropsical accumulations. But this is not a common mode of death in the class of organic diseases of the heart which we are now considering. I have seen numerous instances where, at the time of death, there has been very little fluid, either in the cellular structure or in the cavities of the body; and I have seen some where there has been none at all.

Or, he may die in consequence of disease and disorganization extending to other vital parts besides the heart. This is, according to my experience, the most frequent and immediate cause of death; and the part which most frequently undergoes this disease and disorganization is the lungs. The perpetual activity of the capillary system to relieve the lungs from their oppression terminates by inflaming them, and thus large portions become solidified, and incapable of the transmission of air.

I have seen instances of death by convulsions and palsy, when serous or bloody extravasations have been found within the cranium.

This is a brief clinical history of one important class of organic diseases of the heart; those, namely, which have been presumed to have their origin in the pericardium. Let us now proceed to consider the real morbid conditions found upon dissection, with the view of fixing more accurately their origin in the pericardium, and their subsequent progress in other structures of the heart. In cases where the clinical history has been such as we have set forth, the following morbid appearances have been found upon dissection after death.

The folds of the pericardium have

been always united by coagulable lymph. Sometimes there has been simple adhesion of the pericardium, and nothing more.

Sometimes there has been adhesion of the pericardium, with softening of the muscular substance of the heart, which has lost its characteristic redness, and assumed the colour of a leaf when it is beginning to fade.

Sometimes there has been adhesion of the pericardium, with softening, and also attenuation of the muscular substance.

Sometimes there has been adhesion of the pericardium, with thickening of the muscular substance, which has retained its characteristic redness.

Sometimes there has been adhesion of the pericardium, with dilatation of some or all the cavities of the heart, and that dilatation has been either with attenuation or thickening of the muscular substance.

And sometimes there has been adhesion of the pericardium, with general opacity or partial thickening of the internal lining, or with deposition of lymph upon it, or the growth of minute excrescences, like warts, from its surface, and with or without disease of the muscular substance.

Such is the number and variety of morbid changes connected with a certain class of symptoms, appertaining to the heart. Many of them appear, at first sight, essentially different from, and opposed to each other.

Where, upon dissection, a disease is found to involve more than one part of an organ, it is not possible to determine, by simple inspection, in which part it had its origin, and in what way it was communicated from one part to another. In short, by simple inspection merely, although it be a thousand times repeated, you can obtain no certain knowledge about the matter. The objects of morbid anatomy are *alone* totally inadequate to explain themselves. It has often been remarked (and most truly) how much light is derived from morbid anatomy towards the explanation of symptoms; but it has been less frequently noticed how much light is derived from symptoms towards the explanation of morbid structures. In fact, the illustration is reciprocal; as, on the one hand, no knowledge whatever would be possessed of half the diseases which we see and treat in the living body, but for the changes of structure found upon dissection after death; so, on the other hand, no knowledge whatever would be possessed of half those changes of structure after death, but for the symptoms which have occurred during life. It is true that no man can be a physician, in any large sense, unless he be a morbid anatomist; but it is equally true that no man can be a morbid anatomist unless he be a physician.

The disease under consideration is an example which strongly confirms the truth of these observations. Much of what has been said concerning its Clinical history still waits to be explained by the appearances on dissection; and the appearances on dissection will require to be elucidated by a reference back to its Clinical history.

In the summary which has been given of morbid appearances upon dissection, there is one particularly distinguished from the rest. Whether death take place soon after the accession of the disease, or after its continuance for months or for years, adhesion of the pericardium is most certainly and constantly found; and it is sometimes, though rarely, found alone.

The same cannot be said concerning any other of the morbid appearances which have been specified—not one of them can be mentioned as constantly present—not one of them was ever found alone—not one of them was ever found unaccompanied by adhesion of the pericardium.

If, then, there be any part of the disease which is essential and inseparable, it must be inflammation and adhesion of the pericardium,—if there be any which is primary with respect to the rest, any out of which the rest may possibly arise, it must be inflammation and adhesion of the pericardium. The mere inspection of the dead body would lead one to suspect as much,—the inspection of the dead and the observation of the living body together, leave no doubt that it is so.

Where simple adhesion of the pericardium has been found, and nothing more, it has been in those cases where the patient has died within a few weeks after the accession of the disease, the inflammation having been in full activity up to the period of dissolution.

In some few instances adhesion of the pericardium, and nothing more, has

been found after the lapse of two or three months from the accession of the disease, the inflammation in like manner continuing active to the last. Under these circumstances, the coagulable lymph upon the pericardium has been in quantity proportionate to the duration of the disease.

There are two cases given by Andral exemplifying these morbid conditions. The patients were two young men, between 20 and 30 years of age, who both died dropsical in a few months after the first accession of pericarditis: there was nothing further remarkable in the symptoms as they respected the heart and arteries, than that in one case the pulse intermitted, and in the other it was of an extreme frequency. One was a case of acute pericarditis, in which the cure was interrupted by the patient leaving the hospital under a false notion that he was well; the other was of a more chronic kind from the beginning.

Upon dissection, the pericardium was found adherent in both cases; and in both cases the lymph formed upon the pericardium was more than an inch in thickness; and in both the heart itself was of its natural size, and perfectly free from disease.

Here we see, that as long as the inflammation continues, lymph, which is its essential product, will still be deposited, until, by its accumulation between the folds of the pericardium, it may so oppress the heart as to occasion death, independent of disease in any other part of its structure.

Further, adhesion of the pericardium, united with a general softening of the muscular substance of the heart and a fading of its colour, while its natural bulk and capacity are yet unchanged, seems to belong to cases of recent disease, where the patients have died during the actual progress of the inflammatory action. Paleness and softening of the muscular substance have been enumerated among the characteristic marks of its inflammation.

As an example of rheumatic pericarditis proceeding unchecked to its fatal termination, I have already given the case of a boy who died in three weeks from the first accession of his disease. In him, besides the adhesion of the pericardium, and the accumulation of lymph, half an inch thick between its folds, "the muscular substance of the heart was of a pale yellow colour, and soft of texture."

In this case we have cognizance of the inflammation just after it has been imparted from one structure to the other. The pericardium is inflamed, and the muscular substance is inflamed—this is all: the organ still retains its natural bulk and capacity, and it is probably the actual force of the existing inflammation which kills, and not the extent of the injury. It is true the injury, as far as it has gone, is irreparable,—the adhesion of the pericardium can never be resolved, and the muscular substance can never recover its firmness of texture. Nevertheless, could the inflammation be made to cease, the patient would survive in spite of the injury hitherto sustained; in fact the inflammation, after it has gone thus far, often *is* made to cease, and the patient often *does* survive. But by his surviving he admits no further chance of reparation to the injury already done, but only allows time for the heart to undergo those further changes of structure which are the natural and necessary consequences of an adhesion of its pericardium, and a softening of its muscular substance.

Now, if the inflammation cease and the patient survive, the ultimate change of structure resulting to the heart will be different, according as the original inflammation has or has not been restricted to the pericardium; and according as the original injury has consisted simply of an adherent pericardium, or an adherent pericardium, together with a softening of the muscular structure.

When the inflammation has been solely and exclusively of the pericardium, and has never proceeded beyond it; and when it has been entirely arrested, but not until it has produced a permanent and extensive adhesion, that adhesion (every other part of the organ being yet free from disease) will, in process of time, produce such a change of its entire structure, as will be incompatible with the continuance of life. This change of structure will consist in an augmentation of its strength and bulk, and a dilatation of its cavities. The increase of strength and bulk may appertain to the muscular substance of the heart generally, but it is found most frequently in the walls of the left ventricle only; and the dilatation may belong to all the cavities equally, but it is

found most frequently and conspicuously in the right auricle and ventricle.

But how does such a change of structure result to the heart from a mere adhesion of its investing membrane? The explanation (as far as it is capable of being explained) was long ago afforded by Harvey himself, when he pointed out that the heart was obedient to the laws of muscular action, and that it, like other muscles, was apt to gain an increase of strength and bulk in consequence of its own more frequent and energetic contractions; and that, consequently, every stimulus which was capable of calling forth such more frequent and energetic contractions, becomes the cause of the changes of structure resulting from them. In this manner the adherent pericardium may become the cause of thickening and unnatural bulk to the muscular parietes of the heart.

But when the inflammation originating in the pericardium has reached the muscular substance, and has been made to cease in both, but not until it has produced an adhesion between the folds of the one, and a softening in the texture of the other, the change of structure ultimately produced will bear a remarkable contrast to that which has just been described.

The whole organ will be increased in size and its cavities dilated, and altogether at the expense of its muscular substance, which will be in every part thin and attenuated—so thin and attenuated, that in some cases it has lost its characteristic organization, and the heart has had the appearance of a mere fibrous bag.

This peculiar change of structure it is surely not difficult to explain: it is necessarily consequential to the condition in which the muscular substance was left by the inflammation originally imparted to it from the pericardium. Having lost its resistant and contractile power, it naturally yields to the pressure of blood constantly distending it from within.

While the heart is undergoing these changes, whether of augmentation or diminution, in the strength and bulk of its muscular substance, there are changes moreover taking place in the adherent pericardium. After the lapse of many months or years, there does not appear the same thick accumulation of lymph which is found when death takes place during the actual progress of the inflammation: all the loose pulpy portion is absorbed, and only so much remains as may be deemed enough to serve as a medium of adhesion. Yet on this account the adhesion itself is not less firm, but infinitely more so. I have seen, in such cases, the union of the heart and its investing membrane so firm, and close, and intimate, and the two so absolutely inseparable, that there has been no visible distinction between them—they have seemed to be one, not merely by intimacy of connexion, but by identity of structure.

To any one conversant with the processes of disease, it must be obvious that the heart can only arrive gradually and tardily at these conditions of disorganization: and the observation of symptoms, taken together with morbid dissection, sufficiently confirms this belief.

It will be recollected that two pathological conditions have been described, which are essentially different from each other: in the one there is an augmentation of strength and bulk in the walls of the heart, with dilatation of its cavities. This condition is answerable to the idea of what is called active dilatation. In the other there is attenuation and wasting in the walls of the heart, with dilatation of its cavities; a condition answerable to the idea of what is called passive dilatation. The first has been said to result simply from the irritation of an adherent pericardium, stimulating the organ into frequent and excessive contractions; the second from actual disease, originally communicated from the pericardium to the muscular substance of the heart.

Now, from cases which have come to my knowledge, I am not certain that these species of disorganization are not capable of being distinguished, the one from the other, by symptoms during the life of the patient.

In describing pericarditis by its symptoms, an order of cases was mentioned in which the patient survived, and not only survived, but recovered many of the general conditions of health; and further, in which he often suffered renewed attacks of inflammation and again recovered; bearing, however, to an experienced eye, from first to last, the marks of incurable disease, and inevitably perishing after the lapse of years. In these cases, I have little

doubt that the original inflammation is restricted to the pericardium; and that, after its subsidence, the remaining injury consists simply in an adhesion of its folds, out of which, as a work of time and of continual irritation, the disorganization of the heart constituting active dilatation, arises.

Again, in describing pericarditis by its symptoms, another order of cases was noticed, in which the patient survived, but never recovered the aspect or general conditions of health; in which the circulation always remained disturbed, and the breathing hurried; and from first to last there was no respite from distress. In these, I cannot help believing that the inflammation beginning in the pericardium is soon imparted to the proper substance of the heart; and that, after its subsidence, the remaining injury consists in a complete softening of the muscular structure, as well as in an adhesion of the investing membrane.

It is proper to remark, that in cases which bear this clinical history, and which are characterized by the symptoms, and arrive at their fatal terminations after any of the manners specified, while we may expect to find an active or passive dilatation of the heart united with an adherent pericardium, we must not expect to find either the one or the other always of any definite degree or amount. Death is not necessarily postponed until the heart has attained an extreme point, or indeed any certain point, of disorganization in each kind respectively. In no respect do the constitutions of individuals exhibit a more striking difference than in the various capacity possessed by the vascular system of sustaining the injurious impressions which are made upon it. The common stimulants in daily use, which, operating through the medium of the heart and arteries, provoke disease and disorganization in some, and rapidly cut short existence, are borne with impunity by others, who reach old age in spite of them, or (as they would say) by their very help and sustentation. And if this difference be seen, where the cause consists in reiterated applications of injury from without, it is not less apparent where it is physically inherent, and essentially abiding, and constantly operating within the heart itself. Death, indeed, is the uniform result; but whether it take place by nervous exhaustion, or by general dropsy, or by effusion or hæmorrhage into the interstitial structure of vital organs, it arrives not only after different periods of time, but at different gradations in the progress of the disease itself. Where there is a permanent adhesion of the pericardium, life will, in some cases, last long enough, and the vascular system will be sufficiently patient of the irritation at its source to allow the heart to acquire an addition of one-third, or even of one-half, to the natural thickness of its walls; while, in other cases, it will yield to the irritation, and death take place when the disease is less advanced; and, upon dissection, there will be a doubt whether the heart has really acquired any augmentation of its natural bulk and thickness. Again, in some cases, where there is a permanent adhesion of the pericardium, the heart will be found reduced to the appearance of a mere fibrous bag, from extreme attenuation, while, in others, its muscular substance will be softened, indeed, and pale, but its attenuation will be hardly begun.

Concerning the extreme degrees either of active or passive dilatations, therefore, as consequences of an inflamed and adherent pericardium, the heart may rather be said naturally to tend towards them than necessarily to reach them in all cases.

Something remains to be said concerning the condition of the internal lining in the cases where injury results to the general structure of the heart from inflammation and adhesion of the pericardium.

Strictly speaking, wherever the cavities of the heart are enlarged there must be some change in the condition of the internal lining; for it must follow the expansion of the muscular substance upon which it is spread and to which it adheres. But this change of condition is such as its own elastic properties enable it to undergo without injury to its structure.

But, besides this, certain morbid conditions have been found in the internal lining. These have consisted sometimes in the deposition of lymph upon it; sometimes in its general opacity, or partial thickening; and sometimes in the growth from its surface of minute excrescences resembling warts.

With respect to the deposition of

lymph, I have never heard of it except in one case, which occurred to my friend, Dr. Farre. It was a case of most acute inflammation of all the organs within the chest, and involving the heart. Here the deposition of lymph upon the internal lining must be regarded as the evidence of acute inflammation, attacking it simultaneously with the pericardium; the inflammation, however, having no necessary connexion in one or the other.

With respect to the general opacity, or partial thickening of the internal lining, I have met with it in almost all cases of those disorganizations of the heart resulting from pericarditis which have been the growth of years. It is the evidence, no doubt, of chronic inflammation—of inflammation, however, not directly imparted to the internal lining from other structures, but the result, probably, of that disturbance which the *proper* vascular system of the heart has sustained in the progress of its disorganization.

With respect to the growth of excrescences resembling warts from the internal lining, they are by no means constantly found. Indeed they are much more frequently absent than present; and when they are found, they occur in no particular situation, being as often met with on one side of the heart as on the other, in the auricles as in the ventricles, and as often on any other parts of the membrane as on those which form the valves. I have never seen them sufficiently large to be thought capable of furnishing a mechanical impediment to the passage of blood. I hardly know how to regard them. Although they are found coincident with an inflamed and adherent pericardium, the connexion between the two is not obvious. I have met with them both in those who have died soon after the first attack of pericarditis, destroyed by the force of the existing inflammation, and in those who have died at remoter periods, in consequence of the ultimate injury resulting to the heart and to other organs: and, under all circumstances, their anatomical character has been the same. I suspect that they are the products of recent inflammation in the internal lining—inflammation which has arisen a short time before the patient's death.

Such are the morbid changes (as far as I am acquainted with them) which result to the general structure of the heart, from inflammation and adhesion of the pericardium, or are in some manner combined with it; and such (as far as I have been able to inform myself) is the order of their progress and the rationale of their production. There is, however, much concerning them, both in respect to their essential nature and of their clinical history, which will be better understood when we come to the investigation of diseases of the heart having a different origin. There are many phenomena in nature which become more intelligible by comparison and contrast with other things than by themselves alone; and this is especially the case with the phenomena of health and of disease.

Our next subject of investigation will be the diseases of the internal lining of the heart, and the changes which thence result to the structure of the whole organ; and among these changes, some will be found identical with those which have been already described as proceeding from disease of the pericardium. In fact, active and passive dilatation are consequences which are capable of proceeding as well from disease of the internal lining as from inflammation and adhesion of the pericardium. But these same organic changes, deriving themselves from different origins, while they have many symptoms in common, will be found to differ in several very material circumstances of their clinical history.

[To be continued.]

CONTAGION OF SMALL POX.

To the Editor of the London Medical Gazette.

Sir,

In the early part of the last month the body of a stout middle-aged man was brought to Great Windmill-street for dissection, who appeared to have died of confluent small-pox; the eruption of which covered the whole surface of the body. As some of my pupils expressed fears of the probable consequences of dissecting a subject in this state, it was not taken into the dissecting-room, but remained in an outer

room, to which some gentlemen had occasional access, where it was injected with the usual saline solution, and some days afterwards it was taken into the dissecting-room for about two hours on two successive days, when I performed some operations upon it, with many of the pupils around me. For about ten days, therefore, it might have been possible for the contagion of small-pox to be exerted; which probably was the case, as, within a short interval of time, four gentlemen have gone through the disease. One of them merely saw the body, without approaching near it, but the object excited a feeling of disgust at the time, so strong that he dreamt of it the following night, and the impression frequently returned to his mind. He immediately sickened, and the eruption made its appearance on the third day after this short exposure. Another gentleman was near the body when I had it in the dissecting-room, but did not actually touch it: in him the eruption did not shew itself till a later period. A third had been in the habit of frequenting the small-pox hospital, and even of making drawings of the disease from the patients after death, without receiving the poison, as short a time as three months before he actually received the disorder. He was for some time each day in the dissecting-room, though scarcely near this subject in the outer room. The fourth gentleman was with me when I had the subject in the dissecting-room, and touched it with his hands.

Three of these gentlemen had the disorder very mildly. The third had it in rather a severe form, and will probably have a few permanent marks. He had been vaccinated, and has a good cicatrix.

I remember having several times seen bodies covered with small-pox used in the dissecting-rooms, without having heard of the poison having been received by inoculation; still less of the disorder having been communicated through the medium of the atmosphere alone. Yet, as all of these gentlemen underwent the disease within a few days of each other, and had all been in contact with or near this subject, there is little doubt in my mind that they all contracted the disease from the same source: a circumstance which will certainly make me more cautious than I before felt inclined to be, of admitting small-pox subjects into the dissecting-room; and as the relation of the fact may make other lecturers also hesitate in exposing their pupils to the disorder, you may perhaps think it worth the insertion in your Journal.

I am not aware that any facts have been noticed as to the time that the contagion may remain after the death of an individual from this cause, though it was well known that it remained active for some little time afterwards. This person had certainly not been dead many days when he was brought to Windmill-Street; yet he had probably been dead fourteen or sixteen days when two of the gentlemen first came near the body.

Perhaps, too, the extent of surface affected with the disorder may influence the probability of infection. Most of the instances I remember of persons brought into the dissecting-room with the disorder, have been young persons, or children. This, on the contrary, was a very large stout adult, in whom there was necessarily a more extensive surface, from which the poison may have been diffused through the atmosphere, than in younger persons. Probably, too, the confluent nature of the disease may render the poison more active; and I observed, when the body was first brought in, that the peculiar smell emitted in small-pox was present in a great degree.

I am, Sir,
Your obedient servant,
CÆSAR HAWKINS.

31, Half-Moon-Street, Jan. 19, 1829.

EXTRA-UTERINE FŒTATION.

Reflections on the case of supposed Extra-Uterine Fœtation, mentioned by Dr. Gregory at a late meeting of the Westminster Medical Society.

By LEONARD STEWART, M.D. &c.

To the Editor of the London Medical Gazette.

SIR,

YOU will confer a favour by permitting me to state at leisure certain reflections

that occurred to me during the interesting discussion elicited by the case which Dr. Gregory laid before the consideration of the Westminster Medical Society at their last meeting but one. I am afraid that upon that occasion I trespassed on the courtesy of the members, by speaking more frequently than should, upon the same evening, be permitted to any one, and yet without fully explaining myself, the point to be established being connected with a peculiarly involved and intricate physiological question — the existence of a curious cyst in the abdomen of a woman who had borne children. This cyst, containing hair, fatty matter, and an adult tooth, with its alveolar socket, and floating loose except where attached by slight adhesions to a neighbouring ovary and intestine, was thought to be explained by adducing instances where one *ovum* has become accidentally entangled or impacted in another, and not corresponding in growth, has given rise to various anomalous *twin* cases. Many examples were quoted—some of similar cysts discovered in unimpregnated females—some of males, who bore about them an imperfectly developed fœtus—all proving that nothing like conception by the principal subject could be suspected. I hazarded a question whether the case in point were really elucidated by the instances related; and, I believe, others beside myself considered that, although in their origin the circumstances were parallel, yet the order of events was different.

Mr. Burnet and Mr. Thomson, I recollect, agreed with me in saying that they should not be indiscriminately confounded. My conjecture was (and it still is purely a conjecture), that in the case narrated an *ovum*, in consequence of some *nisus malformativus*, had become extra-uterine merely, instead of having been in its early existence implicated with another embryo, and at birth enclosed within the more elaborated fœtus. I see no reason why the maternal body might not form the *nidus* of such misconception, as well as the body of a cotemporary offspring—the causes of its chaotic condition being internal, and existing in the one situation as well as in the other.

It is not merely as a matter of scientific inquiry that this investigation is proper, but it might become an important point of law to determine from which *venter* this *je ne sçais quoi* proceeded; for though not a child *in esse*, it may be considered to have been one *in posse*; and such a phenomenon, by establishing a capacity or tendency to reproduce, might, in a case of imputed sterility or of alleged purity, be brought to bear indirectly upon the conception or the actual birth of a child. It is not unusual to observe the most important political and social questions hinging upon philosophical niceties; but, failing such, a case of recent occurrence in humble life may be borrowed from the newspapers, to exemplify my position. A loving couple live in holy matrimony for one and twenty years, when envious Death removes one partner, the husband in name, but who turns out upon examination to be a female. Now, supposing the "disconsolate widow" to die of grief, and it were to become a matter of ethical or physiological research to determine whether she had lived true to her marriage vows—would the discovery of a cyst similar to the one mentioned set the question at rest? If it were deemed *connate*, it would establish nothing; but should it be proved to be the result of irregular uterine function in the subject of such scrutiny, it would go far to determine the point as to impregnation, and allow us to believe in any charge of maternity well grounded upon other circumstances.

This intrusion upon a department of the profession not very familiar to me, will, I trust, be excused in,

Sir, your obedient servant,

LEONARD STEWART.

Keppel-Street, Jan. 19.

TABLE OF DIFFICULT MIDWIFERY CASES.

To the Editor of the London Medical Gazette.

SIR,

THE inclosed statement of the comparative number of difficult midwifery cases, which have occurred during the last nine years, in the eastern district of the Royal Maternity Charity for delivering poor Married Women at their own houses (of which district I have for

some time had the official charge, is at your service, if you choose to make use of it.

I am, Sir,
Your very obedient servant,
FRANCIS H. RAMSBOTHAM, M.D.

24, Broad Street Buildings,
January 19, 1829.

From January 1, 1820, to December 31, 1827, there were delivered in the eastern district of the Royal Maternity Charity, under the superintendence of Dr. Ramsbotham and Dr. Francis H. Ramsbotham, 19,439 women, of which cases—

25 were delivered by craniotomy; about 1 in 780.
39 were delivered by the long or short forceps; about 1 in 500.
1 was delivered by the vectis.
62 were presentations of the shoulder or upper extremities; about 1 in 314.
30 were placentar presentations, complete or partial; about 1 in 650.
13 were complicated with *dangerous* hæmorrhage before delivery, *not* the consequence of placentar presentation; about 1 in 1500.
135 were complicated with an adherent or retained placenta, causing dangerous hæmorrhage; about 1 in 150.
25 were complicated with puerperal convulsions before, during, or after labour; about 1 in 780.
5 were complicated with rupture of the uterus; about 1 in 4000.
In 2 the fœtal head was much enlarged from congenital hydrocephalus; about 1 in 10,000.
2 were triplex; about 1 in 10,000.

During the year 1828 there were delivered in the eastern district of the same charity, under the superintendance of Dr. F. H. Ramsbotham, 2400 women, of which cases—

22 were twins; 1 in 109.
2329 were presentations of some part of the head.
*86 were presentations of the breech or some part of the lower extremities; about 1 in 28.
7 were presentations of the shoulder or upper extremities; 1 in 346.
3 were partial placentar presentations; 1 in 800.
3 were complicated with *dangerous* hæmorrhage before delivery, *not* the consequence of placentar presentations; 1 in 800.
13 were complicated with an adherent or retained placenta; about 1 in 184.
3 were complicated with dangerous hæmorrhage after the expulsion of the placenta; 1 in 800.
6 were delivered by craniotomy; 1 in 400.
3 were delivered by the forceps; 1 in 800.
2 were complicated with convulsions—one before, the other after labour; 1 in 1200.
2 were protracted breech cases; 1 in 1200.
8 women died; 1 in 300.
2316 children were born alive.
*106 were born still; about 1 in 23.

Of the deaths—

1 was from hæmorrhage immediately after the removal of an adherent placenta.
1 was from irritative fever 18 days after delivery; the placenta having been adherent, and removed by manual operation.
1 was from collapse eight hours after delivery; no hæmorrhage; suspected disease of the heart.
1 was from confirmed phthisis.
2 were from peritonitis.
1 was from sloughing of the vagina and perineum, combined with uterine and general abdominal inflammation.
1 was from intestinal irritation following excessive hæmorrhage.

Of the still-born children—

21 were premature.
11 were breech cases at full time.
3 were shoulder cases.
1 was a face case.
9 were putrid at full time, or nearly so.
4 were born after the women had suffered dangerous hæmorrhage.

* I can positively answer for the correctness of the above table in every particular, except as regards the breech presentations and still-born children: as the patients under ordinary cases are delivered by midwives, these statements are made in reliance on their returns.

1 was born after the woman had suffered from puerperal convulsions.
In 6 craniotomy was performed.
In 6 the funis presented.

CASE OF PNEUMA-THORAX,

With an account of an Operation performed for its relief, the Effects of the Operation, and the Appearances on Dissection.

By Dr. James Johnson.

Mr. Cornish, surgeon, residing in Milner-Place, near the Cobourg Theatre, and aged about 27 or 28 years, became affected with dyspnœa and symptoms of thoracic inflammation about the latter end of November or beginning of December last, which he neglected for many days, and continued to pursue his avocations in the three branches of the profession. About the 15th or 16th of the same month he was accidentally seen by Mr. Cooke (an intelligent practitioner), of Bridge-Street, Lambeth, who strenuously recommended sanguineous depletion, confinement to the house, and the other items of the antiphlogistic treatment. It was with difficulty he could be persuaded to take to his room, but he was too ill to go on longer with his practice.

On the 19th or 20th of December Dr. Johnson was requested to see Mr. Cornish, and found him in the following condition:—The patient was of the scrofulous character; he was lying on a sofa on his right side, breathing with considerable difficulty, and frequently coughing; the expectoration was scanty, and extremely tenacious, but without any purulency; the pulse was 130, sharp, and wiry; skin not very hot nor dry; tongue moist, thirst moderate; right cheek flushed; urine high-coloured and scanty. He complained of great difficulty of breathing, had pain in the centre of the chest, and could only lie on the right side. On uncovering the thorax, the muscles of respiration were seen in violent action, but the breathing was principally carried on by the diaphragm. There was no perceptible difference in the size of the two sides of the chest, but a very remarkable difference in the sound emitted on percussion: the *left* side sounded louder than natural, the right sounded considerably duller than natural. On applying the ear to the *left* side, which sounded so well, little or no respiration could be heard; on listening to the *right* side, which sounded so dull, the respiration was very loud, and accompanied with much wheezing. The heart was felt beating rather to the *right* of the middle of the sternum, and no trace of it could be felt in the *left* side.

These phenomena appeared to Dr. Johnson to be very unfavourable; but as inflammatory action was still unequivocal in the case, Dr. J. advised Mr. Cooke (who kindly and zealously attended his afflicted neighbour till the last) to take away more blood, both generally and locally. Digitalis, colchicum, and antimony, were also given, in powerful doses, with the view of making an impression on the circulation.

December 21.—The urgency of the dyspnœa was a little, and but a little, relieved by the depletion; the blood was remarkably buffed and cupped. On examining the chest this day, Dr. Johnson and Mr. Cooke found that the left side was even more sonorous than before, and the respiration there still more indistinct; the pulsation of the heart was rather farther to the right; the right side very dull on percussion, and the respiration very noisy and confused. But a most important feature of the case now attracted attention—namely, the METALLIC TINKLING (*tintement metallique*), which was distinctly audible in the left side of the thorax, not only when the patient coughed or spoke, but even during every inspiration and expiration. Dr. Johnson had now no doubt of the existence of PNEUMA-THORAX, as every person who put the ear to the chest heard the tinkling as plainly as himself. Upon accurate examination, the left side was found to be very sonorous back almost to the spine, which led to the conclusion that the quantity of serous, purulent, or sero-purulent effusion, was very small in quantity when compared with the aeriform extravasation. What was now to be done? There were still symptoms of thoracic inflammation present; and to quell these, and promote a free expectoration, every mean that could be devised was put in force. The next five or six days were consumed in the furtherance of these indications, but with no effect in mitigating the difficulty

of breathing, which, indeed, gradually increased, the pulse seldom coming under 130 in the minute, with great and distressing jactitation.

In the course of the above period several medical gentlemen saw the patient, and Dr. Walshman was added in daily consultation with Dr. Johnson and Mr. Cooke.

On Monday night, the 29th December, the patient nearly expired from suffocation; and next morning (Tuesday, the 30th) Dr. Johnson explained to the patient the nature of the case—namely, that there was an aperture in the left lung, through which air was extravasated into the left pleural cavity, which cavity also contained some fluid, the precise nature of which could not be ascertained. It was stated to Mr. Cornish that the increasing collection of air was pressing severely on the right lung, that it had already pushed the heart into the right side of the chest, and that he saw no prospect of relief but from an operation.

Dr. Blicke, of Walthamstow, examined the patient on Tuesday morning with Dr. Johnson, and was so convinced of the existence of pneuma-thorax as the cause of the dreadful dyspnœa, that he volunteered to perform the operation. Things, however, were not sufficiently ripe for such a step, and Dr. Johnson requested the patient to name a surgeon of eminence to join in the consultation. He named Mr. Lawrence, and Dr. Johnson waited on Mr. L. to request his opinion on the case. Mr. Lawrence, Dr. Walshman, Mr. Cooke, Mr. J. H. Johnson, and some other medical men, met at three o'clock on that day. Mr. Lawrence accurately examined the patient: he was lying on his right side, as usual, breathing most laboriously; his countenance sunk; the pulse between 130 and 140, weak and somewhat irregular; the skin was cool and somewhat moist; he had had no sleep for many nights. On laying bare the chest, the action of all the respiratory muscles was painful to behold, and it was evident that but a very small portion of air could be taken in at each inspiration: there was no perceptible difference in the size or shape of the two sides; the *left* sounded hollow throughout almost its whole extent, when Mr. Lawrence struck it; the right side emitted an extremely dull sound. The apex of the heart was now beating rather to the right of the right nipple. When Mr. Lawrence applied his ear to the left side of the thorax, he distinctly heard the metallic tinkling*, as did every one of the medical gentlemen then present. The respiration was loud and rattling in the right lung, and the expectoration muco-purulent, with streaks of blood and many black particles.

On retiring to consult, it was the opinion, not only of Mr. Lawrence, but of all the other attendants, that Mr. Cornish was so near death as to render any operation hazardous, if not unavailing; indeed, it was believed that the patient would most likely expire during such an operation as was contemplated. Mr. Lawrence, however, candidly avowed that he was satisfied of the existence of PNEUMA-THORAX, both from the confidence of Dr. Johnson's diagnosis, and from the phenomena which he had himself observed during the examination by percussion and auscultation. He also stated it as his opinion that, under more favourable circumstances, and with the same kind of phenomena present, the operation of paracentesis thoracis would be warrantable, as the only probable mean of affording relief, whether temporary or permanent, from the difficulty of breathing resulting from the pressure of air and other fluid extravasated in the cavity of the pleura. An anodyne was prescribed. The gentlemen separated without any resolution to meet again, as Mr. Cornish appeared to be dying; and the unfortunate patient himself expressed the most poignant disappointment than no operation was undertaken for his relief.

On that day, Dr. Johnson accidentally met with Dr. Ballingall, of Edinburgh, Dr. Pecchioli of Florence, and Mr. Guthrie. To these gentlemen he related the melancholy case of his medical patient; and they having expressed a wish to see him, if yet alive, Dr. Johnson solicited them to visit the patient with him. They repaired to Mr. Cornish's house at 10 o'clock at night, and found the patient nearly in the same state of distress as he was in at 3 o'clock, when Mr. Lawrence and Dr. Johnson left him. The

* Some of the medical gentlemen present, and particularly Mr. J. H. Johnson, compared the METALLIC TINKLING to the sounds emitted by a musical snuff box; and this, in reality, is a more familiar, as well as a more exact similitude, than that which Laennec has employed.

gentlemen above-mentioned recognized the auscultic phenomena which have been already detailed, and, in consequence of a most urgent solicitation, not only from the patient, but from his sisters and several relations, Mr. Guthrie agreed, in deliberate consultation with Dr. Ballingall, Mr. Picchioli, Mr. Cooke, and Dr. Johnson, to perform the operation of paracentesis thoracis, as the only measure that offered even temporary relief from the dreadful state of suffocation to which the unfortunate patient was reduced. The danger of the case was not concealed from Mr. Cornish himself, nor from any of his friends; nor was any sanguine expectation held out of recovery, but only of relief. It was stated that the operation was neither painful nor dangerous, and that it afforded the only probable chance of life that remained. The patient and friends ardently urged the operation.

An incision was made in the anterior lateral part of the left side of the chest, between the sixth and seventh ribs, and the pleura cautiously opened with the scalpel. At that instant a rush of air issued forth, with a loud hissing noise, and strong enough to extinguish several candles, had they been near the orifice. The relief was almost instantaneous. The patient turned on his back, and breathed with comparative freedom, expressing the highest sense of gratitude for the operation. He was turned round on the left side, but no fluid came from the wound. A piece of linen was placed over the orifice, and the medical gentlemen retired. The relief continued for some hours, and then the difficulty of breathing returned to a certain extent *.

Wednesday, 31st.—Mr. Guthrie, Mr. Cooke, Dr. Johnson, and several others, visited the patient at half-past twelve o'clock, and found him labouring under a considerable degree of dyspnœa, though not near so much as before the operation. It was found, on examination, that the wound was closed. The left side sounded nearly as sonorous as ever, and the TINTEMENT METALLIQUE was perfectly audible. A director was introduced into the wound, and a rush of air instantly escaped, with immediate relief, as in the first operation. A probe-pointed bistoury was passed in, and the opening in the pleura extended to the size of half an inch. The pulse had fallen to 120, the countenance was good, skin moist, expectoration more copious, and mucopurulent. On examination of the left side immediately after the escape of the air, no "TINTEMENT METALLIQUE" could be heard by any of the medical gentlemen. The patient took nourishment this day, and was seen by several medical practitioners. In the evening, when Dr. Johnson visited him, the patient was not so well, and a probe was again introduced, when air escaped with some noise. Twenty drops of laudanum were given in a saline draught, and the patient was left.

Thursday, 1st Jan. 1829.—On visiting Mr. Cornish this day, the medical attendants were agreeably surprised to find that he had had several hours of tranquil sleep, and that for the first time during some weeks; that his breathing had been easy, the expectoration more copious, and inclining to purulency; the pulse reduced in frequency, and more expanded; the appetite good. He got out of bed this day without assistance, went to the commode, and had a natural motion. Mr. Lawrence saw the patient, and pronounced him greatly relieved. On examining the wound, a canula was pushed in, and a taper was held near it. During inspiration the canula was closed with the finger, so that no air could enter the chest; and during expiration, the finger was removed from the canula, when a rush of air always escaped. This was continued until no doubt could remain as to the fact that part of the air drawn in by the mouth was thrown out of the wound at each expiration. This phenomenon, and especially the large quantity of air thus thrown out, proved that a considerable aperture of communication existed be-

* On returning home, at midnight, Dr. Johnson wrote a note to Mr. Lawrence, apologising for the apparent breach of etiquette, and inviting Mr. L. to see the patient next morning, stating what had been done. The following is Mr. Lawrence's reply:—

"My Dear Sir,

"I am much obliged by your letter, and regret that my engagements for the day prevent me from having the pleasure of meeting yourself and Mr. Guthrie. Whatever may be the final result, the relief obtained by the patient from such urgent distress, not only proves the correctness of your diagnosis, but also fully justifies the operation.

"Yours,
"WM. LAWRENCE.

"Whitehall-Place, Dec. 31, 1828."

tween the bronchia and the cavity of the pleura — a circumstance which greatly lessened the hopes of recovery. It was found that since the operation the apex of the heart beat about an inch and a half, or two inches, nearer the central line of the thorax than before. The pulsation was still, however, to the right of the line. The patient continued comfortable through the day; but Mr. Cooke was called up in the night, and found him greatly oppressed. The canula was re-introduced, and some relief followed, the wound being covered with a piece of gauze.

Friday, Jan. 2, 1829.—It was but too evident this morning that the unfortunate patient was sinking. He had a strong convulsion early to-day, and about one o'clock he expired.

Post Mortem Examination. — Mr. Cornish being of the Hebrew religion, great difficulties lay in the way of an examination post mortem; but the friends and relatives of the deceased evinced much liberality, and leave was ultimately attained for dissection, though such a process was almost unprecedented among the Hebrew brethren. Previously to the examination, which was conducted by Dr. Hodgkin, and witnessed by a great number of medical men, Mr. C——, a surgeon of the Hebrew religion, who had frequently visited the deceased during his illness, demanded of Dr. Johnson what were the morbid appearances which he expected to find? Although this was a question which it would not be always very charitable to ask before a dissection, yet Dr. Johnson did not decline the answer, which was made in the presence not only of the above medical gentlemen, but of a number of the patient's friends.—"*The disease was pronounced to be pneuma-thorax; and the morbid appearances would be a collection of air and some other fluid in the left side of the chest; collapse of the corresponding lung; aperture in the lung capable of giving free vent to air from the lung to the cavity of the pleura; displacement of the heart; probably tubercles in the right lung.*"

Dr. Hodgkin then opened the body. On raising the sternum the heart was found rather to the right of the median line of the chest. The left lung was collapsed to one-fifth of its natural dimensions. The vacant space was filled with air, and about fourteen ounces of turbid serous fluid. The pleura costalis and pulmonalis presented marks of inflammation of a few weeks' standing—viz. some thin false membranes, that were easily separated by scraping with the scalpel. There were no marks of any more recent pleuritis, even in the vicinity of the wound, there being only a slight ecchymosis between the pleura and subjacent cellular tissue, for the space of a few lines around the incision. A tube was inserted into the trachea, and air blown into the lungs. The left lung expanded to a certain extent, and air was heard to bubble out. The lung was then carefully removed, and an aperture was immediately recognized at the division or cleft between the two lobes. The tube was inserted into the bronchus leading to the left lung, and Dr. Johnson blew in air. It rushed forth at the aperture, and extinguished a taper that was held near it. The aperture itself was then more accurately examined. It was circular, and capable of admitting a crow-quill. It was evidently fistulous, and of several weeks' standing. It was found to communicate with a very small excavation formed by the softening down of some tuberculous masses, and into this small excavation a bronchial tube was seen to enter. Thus the communication between the trachea and the cavity of the chest was distinctly traced through a bronchial ramification, a very small tubercular excavation situated on the very surface of the lung, and an aperture through the pleura pulmonalis. The left lung presented some trifling tuberculation, but was not materially diseased.

The right lung was much more tuberculated; but the tubercles were principally in a quiescent state. There was no other disease in the chest. Dr. Hodgkin formally declared that every iota of the diagnosis was verified by dissection, and every individual present agreed in this declaration.

Laennec, who first described pneuma-thorax systematically, and who must have seen many fatal cases of it, does not appear ever to have witnessed or practised an operation for its relief, except in one instance, where the auscultic indications of pneuma-thorax being very evident, a sense of fluctuation perceptible, and the oppression rapidly increasing, an incision was made between the fifth and sixth rib, near their

middle. M. Laennec's words are, "No matter flowed, although the passage of air by the wound during respiration proved the penetration of the chest by the incision." The patient died in four hours after the operation. On puncturing the side, near the junction of the third rib with its cartilage, a large quantity of fœtid gas made its escape. On making another incision, about the middle of the fourth intercostal space, a large quantity of pus flowed out, of an intolerably gangrenous fœtor. The reason of this want of success in evacuating the pus, was adhesions in different parts of that side. The case was evidently one of empyema combined with pneuma-thorax, and therefore not parallel with Mr. Cornish's.

M. Laennec, in speaking of the operation for pure pneuma-thorax, believes that it has sometimes been performed *by accident*—namely, where the chest has been opened for empyema, or hydrothorax, and only air has escaped. The above authority gives it as his opinion that the operation offers a far greater chance of success in simple pneuma-thorax (such as Mr. Cornish's case) than in cases complicated with empyema, phthisis, or other serious lesions. In the case forming the subject of this paper, there was no disease in the chest incompatible with life. There was no organ irrecoverably altered in structure, excepting perhaps the fistulous aperture in the left lung; and therefore the patient died from impeded function of that portion of lung which was not collapsed, viz. the right lung. The main cause of the impeded function in the right side was pressure of the air collected in the opposite side; and nothing but an operation could relieve this. Laennec distinctly states it as his opinion that the operation should be performed *whenever the life of the patient is threatened by suffocation*. No one will deny that Mr. Cornish was threatened with this dreadful death.

In this country there is but one other case on record where the operation was performed for pure pneuma-thorax, and the operation was successful. The circumstances of the case, however, were different, and the diagnosis was infinitely more easy in the one than in the other, as will be seen. The case is recorded in the Philosophical Transactions for 1823, by Dr. Davy.

A soldier was sent home invalided from the West Indies, for hæmoptysis, *which had succeeded a severe fall on the left side of the chest, received eighteen months previously.* He was admitted into the Military Hospital of Chatham on the 9th of May, 1823. On the morning of the 13th, after a violent fit of coughing, symptoms of pneuma-thorax came on suddenly, and continued increasing till the 21st. "The most prominent of these symptoms were, (to quote the words of Dr. Davy,) a feeling of extreme tightness about the chest and abdomen; rapid and difficult inspirations, between 30 and 40 in a minute; great anxiety of countenance and agitation of mind, accompanied by a small pulse of 130; cold sweats, frequently breaking out on the neck and face; considerable prostration of strength. On examining the chest, *the left side was found more protuberant, and, in all its dimensions, larger than the right;* it was tense, and, on percussion, sounded remarkably hollow and tympanitic, giving the idea of its being distended with air. The heart was found beating under the right mamilla."

Under these circumstances it was resolved, on consultation, to tap the chest, which was accordingly done in the following manner:—A trochar was attached to an empty bladder, and the parietes of the chest punctured between the eighth and ninth ribs *, the integuments and intercostal muscles being previously divided with a scalpel. A little air only rushed out, and as it was concluded, from the symptoms continuing, that its escape had been prevented by adhesions of the pleura at the point which had been perforated, the operation was repeated next day. The puncture was now made just below the left papilla, when, on withdrawing the stilet into the bladder, a large quantity of air rushed out and distended it. The bladder was now separated. Air continued to rush from the chest for several seconds, "as if from a blow-pipe." When this ceased, and when the air began to pass inwards during inspiration, the canula was withdrawn, and the wound healed. The relief to the patient was sudden and great, and he continued to improve till the 17th of June, when the account closed. No farther

* This was certainly rather low, as the attachments of the diaphragm must have been touched in the operation.

history of the case appears to have been published. The heart was still felt beating on the right side, and "the fluctuation of a fluid was perceptible in the left."

It will be obvious that this was a case much more easily discriminated than that of Mr. Cornish. The eye alone shewed that the left side was distended with something, and percussion shewed that it was chiefly air. The operation was as plainly indicated as in empyema, and auscultation does not appear to have entered into the means of diagnosis.

It differed in another very important respect from the case of Mr. Cornish. When the air was evacuated, the wound was closed, and no more air became accumulated. This proves one or other of the following circumstances—viz. either the original aperture in the lungs, through which the air had passed out, became closed before the operation, or, what is not unlikely, the air was generated in the cavity of the pleura after the effusion of some purulent or sanguineous discharge; and when once evacuated was no longer formed. In either case, the circumstances were much more favourable for recovery than in Mr. Cornish's case, where the aperture in the lung had become actually fistulous, and capable of affording a stream of air sufficient to extinguish a candle. It is worthy of remark, that a general adhesion of the pleura costalis and pulmonalis, from preceding pleuritis, would be a complete safeguard against pneuma-thorax, and that partial adhesions would render the disease comparatively harmless, by preventing such accumulation of air in one side of the chest as would much compress the lung of the other. This was evidently the case in Dr. Davy's patient.

From the facts already stated, it might be fairly inferred that, had the operation been performed at a much earlier period, in Mr. Cornish's case—in short, when the pneuma-thorax was first ascertained, and when the difficulty of breathing was urgent—and had the aperture in the lung healed, as it probably would have done, his life might possibly have been saved.

The case, at all events, must form a precedent for the safety of the operation; for the relief, whether temporary or permanent, which it affords to one of the most dreadful kinds of human suffering—suffocation; and for the certainty of diagnosis afforded by auscultation. It has already formed a precedent of another kind—permission to examine the Hebrew dead. Such was the intense interest excited among a large circle of the patient's Jewish friends, that a law hitherto considered as almost insuperable, was broken through, in order to determine whether the operation had been fully justified, not only by the relief obtained while living, but by the evidence to be drawn from the corpse.

MEDICAL GAZETTE.

Saturday, January 31, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ON PROFESSIONAL CHARACTER.

C'est l'honneur qui les doit tenir dans le devoir,
Non la sévérité que nous leur faisons voir.
MOLIERE.

If the public were in reality much influenced by the slanderous statements which have been continually made by a certain portion of the press, what a strange opinion would be entertained of hospital physicians and surgeons; and, consequently, of the great body of the profession from which they emanate! Were we to collect, from different quarters, all the black and bloody leaves which have been filled with false assertions and venomous insinuations concerning most of the respectable and respected names of the day, the whole would form a very singular volume; and the popularity of the Newgate Calendar, among the lovers of the marvellous and horrible, would, we conceive, be in imminent hazard. But we believe that people in general, further than an occasional smile at the squabbles of this new *genus irritabile*, the "Faculty," do not concern

themselves much about the matter, or rather, do not take what is held out to them without consideration. It must indeed be very mortifying to those who have been so long and so industriously toiling to beat down, or to undermine all lofty and well-founded reputations, to find that, after all, men are pretty much where they were; and that if any damage has been suffered, it is by the attacking parties. We are, however, at no loss to account for this. The license which is willingly granted to the press, of speaking out for the public good, has been overstrained and abused; this mighty engine has been misdirected to dishonest and party uses; people have natural shrewdness sufficient to keep them from placing implicit reliance upon the infallibility of a would-be oracle; and while they wish all "functionaries" kept strictly to their duty, they do not like to see them dragooned into it by upstarts.

We have no intention of dragging our reluctant readers over all the old grounds of complaint; our present aim is to shew that upon one point, which we select from a thousand other topics, it is unreasonable to expect any thorough alteration in what must be considered as the necessary system of things; and that, therefore, a mere change of agents would not go to the root of the supposed evil. The subject upon which we would argue is the objection frequently made to the *interested motives* of the physicians and surgeons of public establishments. Now, really in the common cry which has been raised against this circumstance, there is something, to a man who knows the world, so utterly contemptible, that we should not have bestowed one word upon it had we not been aware that it is not to the intelligent but to the ignorant that this sort of declamation is always addressed. We may assure any one who has been imposed upon by the reiterated abuse of those who are in possession proceeding from those who are not, that, in the abstract, we also consider it exceedingly deplorable that professional men are so degenerate that, instead of being continually and exclusively intent upon the public good, they are subject to occasional longings after the loaves and fishes: indeed, this feeling of regret has so completely pervaded our understanding that we now despair of finding any person totally disinterested; nay, we confess we are so far gone in suspicion as to fancy even those who are loudest in the use of reproach not wholly removed from the influence direct or indirect of mammon! But while we are fully persuaded of this lamentable truth, we conceive that this very feeling of self-interest may be, in practice, so combined with other qualities, and so directed by social arrangements, that, far from being an objectionable alloy in professional character, it will always afford the best hold upon public men, and that its proper gratification will generally be considered as the most satisfactory pledge of their services. Self-interest may assume an infinity of different shapes, but still at bottom it is the same thing; and there may be a thousand modes of rewarding meritorious conduct, but something either honorable or profitable is justly due. Our art has been said to exhibit the triumph of *conception* over *perception*, inasmuch as we frequently inflict present evil, counting upon the chance of future good; and it is just the same thing with respect to the remuneration of professional services in public establishments: this is seldom direct and tangible: most will agree that it exists rather in conception than in perception; yet, nevertheless, the expectation of it is a stimulus to the exertions, and a controlling influence over the conduct, of public "functionaries."

But while we allow the existence of this

state of things, and even look upon it as the only practicable one, we are prepared to meet boldly the exaggerated and calumnious accounts which we read of the selfishness and inhumanity of the public servants in medical institutions. We affirm, without any hesitation, that the continued discipline which the proper study and practice of the medical art exercises over the passions, naturally developes the better qualities of the heart; and, without supposing any great difference in *principles,* we assert that the *habit* of doing good is more common in our profession than among any other class of men. We consequently regard much that has been said about injustice towards the poor and desolate, and of the tyranny exercised over the free agency of sufferers under the knife, as betraying equal atrocity and imbecility; or rather, as mere cant, intended to gull the public. With every inducement to honourable conduct, it would be sheer perverseness to act with inhumanity; and, with the argus eyes of the many upon him, no man dare be known for wilful cruelty. A public hospital, or dispensary, is a theatre where the performer has to satisfy at once the general spectator, and the critics of the green-room,—the crowd to whom his display is addressed, and those behind the scenes, who are really conversant with his duty. We certainly feel that in the circumstance of election to public charities there are many evils; but, confining ourselves strictly to the particular point which has attracted our notice, we think, as we have always thought, that much indiscriminate severity has been shewn, for we question whether the thing either could or should be altered; our experience of the existing constitution of society making it appear that the acknowledgment of pure benevolence and disinterested motives alone subjects a man, (however really deserving), to general ridicule and distrust. It is, however, always permitted to any one to entertain mixed feelings; and while he keeps in view distant and ultimate advantage, to profess an immediate pride and pleasure in the performance of his duties. And this composite state we find generally springing from refinement and good sense. For although we do not quite agree with Doctor Pangloss, in Candide, that "*tout est au mieux,*" but are at times inclined, when regarding public functionaries, to marvel how they got there, yet we must in fairness hold the prevailing character and conduct of our own men in office to be praiseworthy. Nor do we think this purely the result of private worth—the impulse of spontaneous generosity, but we attribute much of it to the reaction upon them of the whole system of professional life; which, rightly understood, proves true self-interest universal good.

If this statement displease those who are very anxious to see men as they *should be,* we must refer them to the Millennium, and for the present beg them to be content with men as they *are.*

DR. WOLLASTON.

We leave it for others to give the biography of this truly distinguished philosopher. One circumstance more immediately connected with the objects of this journal will be found interesting, namely, the appearances on dissection. In perusing the account of these it is proper to keep in mind that Dr. Wollaston remained sensible till within a few hours of his dissolution; and that the last days of his life were employed in dictating to Mr. Warburton on various philosophical subjects. It is for the followers of phrenology to reconcile these circumstances with the disorganization of the brain which existed.

Appearances observed on inspecting the Body of the late William Hyde Wollaston, M.D. F.R.S.

December 24, 1828.

The sinuses of the dura mater and the vessels of the pia mater contained a

larger quantity of fluid blood than is usually in them after death.

The ventricles of the brain contained about an ounce and a half of serous fluid.

When the lateral ventricles were exposed, the optic thalamus of the right side was seen to be of an unusually large size, and a section being made of it, it was found that with the exception of a layer of medullary substance on the upper part, little or no vestige of its natural substance was perceptible. It was converted into a tumor as large as a middle-sized hen's egg, towards the circumference of a greyish colour, and harder than the brain itself, being somewhat of a caseous consistence, but in the centre of a brown colour, soft, and in a half-dissolved state. This diseased structure was not confined to the thalamus, but extended to the neighbouring portion of the corpus striatum. The right optic nerve, where it passes on the outside of the thalamus, was of a brown colour, more expanded, and softer than natural.

The lungs adhered universally to the pleura lining the parietes of the chest, but these viscera were themselves free from disease.

Neither were any marks of disease to be observed in the other viscera of the chest, nor in those of the abdomen.

The stomach was particularly examined, but no unusual appearances were observed in it.

It is worthy of notice that the brain generally was of a large size, but that the principal development of it was in the posterior lobes of the cerebrum, which were much larger in proportion than the anterior lobes.

(Signed)

W. Babington, M.D.
B. C. Brodie.
Jas. C. Somerville, M.D.

SURGICAL LECTURES AT ST. BARTHOLOMEW'S.

Owing to the indisposition of Mr. Abernethy rendering him unable to continue his lectures, Mr. Lawrence has been appointed to give the surgical course at St Bartholomew's, and is to commence his labours on Monday. Mr. Lawrence, from the nature of his acquirements, literary as well as professional, is extremely well adapted for the office of a public teacher.

MR. ROSE.

It is with deep regret we have to announce the death of Mr. Rose, surgeon to St. George's Hospital. In the course of last summer he lost three children within ten days, a calamity from which he never recovered: disease of the lungs became rapidly developed, and proved fatal a few weeks after the symptoms first manifested themselves. Mr. Rose bore a high character both as a practitioner and a man, and will long be remembered with regret by those who knew his many good qualities.

MR. JOHN CLAPHAM.

The Grand Jury have found a true bill against this person for a misdemeanor; he having made a false affidavit of his age when he appeared at Apothecaries' Hall for examination.

PREFERMENT.

We understand that Master Alexander Napier has been appointed one of the reporters to the Lancet at the Glasgow Royal Infirmary; vice, Mr. Thomas Carter expelled.

It is rumoured that the latter gentleman is likely to fill the vacancy at St. Thomas's and Guy's, occasioned by the expulsion of Mr. Lambert.

MORE FICTITIOUS PAPERS IN THE LANCET.

To the Editors of the London Medical Gazette.

Edinburgh, January 9, 1829.

Gentlemen,

The following letter was sent *(by post, and paid)* as addressed and dated: as no notice was taken of it, for reasons best known to Mr. Wakley, a second copy was transmitted on the 10th ult., with a request that it might be attended to. This has not been done. You will

oblige me very much by inserting it in your useful publication.

I am, Gentlemen,
Your most obedient servant,
ROBT. LISTON.

To the Editor of the Lancet.

Edinburgh, Nov. 13, 1828.

SIR,

You some time ago published Lectures on Aneurism, which you attributed to me. You have in your last number announced the receipt of another "*communication.*"

The lectures were not mine, nor have you ever had from me any communication whatever. Correct this in your next, and oblige

Yours obediently,
ROBT. LISTON.

PHARMACOPŒIA.

A COMMITTEE has been appointed by the College of Physicians to prepare a new edition of the Pharmacopœia. We were not aware of this at the time we wrote the article upon this subject in a late number.

HOSPITAL REPORTS.

PARIS HOSPITALS.

LITHOTOMY.

CASE I.—*Large Calculus—Bilateral Operation performed without success—On the second day after, the Calculus removed by the recto-vesical Incision—Death.*

ON the 17th November an old man was brought into the theatre of the Hôtel Dieu, for the extraction of a calculus, which was followed by one of those disastrous results that occasionally fall to the lot of the most eminent practitioners. The subject of this notice did not, indeed, die *under* the knife; though, after long protracted but judicious efforts on the part of M. Dupuytren, the stone remained the first day immoveably fixed in the bladder. On the third day a second and successful attempt was made to extract the stone by the recto-vesical method; but the unfortunate patient expired in the course of the night.

Few cases offer more points of instruction to the practitioner than this. The cause of the difficulty was not obscure, but, as it frequently happens, was not detected till it was too late to be remedied the first day; since the patient's state made it then necessary to remove him to his bed, and to defer all further measures to a future day, if he should indeed survive the consequences of the violent irritation and torture which he had already undergone.

It seems hardly necessary to suggest that the only impediment to the exit of a stone, under the hands of so distinguished an operator as M. Dupuytren, must have arisen solely from its extraordinary bulk, and the want of proportionate space for its exit. It will be found, however, that the judgment of the surgeon in the adoption of his method on this occasion, was not altogether free from blame. The size of the stone had been previously ascertained by the introduction of a finger into the rectum, and the application of the hand to the hypogastric region. These were separated by a resisting body for the space of two inches and a half, so that the larger diameter of the stone, and perhaps the smaller one, equalled the usual distance between the tuberosities of the ischia, which is the largest opening through which the stone could be extracted. By a sort of fatality, however, the diverging of the two bones in this patient was less than usual.

The entrance of the staff into the bladder was obstructed by a sonorous body impacted in the neck of this viscus. The sound, on percussion, was audible in the back seats of the theatre; and so completely did the stone fill the cavity of the bladder, that not a particle of urine was retained, and a urinal was constantly worn to receive it *guttatim*. The patient complained of uneasiness in the kidneys, of considerable pain in the bladder, which extended to the glans, where the usual sensation of itching was felt.

It was obvious that no ordinary incision could liberate a stone of such magnitude, and the space under the arch of the pubes was evidently not sufficient. The lateral operation was therefore out of the question; and the unnatural approximation of the tuberosities of the ischia in this subject was not very favourable to the recto-vesical incision. Yet this, or the hypogastric,

was the method peculiarly called for under similar circumstances, and no alternative remained but to choose between them.

Although an incision above the pubes affords an easy exit for the stone, yet this method is frequently followed by infiltration of urine into the cellular membrane interposed between the abdominal muscles, and thus causes peritoneal inflammation, gangrene, and death. Besides, an impediment might arise from the state of the bladder in this patient: for the extreme, nay invincible, difficulties which have been sometimes experienced in endeavouring to distend a cartilaginous bladder, so as to make it rise above the pubes, might occur in this case; for a bladder, thus diseased and irritable, would not yield in the slightest degree, and the agony of the patient must compel the surgeon to abandon the attempt. A staff is generally introduced, to carry the bladder above the pubes; but here it could not pass at the anterior part, and it became necessary to use one of small size, and slightly curved for the space of an inch at the extremity, for the purpose of passing beyond the stone, and of conducting the knife during the operation that was ultimately chosen.

But is the recto-vesical method free from objection and danger? Not altogether. It is followed occasionally by inflammation of the cellular membrane within the pelvis, and sometimes by recto-vesical fistulæ. The mucous membrane of the rectum, unaccustomed to the irritation of urine, might become inflamed by contact with it. The vas deferens, too, is liable to be injured. "But how," says M. D. "can these disadvantages be compared with the dangers of the hypogastric operation, which some are disposed to recommend at the present day, and which nevertheless has been abandoned. It is an undoubted fact that, as often as surgeons have thought proper to renew the attempt, more patients fall victims to the hypogastric than to the perineal incision."

Though the concluding sentence of an excellent clinical lecture had but just escaped from the lips of M. Dupuytren as the patient was placed upon the table, and prepared for the operation, yet in this short interval an unlucky train of thought, it seems, subverted this decision, and induced him to do that which for three quarters of an hour he had shewn to be, in the present case, objectionable.

The bilateral operation was performed, which differs from that originally proposed only in the external incision. This was made perpendicularly in the raphe down to the anus, and the double-bladed bistouri caché was used to divide the bladder and prostate on both sides.

The incisions being lateral instead of posterior, it became impossible to draw the stone in a direction perpendicular to the axis of the pelvis. After long-continued efforts, and occasional repose for deliberation, it was found that the stone was unlikely to move; and it became a question whether recourse should be had to the hypogastric operation or to the recto-vesical, or whether the stone should be broken in situ, not by lithotritie, but by mechanical power, which from time immemorial has been recommended in all cases where the stone has been too large to pass either through the incision or through the natural aperture of the pelvis. However, it was deemed advisable to defer all other proceedings at present, and the patient was conveyed back to his bed.

The state of the patient at the close of this calamitous event was not unlike that of a child operated upon by Franco in the middle of the sixteenth century, and to which we are indebted for the high operation. Had the latter been performed on the present occasion, the resemblance would have been perfect. As the stone in the child had resisted the most persevering efforts for its removal, the surgeon was entreated by the parents to desist, and to abandon the little sufferer to his fate. But, as he states, "*being desirous of avoiding the reproach of having failed,*" (a laudable motive!) he introduced his finger into the rectum, projected the stone above the pubes, and extracted it through an incision made into the bladder. The child recovered, but was extremely ill, and the operator had not sufficient confidence in this method to advise its adoption. It remained forgotten or neglected until about twenty years afterwards, when it was brought into notice by Rousset.

M. Dupuytren was evidently distressed at the result; his usual firmness abandoned him, and his countenance betrayed the conflict that was passing

within. He immediately explained to those near him the error which he had committed, and on the following morning publicly aeknowledged the same to the assembled praetitioners and students.

On the morning after the operation, no bad symptom had been experieneed. The patient had been frequently put into the warm bath, where he remained from one to two hours at a time, according to his feelings. He was twiee bled, and leeches had been applied to the buttocks. As the median ineision divides no vessels of importanee, no hæmorrhage had taken plaee; the pulse was rather calm; no shiverings had been experienced; no pain or uneasiness from pressing over the bladder: yet the blood was deeidedly buffy, although not to a great depth. It was remarked that the patient experienced less pain in voiding the urine than before the operation.

At the close of the second day, pain was experienced in the left iliac region: fear was entertained that inflammation had seized the cellular membrane within the pelvis. No soreness on pressing the abdomen, to whieh cataplasms had been applied through the day, exeepting during the use of the warm bath.

Third day, symptoms seemed aggravated. He had been at intervals several hours in the warm bath, and leeehes had been applied in large numbers. The abdomen was distended with wind, accompanied by constant desire to go to stool. This was supposed to arise from the pressure of the stone on the reetum.

In the evening the sufferings of the patient were increased. The stone had partly deseended into the wound. An incision was made through the sphincter ani, as in the recto-vesical operation, and, after some difficulty in getting the forceps to hold it, was at length withdrawn.

About midnight the man died.

The above ease is eondensed from the Medical and Physical Journal.

CASE II.—*Large Calculus attempted to be removed by the Operation above the Pubes—Recto-vesical Incision practised, and the Stone removed—Fatal termination, and Dissection.*

DEC. 1.—A boy, fifteen years of age, was admitted at the hospital, Beaujôn, in the care of M. Blandin. He had suffered for five years under symptoms of urinary caleulus, which had been gradually increasing. On introducing the sound, it was found to encounter a hard body at the neck of the bladder, which it was impossible to move, but against which the instrument *rung* on pereussion. The finger was introduced into the reetum, and the stone easily detected in this manner. It was stated by the surgeon that it would be neeessary to employ the high operation, as the surgeons eonceived the ealculus too large to be easily removed in any other manner. The opinion above given having been confirmed by M. Marjolin, and some preparatory treatment adopted, (such as baths, emollients, enemata, &c.) it was resolved to perform the operation on the 7th.

The patient being plaeed on a table moderately elevated, some gum-water was injected into the bladder, a very small quantity of which only appears to have entered: the instrument was then gently removed, and an assistant held the penis, so as to retain as much of the liquid as possible. The integuments were then divided in the direction of the linea alba, whieh was exposed to the extent of about two inches: the forefinger of the left hand being slipt behind the pubes, the incision was completed from within outwards by means of a probe-pointed bistoury: the finger was then pushed into the wound, along the anterior surface of the bladder, and a straight and pointed bistoury directed along it, for the purpose of dividing the bladder, the muscular coat of whieh had beeome so much thickened as to require several incisions to penetrate it: as soon as this was accomplished, the *crochet suspenseur* was placed above the wound in the bladder, and a pair of small forceps introdueed: these reached the ealculus without difficulty, but slipped whenever an attempt was made to elose them upon it. On examination with the finger a moderate-sized stone was found at the upper part of the bladder, and removed without difficulty. Renewed attempts were made upon the large ealculus, but without any avail; it eould not even be moved, and it was now conjectured that it was wider below than above, and thus became so fixed as to render its removal in this direction impossible. Under these circumstances, with the

concurrence of M. Marjolin and other surgeons who were present, M. Blandin introduced the forefinger of the left hand into the rectum, so as to rest on the tumor formed by the calculus, and then using the finger as a director, he passed a bistoury along it, and cut through the lower part of the rectum, the membranous part of the urethra and the prostate, in the median line: the calculus was thus laid bare, and was easily felt. An attempt was made to break it, and then to push it upwards, but these failing, it was next pushed from above downwards, and simultaneously pulled in the same direction with the forceps. It was thus, at last, removed, and proved to be two inches and a line in length, and sixteen lines in its smallest diameter. It was hard and crystalline, and weighed two ounces.

The operation, as may be conceived, was long and laborious, but the patient lost very little blood: he was immediately put to bed, and had an opiate, and afterwards bleeding was ordered. The edges of the upper wound were brought together, the lower left open for the escape of the urine. The day was passed in a tolerably tranquil manner: in the evening the pulse was 80; the face pale; bowels confined.

8th. Pretty quiet; pulse 108; only a few spoonsful of blood were obtained yesterday, in consequence of the patient fainting; another bleeding was now prescribed, but could not be carried into effect, from the same cause*. In the evening he complained of wandering pains about the belly, and the bandages were found wet with urine: they were replaced by a simple compress. Leeches were ordered to the *arms!!* and warm poultices afterwards applied to them.

9th. Acute pain in the belly; nausea and vomiting; pulse 110. A seton was passed from the upper to the lower wound, to facilitate the escape of the urine. The leeches ordered last night were forgotten: fifteen are now to be applied to the abdomen, and sinapisms to the arms.

10th. The symptoms of peritonitis continued to increase, and the boy died this day.

Dissection.—The body was opened on the 11th. The peritoneum presented the usual appearances of inflammation; lymph and purulent serum were effused. There was no wound of the peritoneum either above or below: the bladder had been divided on its anterior surface from the fundus to the prostate, and its parietes were an inch in thickness at the fore part, much indurated, and shewed traces of *melanosis*. Below the neck of the bladder (which had not been touched) the prostatic part of the urethra was enormously dilated, forming an oval bag, capable of containing a small hen's egg; the calculus seemed to have been moulded in this cavity; the kidneys were soft; the pelvis in both much enlarged; the peranchematous part wasted. All the other viscera sound.—*Journal Hebdomadaire.*

Some reflections are offered by M. Blandin on the above case, but they are of little interest. He doubts whether the upper wound ought to have been closed. To the English reader it will probably be matter of astonishment that in a case of peritonitis leeches should in the first instance have been applied, (or rather ordered), to the arms; and that, though the bowels are stated to have been constipated, no mention is made among the prescriptions of any thing to open them.

Had either of these cases occurred in London they would have afforded a contemporary matter of discussion for a month.

ST. THOMAS'S HOSPITAL.

Tumor following Nævus Maternus.

Mr. Tyrrell lately removed from the thigh of a female a tumor, which, both in its origin and in the character which it presented when cut into, was very singular.

S. S., aged 51, emaciated, but of a tolerably healthy aspect, was admitted Dec. 3, with a swelling on the upper part of the outside of the left thigh, possessed of the following external characters:—In size it was somewhat larger than a goose's egg; in shape it was oval, and had almost perpendicular sides, so that it arose very abruptly from the surrounding skin. It felt firm, with little elasticity, and its colour was nearly that of the integuments, except at its centre and most prominent part, which had a deep purple colour. There was no pain in it.

* In the Lancet it is stated that he was bled to the extent of sixteen ounces, and that the bleeding was repeated next day!

The history of the case was, that the patient had a nævus from birth, in the situation of the tumor; that fourteen years since the nævus bled after being scratched; that she soon perceived a swelling there, which had increased gradually until it attained its greatest size. Slight bleeding from the surface had occasionally occurred, and a few days before her admission it had bled so profusely as to alarm her, and induce her to wish for its removal. This circumstance, and the inconvenience which it otherwise produced, caused her to apply at the hospital.

The tumor was removed by making two curved incisions through the integuments, and then dissecting it from the fascia lata, to which it was firmly attached. An artery as large as the radial, and evidently supplying nourishment to the excrescence, was divided at the forepart of its base, and secured with a ligature. The edges of the wound were then brought together by two sutures, and by adhesive plaister.

The disease was found to be a mass of a firm homogeneous texture and yellowish colour, almost precisely resembling the substance into which the testicle is converted when affected by sarcocele. At the most prominent point, immediately under that part of the surface which appeared purple, was a small cyst, the sides of which had collapsed, and which appeared to have contained blood.

Fungous Hæmatodes of the Eye Ball.

A child, aged three years, labouring under this formidable disease, was admitted by Mr. Green, Dec. 18th. The mother of the child stated, that her attention was first attracted to the eye by observing a yellowish body at the back part of the ball. This had gradually advanced forward, until the whole eye was involved in the disease. It had then begun to enlarge, and had finally become protruded from its socket.

At the time of admission there was a tumor as large as an orange, and nearly circular, protruding from the left orbit. Its surface generally had a bright red colour, like that of mucous membranes; but a little to the inner side of the axis was a circular greyish opaque spot, which appeared to be the cornea, and on the outer side was a point where the tumor had begun to slough. The surface (especially at the upper part, where it appeared to be denuded of the covering which enveloped the rest) often bled a little. The bones forming the orbit appeared quite free from disease. The child appeared to suffer very little actual pain, and, according to the mother's account, this had been the case from the first. A distressing feeling of weight was, however, complained of, unless it was supported, which had generally been done by a handkerchief tied round the head; and when this was removed the little sufferer sustained it with both her hands.

The patient was pale and somewhat emaciated, and her health was a good deal affected.

Mr. Travers and Mr. Tyrrell were requested to examine the case, and gave their opinions: the former against any operation, the latter in favour of attempting the removal of the diseased organ.

Mr. Green's experience having convinced him of the almost utter impossibility of extirpating the disease in cases of this kind so completely that it shall not return, he agreed with Mr. Travers in advising the mother not to have an operation performed, and she accordingly left the hospital last week. The only change which had then taken place in the disease was the separation of the small slough observed on her admission.

Dislocation of the Femur.

Mr. Tyrrell, on Saturday, January 17th, reduced a dislocation of the femur into the ischiatic notch, in the following manner. It should be observed that the limb which had suffered displacement was a stump, the leg having been amputated below the knee.

The patient being laid on the right or sound side, the pelvis was fixed by a girth passed between the scrotum and thigh. The pullies were then fixed to a strap passed round the limb above the condyles, and extension commenced; but the strap having slipped, it was again applied, and extension was made in a direction which, compared with the line of the patient's body, supposing him to be standing, was downwards and forwards. At the same time, by means of a strong bandage passed under the upper part of the bone, the head was raised towards the socket. Before this had been continued five minutes the snap was heard which attends the

return of a bone into its situation, and the restoration of the symmetry of the limb proved that the reduction was complete. G.

GLASGOW ROYAL INFIRMARY.

Lumbar Abscess.

John Paterson, æt. 35, admitted December 10th, under the care of Dr. John Couper. There is a tense fluctuating tumor, about the size of a child's head, on upper third of left thigh, extending from Poupart's ligament downwards. When erect the tumor is firm, but on his assuming a recumbent posture it feels soft. The hip and thigh are swollen, but integuments have their natural appearance. Within the parietes of abdomen, on the same side, commencing just above Poupart's ligament, an extensive, firm, but fluctuating tumor, is observed. Has dull aching pain of lumbar region, chiefly on right side of vertebral column. First, second, and third lumbar vertebræ project considerably, and are painful on pressure. Strength and appetite impaired. Pulse 92, of moderate strength. Complaints began about four years ago, with pain of back. Used blisters and setons, and underwent two courses of mercury. At one period of the disease he was affected with paralysis of the lower extremities, but this symptom soon afterwards entirely disappeared. Two years ago first observed swelling in left side of abdomen, and was then admitted into this Infirmary, where he used leeches, issues, and mercury, and was dismissed, much relieved, in four months. Shortly after his dismissal swelling in groin began. It increased slowly at first, but more rapidly of late. Has had no treatment for the last twelve months.

14th.—Abscess in thigh was punctured. When about 30 ounces of a thin greenish pus had flowed he became faint, and the wound was closed.

21st.—Tumor was again punctured, and seemingly its whole contents, amounting to 30 ounces, were evacuated. Passed a good night. Slight cough.

23d.—Last night had a rigor, accompanied by nausea and vomiting, followed by heat and perspiration.

℞ Tinct. Opii, ℥ij. Æther. Sulph. ℥ss. Syrup. ℥ss. Aq. ℥v. M. Cap. ℥ss. urgent. nausea. Epigast. applic. sinapism.

24th.—Vomiting and pain of abdomen continue. Thirst; bowels open; pulse 90, feeble and intermitting.

Habeat Vini Rubri, ℥iv. indies. Epigast. applicetur emplast. lyttæ. Cap. Opii, gr. j. urgent. vomit. et rep. si opus. Hab. haustum effervescentem.

25th.—Vomiting, which had abated yesterday, has again returned. Several stools, slightly bloody. Pain of abdomen continues. Tongue white. Pulse 90.

Cap. statim Pilul. Aloes et Colocynth. ij. et post horas iij. hab. enema purg.

26th.—Vomiting continues. Two stools by injection.

Sumat Opii gr. ij., et Calomel, gr. iv.

27th.—Vomiting relieved by powder; slight rigors and much thirst. Pulse 130, feeble. Bowels open. Had carbonate of ammonia with opium, and his wine was increased, but he died the day following.

Inspection.—On each side of spine, extending from the kidney to Poupart's ligament, was a large cyst, formed in the psoas muscle. On left side it passed under Poupart's ligament to the middle of the thigh. The cysts contained together about five pounds of fœtid greenish pus. Their parietes were thin, and the inner surface had a sloughy aspect. They communicated by an opening posterior to the body of the first lumbar vertebra. The last dorsal, and first, second, and third lumbar vertebræ, were carious, and their cartilages completely destroyed.

Singular Case of Emphysema.

James Bell, æt. 77, a feeble and emaciated old man, was admitted into the surgical wards on the 2d December, said to labour under dysuria. On examination, the prostate gland was found enlarged and painful. The patient was affected with cough and dyspnœa, his appetite was gone, and he seemed fast sinking. Under these circumstances, and from the advanced age of the patient, medical aid could evidently be of little avail, and his friends were requested to remove him from the hospital. This, however, was not done, and the patient in the meantime had no medical treatment, with the exception of occasional laxatives, generous diet, and a liberal allowance of wine. He was evidently, however, becoming weaker,

and when resident about 14 days in the hospital, emphysema of the common integuments appeared about the root of the neck and on the chest, rapidly extending itself to other parts of the body. It was ascertained that he had received no injury, and it was therefore concluded that the emphysema arose from interlobular emphysema of the lung, extending itself upwards, through the cellular tissue of the mediastinum, and the rest of the neck. Scarifications were made with some diminution of the emphysema, but in three or four days from its first appearance he died.

Inspection.—The cellular tissue of the face, neck, thorax, and abdomen, was much distended with air. On removing the integuments of the thorax, the air was at once seen to have issued from an opening in the right side of that cavity, formed by a disjunction of the connexion between the cartilage of the third rib and the body of that bone. That this disjunction was not altogether of recent formation, was evident from the smooth and polished appearance of the sides of the opening formed by the muscular tissue connecting the lateral parts of the rib and cartilage.

On removing the sternum and cartilages, an opening was seen in the substance of the lung, continuous with the opening in the cavity of the thorax. This opening conducted into a cavity about the size of a walnut, containing no purulent secretion. Around its edges the lung adhered very firmly to the parietes of the thorax, and several other adhesions connected the remaining part of the lung to the chest. Several other cavities were found in the substance of this lung, and also in the upper portion of the opposite lung. The prostate was found considerably enlarged, and an abscess at the inferior part of the bladder.

Strangulated Hernia.

Jan. 2 —P. Maccallum, æt. 30, a stout healthy-looking man, has had reducible inguinal hernia for the last 12 years, for which he has never worn a truss. While on his way home from a merry meeting about two o'clock this morning, he was knocked down by some drunken ruffians, trodden upon, beaten, stripped to the shirt, and left insensible. On recovering, he felt pain and swelling of the groin and scrotum, which increased much during the morning, and he was admitted into the hospital at half-past twelve, under the care of Mr. Cowan. At this time the right side of the scrotum was much swollen. The swelling, which was firm, tense, and very painful, extended along the course of the inguinal canal, where it was most painful. The abdomen was slightly tympanitic, and, at its lower part, tender on pressure. Complained much of pain in scrotum, and was very restless. Had nausea, and during the last two hours had vomited twice;—slight hiccup; skin hot;—little thirst. Tongue white, and rather dry. No stool nor urine since accident. Pulse 84, full and firm. He was immediately bled to ℥xxx. and taxis tried for some time without success. An enema was administered, which brought away two scanty, slimy, and scybalous stools, and lbij. of high-coloured urine were drawn off by the catheter. He was put into the warm bath, bled to faintness, and the taxis again unsuccessfully tried. Twenty leeches were applied to lower part of scrotum, which considerably relieved the pain.

He had salts and senna, the greater part of which he vomited, and the hiccup increased. At 7 P.M., the symptoms becoming still more urgent, an operation was resolved on. It was performed in the usual way *.

About ten inches of intestine were found strangulated, of a deep red colour, natural in texture. The stricture at the external ring was divided with Sir Astley Cooper's knife, but before the intestine could be returned it was necessary to divide another stricture at the edge of the transversalis muscle †. The man had some threatening symptoms on the 4th and 5th, for which he had leeches to lower part of abdomen, and was bled from the arm to ℥x. He has since continued to do well, and the wound is healed to a point.

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* When Mr. Cowan penetrated the herniary sac, a gush of bloody serous fluid, as usual, took place. A youth from the benches of the theatre, "his head unmellowed, but his judgment ripe," and probably one of the Portland-Street squad, who have illuminated the readers of the "Invaluable" with criticisms on operations they themselves know nothing about, exclaimed, "why does not he tie that artery?"

† The testicle, which was not more than half the usual size, was found lying in the groin, behind the intestine, and without the ring. On questioning the patient, it appears that it had never descended into the scrotum.

Cartilaginous Bodies within the Knee-Joint.

On the 8th December Mr. Cowan extracted two cartilaginous bodies from the knee-joint of a stout healthy-looking young man, a farm servant. They gave great pain, and much impeded the motions of the joint. The one was about the size of a field bean, the other somewhat smaller. They were cartilaginous externally, but on a section being made the central part appeared entirely ossified. He had two similar bodies extracted six months previously, and immediately afterwards observed the present two. Knew of no cause. When he left the hospital a small hard immoveable tumor, painful on firm pressure, was observed at the upper part of the same joint; probably a body similar to those extracted, but adherent to the synovial membrane. The incision healed easily by the first intention.

Glasgow, Jan. 10th, 1829.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

At the meeting on Tuesday, Dec. 30, an interesting paper, entitled "A short introduction to the pathology of Phlegmasia Dolens, by Dr. R. Lee," was read.

The author, after alluding to the obscurity of the disease, and the imperfect nature of the accounts which have been given of it, referred to the cases and dissections of Bouillaud, Davis, and Velpeau, as containing the only satisfactory information on the subject which has as yet been recorded. According to Dr. Lee, no unequivocal case of phlegmasia dolens, with the dissection, has been published since that of Dr. Davis in 1823; and, independent of the unfrequency of these post mortem examinations, there are other circumstances connected with the case which forms the subject of the present communication, which renders it of particular interest.

Mrs. Jones, aged 31, was delivered of her fifth child March 10, 1827, after rather a tedious labour, in the course of which she had frequently complained of severe pain shooting down into the left thigh and leg. This, however, had nearly subsided, and she appeared to be going on well till the fourth day, when she began to complain of pain in left groin and calf of the leg, with numbness of the whole extremity, in the appearance of which, however, nothing unusual could be discovered, except a slight tumefaction about the inguinal glands; she had occasional rigors, the pulse, however, was only 80, and the lochial discharge and secretion of milk were natural; the tongue was furred, and she had thirst. On the sixth day after delivery, in addition to these symptoms, there was considerable swelling, of a glistening white appearance, along the inner surface of the limb. On the ninth day the pain had diminished, but the swelling had greatly increased, extending to the leg and foot, which, however, did not pit on pressure. The pain was much relieved by placing it in a state of moderate flexion.

On the fifteenth day, when Dr. Lee first saw her, the whole limb was much swollen, but the intumescence was greatest about the ham and calf of the leg, the integuments being of a uniform smooth shining appearance. It now every where pitted on pressure, but did so more readily in some parts than others. Immediately below Poupart's ligament, in the situation of the left femoral vein, a thick hard cord, about the size of the little finger, could be felt, and traced down the thigh for three or four inches in the direction of the vessels. At this time the pulse was 90, and sharp; tongue furred; thirst urgent; bowels confined; lochial discharge nearly ceased. Leeches were applied to the thigh, and afterwards cold lotions; mild cathartics and anodynes given internally.

The patient gradually recovered, and eleven months afterwards again became pregnant. On the 5th November, 1828, she was delivered of a still-born child, and died soon after of uterine hæmorrhage.

Dissection.—The whole of the left lower extremity was larger than the right; no serous fluid escaped on making incisions into the integuments, nor was any thing unnatural observed, except a thick layer of dense purulent adipose matter beneath them. The iliac and femoral vessels, with their sheath, were removed; the common iliac and its branches, as well as the upper part of the femoral vein, were changed into a ligamentous cord, so that it was only distinguishable from the cellular substance round it by careful dissection; on opening the middle portion of the vein, a thin but firm layer of lymph was found in some places uniting its sides, and in others clogging up its cavity. On following it upwards above Poupart's ligament it was lost in the adjacent cellular membrane having become gradually smaller, and no traces of it could be found entering the vena cava. This last was itself natural. The lower portion of the vein which was removed was permeable, but its coats much more dense than usual, and its inner surface lined by an adventitious membrane, which diminished greatly its calibre. The inguinal glands adhered firmly to the veins,

but were otherwise healthy. No appearances of recent disease were found. The morbid phenomena above described were illustrated by a preparation, and one of the most beautiful drawings of the kind we ever saw.

A very good case of phlegmasia dolens followed; but as it did not prove fatal, so as to afford an opportunity of post-mortem examination, we omit the details.

Dr. Lee next referred to the authority of various writers, principally French, in order to prove that the crural vessels participate in the disease, and concludes by expressing his opinion that inflammation of the iliac and femoral veins in puerperal women does give rise to all the phenomena of phlegmasia dolens, but that we cannot affirm it to be the only cause; though he has not met with any case on record in which the glandular lymphatics have been found diseased while the veins were healthy.

The same evening a paper, by Mr. Lizars, was read, on the formation of artificial noses.

January 13th.

A paper by D. Elliotson, "on the use of the subcarbonate of iron in tetanus," was read. In some observations published in the 13th volume of the "Transactions," Dr. Elliotson had shewn that this medicine might be given with safety, in doses amounting to several drachms, and repeated at intervals of but a few hours; and this, too, under circumstances (as head-ache, or vertigo) which have been looked upon as contraindicating its administration. In the paper alluded to, the author also mentioned that he had employed the remedy with success in a case of traumatic tetanus, in doses of half an ounce every two hours; the effect of the medicine in mitigating the disease being so obvious as to convince him that the cure was fairly to be attributed to it. Dr. Elliotson was led to the employment of iron in tetanus, by analogical reasoning. It had proved of service in neuralgia, paralysis agitans, and chorea; which complaints, as well as tetanus, he regards as depending upon affections of the nerves, or those parts of the brain and spinal marrow immediately connected with them, such affections being evidently not necessarily structural, and probably not inflammatory. However encouraging the result of the first case, Dr. Elliotson did not think it sufficient, standing alone, to warrant its communication to the profession, and no other occurred to his notice till last November. At the above period a man was brought to St. Thomas's Hospital, labouring under trismus and opisthotonos, which had followed an injury of the thumb. The disease was well marked and the paroxysms severe. He was purged, and two drachms of subcarbonate of iron administered every two hours with treacle, and diffused in strong beef-tea. Next day the dose was increased to 3ij. and the day after to ℥ss. The medicine was begun on the 6th, and on the 13th he was rather better; on the 14th decidedly so. After this the disease gradually subsided, and the dose of the medicine was diminished.

Dr. Elliotson regards the evidence of the efficacy of iron in tetanus as presumptive only, and offers it as such; but as a considerable period may elapse before another opportunity occurs to him of trying it again, he has very properly directed attention to the subject, that so important a question may be the more speedily decided.

WESTMINSTER MEDICAL SOCIETY.

January 17th, 1829.

Dr. James Somerville in the Chair.

This was one of the fullest and most respectable meetings we have seen this season. The room was crowded at an early hour, and the gentlemanly and professional tone of the discussion afforded a strong and pleasing contrast to the turbulence and clamour recently exhibited within the Society's walls.

After the minutes had been confirmed, the president read a notice from the committee, putting it to the members whether Mr. Lambert ought not to be excluded now and for ever from attending as a *visitor* as well as a member. The proposal was unanimously assented to, not a hand being raised in Mr. Lambert's favour.

Mr. Stafford, who had fixed on this evening for reading a paper on stricture, being prevented by illness from fulfilling his engagement, a pause took place, which was broken by the mention of a case of compound fracture of the ankle-joint, by Dr. Milligan, in which amputation had not been performed, and the patient died on the 9th day; but the circumstances detailed were not sufficient to enable us to form any opinion upon the subject.

Dr. Gregory stated that he was called to a woman patient, whom he found with her husband in a miserable garret, without a fire, or even the common necessaries of life. She had been ill for five or six months since her last accouchement, and was labouring, at the time Dr. G. saw her, under symptoms of peritoneal inflammation. She could not bear to be disturbed in the slightest degree without suffering the most excruciating pain; and considering the alarming nature of the symptoms, together with the utter want of conveniences for treating the case, Dr. Gregory sent her to St. George's hospital. Hearing that the woman had died soon after her admission, Dr. G. was anxious to learn the result of the examination from any gentleman who had been present.

Mr. Good, who had conducted the dissection, stated that the upper part of the intestinal canal was perfectly healthy, but that a portion of intestine adhered below to a large

tumor of a purple colour, occupying nearly the whole of the pelvis. One thought it was the bladder, another the uterus; but on making a close examination it was found to be a cyst, the surface of which was inflamed and adherent to the bowels and one of the ovaries. On laying it open, the contents were found to consist of much greasy, suetty substance, hair, and an incisor tooth, growing from an alveolar process. In answer to a question from Dr. Granville, Mr. Good observed that the cyst appeared to consist of one membrane without a distinct internal tunic; was not invested by the peritoneum; was apparently connected with the ovary only by adhesions, though the surface so connected certainly presented, when the tumor was detached, an abraded appearance.

Dr. Gregory having applied to Dr. Granville to know whether he had any theory to account for these formations, Dr. G. replied that he had been led to adopt that of Cuvier, as having most facts to support, and fewest objections to weaken it. As far as we could collect Dr. Granville's meaning, it was this: —the female is born with the rudiments, perfect or imperfect, of the future fœtus: rudiments called into life by the contact with the male. The ovum adheres to the surface of the ovarium; and if not thrown into its cavity during the orgasm, will probably pass to its surface. If, then, we suppose an ovum so situated to contain the imperfect rudiments, as bones or teeth, &c. these cases are plausibly explained. The fact of these cysts being found in males, or cavities at a distance from the uterus or ovaria, as well as the instances of one fœtus growing on the surface of another, are easily explained by considering with Cuvier, that during the conceptive nisus two vesicles are thrown out, which may either be entangled at that or subsequent time within each other, (an ovis in ovo), or become attached to each other's surface.

Mr. Brodie mentioned several very interesting cases, some of which he had read, but many of which he had seen. Mr. Brodie saw one of these cysts in a girl before the age of puberty; and Professor Coleman found a tumor, containing hairs and teeth, in the loins of a gelding; cases in which the conceptive nisus had evidently nothing to do. Several cases have occurred where these tumors were connected with the bladder, a preparation of which kind Mr. Brodie presented to the College of Surgeons; where, also, there exists a specimen of teeth and alveolar processes sticking in the bladder. These tumors are certainly more common in women than men; and Mr. Brodie has witnessed, we believe, more than one case where cysts, containing greasy fluid and hair, were found in the occiput of the former. Mr. Brodie was inclined to draw a distinction between those cases of cysts containing merely the *debris*, as it were, of a fœtus—as a tooth or two, some hair, &c. from those imperfect species of twins, when one fœtus was attached to another, &c. The latter he thought were explicable on Dr. Granville's theory, and noticed, in confirmation, a preparation in the College of a real ovum in ovo. The egg is formed in the oviduct of the hen, and Mr. B. thinks it likely that the small one got entangled within the albumen forming the greater in the oviduct.

Mr. Gilbert Burnett thought there were clearly two sets of cases described—the one being fœtuses, the other neither fœtuses nor found where a fœtus could be. Cuvier's theory might explain the former, but he did not think that it would the latter. In the case of these imperfect cysts, the patient suffers from the morbid growth or false conception within himself; in the other set of cases, from the false conception of the mother.

Dr. Granville could not see the difficulty found by some gentlemen respecting these cysts. One vesicle containing imperfect rudiments was mixed up with that destined to become the perfect animal, either during the gelatinous state of the fœtus or during the fœtal life, when the cavities (in which these cysts are always found, and not in the substance of a muscle, &c.) were exposed.

Mr. Arnott, who made some brief but interesting observations, concurred in this view of the case, and, on the whole, it seemed to find favour in the eyes of the Society. Several other points connected with the question were mooted towards the close of the evening by Mr. Thomson, Mr. Burnett, Mr. Bennett, and other gentlemen; and altogether there was a highly spirited discussion.

January 24.

A paper on Pneuma-thorax, by Dr. J. Johnson, was read; the principal part of which will be found in the preceding pages of the present number.

HUNTERIAN SOCIETY.

The annual meeting for the election of officers will be held on Wednesday, Feb. 4, at No. 13, Aldermanbury. On the following Thursday the fourth annual Oration will be delivered by Mr. Travers; after which the members and friends of the Society will dine together at the London Tavern.

NOTICES.

We cannot perceive any resemblance between the case sent by Mr. Tapley and that which occurred to Mr. B. Cooper.

We shall be glad to have the "cutting gorget" of the "Lithotomist."

ERRATUM.

Page 221, col. 1, line 11 from bottom, *for* "28," *read* "26."

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SATURDAY, FEBRUARY 7, 1829.

ANCIENT MEDICINE—VALUE OF PATHOLOGY—CRITICAL DAYS;

From the Lectures on the Practice of Physic,

By Charles Badham, M.D. F.R.S.

Professor of Medicine in the University of Glasgow.

The ancient medicine exclusively interrogated the living body; careless of, or without the means of exploring the causes of disease, it contemplated symptoms, and applied to these chiefly its means of relief. When a later age began to require that the causes of disease should be assigned, they were assigned on hypotheses, for which the chemist and the mathematician were responsible. At last the subject fell into the hands of the anatomist, to whom it certainly is much indebted, but would have been infinitely more so, had the character of anatomist and physician been united in the same individual.

The medicine, then, of former times was really of inferior pretension to that of our day, of which the character claims to be derived from the study of the changes produced on structures by disease, confronted with the symptoms which had occurred during life; yet it were absurd to suppose that legitimate medicine had no previous existence, or that diseases were treated without sagacity, at a time when every other kind of knowledge flourished. Of many diseases, the seats can never be detected by the knife—we know not even in what part of the organization to look for them; the anatomist, like the antiquary, may institute many a fruitless excavation, and the school of Hippocrates and Sydenham has not yet quite passed away. If that school and all its valuable lore, and the rich inheritance of transmitted experience, be at present, in our zeal for certainty which the subject does not admit, held below its value, as I think it is, and if that of pathological investigation (which requires, let it be recollected, the possession of vastly inferior talents for its cultivation) be esteemed beyond its intrinsic worth, which, I incline to think,—it cannot be out of place to address a few cautionary remarks to such as, misled by the multitude of French writers on pathology, expect from the anatomist only the regeneration of our art, and affect to look back upon the fathers of physic, especially if they had the misfortune to be men of learning, with needless compassion:—

> ..... Tu gallinæ filius albæ,
> Nos viles pulli nati infelicibus ovis!

Long will they wait before the stream of this branch of knowledge runs clear enough for them to see the bottom of it. The medicine we inherit is a flood turbid with rich materials, and must necessarily continue so while its many sources are liable to such various kinds of trouble and disturbance.

I place high value on all the positive contributions to knowledge, and yet, I am persuaded, that the ingenuous confession of Sydenham, as to the perplexity of the experienced physician on the assault of every new epidemic, will be the confession of every equally candid mind, and is not to be abated by the discoveries of the most assiduous pathologist. I will go yet farther; I find, by too much acquaintance with them, the very apostles of the new medicine as speculative and visionary as

their predecessors — I find the most gratuitous assumptions in the very codex of their best legislators — I find the Rostans and Bretonneaus as fertile in suppositions as Hoffman or Boerhaave — I find the *médecine organique* dressed out rather in the gaudy banners of a pageant than the solid trophies of a campaign, and I turn back to Sydenham with added confidence. I claim, therefore, the privilege of one born in the dark ages, of doubting whether our actual medicine does not rather excel in the possession of better remedies, less timidly applied, and perhaps more judiciously interposed, than in the discovery of new causes — though some have undoubtedly been discovered. In the accurate investigation of symptoms, and the conclusions to be drawn from them, the old masters could not well be surpassed: I read with unabated confidence the reports of De Haen and Stoll, of Willan and Bischoff, which, constructed on the Hippocratic model, and comprehending together with their effects on the bodies of man the state of the elements which surround him, appear to be the best for chronicling disease. Such reports are intuitively more veracious than those of the systematic writers, from Aritæus downwards, who describe diseases as the Greek sculptor represented beauty, by the combination of individualities, which having no necessary, or natural connexion or dependence, often combine the essential, and the merely contingent; but it soon comes to pass that descriptions of disease thus formed, however they may have satisfied the student, are received with distrust by the actual observer — except where a small group of symptoms, such as local pain and obviously impeded action, conjoined to the general symptoms of inflammation, are uniformly declarative of a diseased organ, as well as a disordered function. Such descriptions vary not; but when the subject is an obscure or complicated disease, such as fever, you will observe every modern writer describes anew, and for himself. The very descriptions of diseases are, therefore, inconstant, partly because the diseases themselves are so, partly because the characters are differently seen, and partake of the *manière de voir* of the individual. One designs broadly, like some old magician of the chiaroscuro school; another, as if he had been born behind the bastions of a Flemish town; while to a third only appertains the praise which Dr. Warren confers with so much discrimination in Sydenham,— "Cautus ne dum minima prosequitur, majora prætereat."

But to resume: let the study of the diseased organs in the dead body be ever so well cultivated, medicine must necessarily continue to avail herself of many other and inferior grounds of conduct in the cure of disease; directing her means at one time with becoming hesitation to the removal of causes that can only be presumed; at another to the mere mitigation of symptoms: now administering empirically what has been announced as successful; and now guided by analogy, or waiting till nature herself exhibit a clue which may be more safely followed. The expectation of a pure *epidemic organique*, of which you will hear so much, a system of medicine founded on a knowledge of changes of structure, made manifest by signs, and reducible to practice, is a delusion entertained only by the enthusiast or the sciolist.

In following out the connexion between signs and causes, it will be often found that the sign does not correspond with the condition which ought to be signified; that the former may be slight, the latter serious; that many different causes occasion nearly the same signs; that all signs are modified both by the moral and physical constitution of individuals; that many grave causes in their beginnings give no symptoms (the sick man often, like Shakspeare's Cardinal Beaufort, "*dies and makes no sign*"); and that many more, when the sign does occur, are already irremediable: while, of course, the mere progression of organic causes must give a fluctuating character to signs that will greatly disturb the conclusions to be drawn from them. Take the instance of fever: certain organic affections are now known to exist in this extraordinary disease—the disease alike of the social and the savage state— for where man wins every inch of ground from the jungle or the marsh, there the miasma awaits him; and if he quit the wilderness for the walled city, the condensed emanations from his own body poison him by adventitious contagion. Can we be said to know this disease by the knowledge of some local disorders it occasions; its

affections of the mucous membrane, its superficial sloughings, or its deeper seated *dothinenterite?* This is, however, one of the best investigated of modern subjects; and yet, after the researches of the Billards, Bretonneaus, and Rostans, on the dead body, and the still more valuable remarks of many of our own physicians on the living, is the diagnostic which should indicate the certain *existence* and progress of these known appearances by any means perfect? It appears to me, at least, that the chief presumption of these affections is afforded not so much by any marks impressed by the disease itself, as by its indocility to treatment. In the administration of remedies in fever we stand upon higher ground, undoubtedly; and bark, in intermittents, seems hardly inferior in value to calomel in typhus, or in casual remittent. This remedy, indeed, is by far the most trusty agent, blood-letting excepted, that modern medicine possesses: but I am anticipating subjects that will come to be examined at length: suffice it to say, for the present, that almost all the great obscurities of fever continue to be such—its origin, its dispersion, its mode of introduction into the body, for the contrivance by which the enemy gains access, is not accounted for; whether its tactic be to spring a mine in the brain, take fraudulent possession of the heart and its canals through the treachery of the lungs, or march into the bowels of the land by the great highways. I myself incline to the second of these channels of introduction.

Notwithstanding all the promises of the pathologist, you must be content not to know why shivering is succeeded by heat; why many of the ulterior proceedings in fevers (and I take the instance but of a single disease) are regulated, as it were, by the time-piece; why paroxysms exist at all, or how they are liable to be interrupted by nature or by remedies; to say nothing of the delicate doctrine of critical days, which belongs to the very inner mysteries of fever. But I am, perhaps, not at liberty to *say nothing* on this subject, and may as well here as elsewhere take that notice of it which I am hardly at liberty wholly to decline.

It was one constant opinion of antiquity that certain days, "creta vel carbone notandæ," were wont to bring with them particular dispositions for death or recovery in fever; that the duration of this disease was generally about twenty or twenty-one days; that the odd days were, in relation to recovery, the important ones; that a continued fever was a sort of disappointed tertian down to the eleventh day, while the rest of its course shewed equally decided quartan properties, having its aggravations and stations of relief on the fourteenth, seventeenth, and twentieth.

This was one part, and the chief part, of the doctrine. Another was, that sometimes an ingravescence of symptoms, at others an increase of natural excretions, preceded the moment of relief, especially of sweat; though the doctrine of Hippocrates embraced the intestinal, cystic, and hepatic secretions, as well as the cutaneous.

In considering this subject, if we travel on the "high *à priori* road," the doctrine of critical days was not likely to be gratuitously engrafted on the art of medicine by any body, least of all by Hippocrates; and if we deem him to have been deceived either, as Celsus says, by the Pythagorean numbers, or by popular prejudice, those writings, into the very *tissue* of which this doctrine is wrought, can no longer be worthy of the credit they have obtained in all ages. Again, is it likely that all the best heads of all ages, for twenty centuries, should have agreed in observing and recording that which *does not exist, and is absolutely false?* For, that all the best authorities are positively on the side of critical days, from Hippocrates to Fordyce, is the fact; and, what is particularly to the purpose, the *practical* as well as the *scholar*-physicians, those who do not, as well as those who do pay deference to the illustrious dead—indeed, if a disputable point is to be substantiated by the number and credibility of the witnesses, then there are few subjects of human testimony better authenticated than this. Hippocrates counted his critical days in Thrace and Thessaly, where the banks of the Strymon and the Peneus gave him large experience in fevers; Galen in Rome; De Haen in Vienna; Frank in Milan; and Russel in Aleppo. But it does not rest wholly on professional evidence: we read—and Xenophon, I presume, was uncorrupted by any technical doctrine—

that Agesipolis died of a synocha fever (καυμα πυριφλεγες) in the Hieron of Bacchus on the 7th day; and we read in Thucydides, that the victims of the Loimos, in Athens, died usually, ειδομαιοι και ενναταιοι, on the 7th or 9th.

Though I will not insist that when the 9th day of the *Homeric* Loimos was past, (which such a plain as that of Troy is sufficiently able to produce without the help of Apollo, the sun acting on the bodies of men exposed to autumnal exhalations and promoting those exhalations), the tenth was appointed for a public meeting to consider the case, I will rather say, that to Galen so many instances occurred of the 7th days crisis that he avers they cannot be counted; while those which happened on the 6th were imperfect, ill defined, and full of danger to the sick. To conclude, De Haen collected out of Hippocrates the recorded treatment of 163 fevers. They were comprised within the space of three weeks duration; and two-thirds of the whole exhibited evidence of the assumed critical days.

Dr. Stoker and Dr. Percival, who conducted fever hospitals, and have written excellently on fever, are both found on the orthodox side. The most common time for the favourable turn of fever, said Dr. Gregory, is the 14th day, though it will often happen on the 7th, 9th, and 11th. Here, then, is a cloud of witnesses: nor are we to forget that the paroxysmal tendencies of agues, if they contribute any thing, it is to the affirmative side of the argument. It is true that we are haunted all through life by the mysteries of odd numbers; and that the wisest slide into popular views of subjects of an ambiguous nature; and I admit that this subject is quite inexplicable, (one of the difficulties being that of the day from which you are to count), but I cannot allow the scalpel of the anatomical physician to erase all that the stylus of the ancients has traced for our instruction.

I must tell you what I mean by this expression: an excellent physician of our own day has lately adduced, in a series of papers, which you cannot read too carefully, a strong objection to the doctrine of critical days, founded on the recent discoveries. You will find Dr. Chambers* referring to the *organic* mischief in fever as an invincible argument *against* limitations of time to its duration. The ingravescence of symptoms on particular days, if *that* were all, is, however, surely compatible with an organic change; but what if this organic change *itself* be disposed to be governed by the very law in question? Now M. Bretonneaus examines, *en anatomiste*, the progress of the disease of the intestine; the inflammation of the Peyer and Brunner glands, the *dothinenterite*, the essence and formal cause of fever, as they wish to have it. He never *mentions*, and not mentioning, confirms the Hippocratian days. These organs go on from irritation to swelling, from swelling to ulceration; but, (for the process is fortunately susceptible of remedy), the ulcers contract, the eschar falls, and reparation, as elsewhere, takes place. Vers le 18me jour, les bords de l'ulceration s'effainent, l'ulcère est moins profond; au *vingt-unième* les glands de Peyer *ont presque repris leur* volume. So much for the *bad* cases: in the *good* ones the eruption on the bowels is completed on the *tenth* day, ends by resolution on the *fourteenth*, and on the *twentieth* there remain no marks of any disease.

I may go further, and observe, that *simple* fever need not involve any such changes at all—they are by no means probable, or found in fever of shorter duration; besides, many fevers are undoubtedly connected with morbid changes that affect other organs, and are not of an ulcerative kind. I will not add what has been said, that the fevers of northern countries are not bound to the same laws as those of Greece and Asia, for the salutary efforts, if true, must be resident in the animal economy; but I may justly refer to the difference of our practice, as a reason why we may not observe them. The ancients had neither antimony nor calomel—we bleed and purge copiously, and adopting these powerful means, can we wonder if the tendency, for *that* is the only question, be disturbed? If nature, to use an expression which you know how to interpret, propose to cure the patient by a sweat on the 7th, and the physician gives him 10 grains of calomel on the 6th, the doctrine may remain safe, whatever may become of the patient. The ancient medicine did little, both because it was unable, and because it was unwilling to do much.

* Lectures on Fever, published in the Second Volume of the Medical Gazette.

In a word, we do not pretend to derive our anatomy or pathology from Hippocrates. We may doubt the doctrine of crisis—*nous avons changé tout cela*—but, with such names and such *facts* before us, we are also bound to take into consideration our activity of practice, ere we sit as judges of a cause in which we have suborned the witnesses. I should almost say, the simplest idea of fever *excludes* the destructive processes, and embraces merely the shock which the nervous system receives, and the time usually taken to shake off the congestions, or irregular determinations of blood, it occasions. People did undoubtedly recover of fevers before bleeding was practised or calomel invented, and an average time must have been required for these spontaneous recoveries.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from p. 251.]

ON THE VARIOUS PREPARATIONS OF MERCURY.

I have already in the course of these essays mentioned the forms of mercurial medicine which I am most in the habit of employing; but it is right to mention that others have been in vogue, in order that we may not be led to mistake a revived practice for a novelty. The internal exhibition of mercury, though the most common and convenient, is, on this latter account, very often objectionable: it is convenient to the patient who intends to keep to no restraint of hours or discipline, and that is, in fact, an argument against it. But as circumstances will always arise rendering it impossible for the patient to rub in, the form of administering the medicine internally which I prefer above all others is the blue pill, with a minute portion of opium; next to this is calomel, guarded with opium; and lowest in the scale is Plummer's pill. The oxymuriate of mercury is chiefly available where we wish to make a sudden impression upon any particular symptom which is gaining ground rapidly, and then it may be administered to the extent of an eighth of a grain twice in the day; it is seldom that it can be given in larger doses without producing griping and purging, and then it is better to abstain from it altogether. The mercurius calcinatus once enjoyed a very high reputation, given in doses of a grain night and morning; but it is an uncertain preparation in its mode of action, and has not, as far as I can understand, one point of preference over those which I have mentioned above. About thirty years ago Mr. Clare advocated the rubbing in of calomel on the inside of the cheeks, and declared it to be the most eligible mode of giving that medicine; but then he proceeded upon the principle that the cure of syphilis depended upon salivation, and therefore concluded that the sooner the mouth became affected the better; but as this is not the case, and, moreover, as the bowels may be as well affected by this method as by any other, there seems to be no reason for giving it the preference,—nay, inasmuch as neither an early nor a considerable affection of the mouth is desirable, it would appear even to be less eligible. A more recent method of administering calomel rapidly by the mouth has also been advocated; but against this as a general plan I would urge that the practice is not novel—it was the course usually pursued in the beginning of the last century, and the objections to it are either that the mouth becomes suddenly and seriously affected, or that griping and purging to a frightful extent are sometimes the equally sudden consequences—at least this is my experience, and indeed this is no more than might be expected. There is only one condition of the system under which calomel in repeated doses appears to me to be indicated, and even then I cannot conceive it to have any preference over the blue pill—I mean in iritis; but here the repeated and large abstractions of blood, and the general condition of the system thereby induced, would seem to render the constitutional action of mercury more certain as well as more rapid.

Of the local applications of mercury the most usual are the red precipitate, the lotion with calomel and lime water, or the yellow wash, composed of corrosive sublimate and lime-water. Some practitioners are much in the habit of employing the stronger mercurial ointment as a dressing to syphilitic ulcerations; but, generally speaking, I

am not friendly to the external use of mercury, merely as mercury, because I had rather effect the healing of the local disease by the constitutional effects of the remedy, and therefore I use the local action only where it is desirable to check the progress of ulceration speedily. It must also be recollected that there are peculiar constitutions wherein the local application of mercury to extensive ulcerated surfaces has been productive of severe ptyalism.

A few words still remain to be said upon the subject of mercurial fumigations. These, which were applied generally to the whole surface of the body, soon after the first invasion of the venereal disease, became afterwards restricted in their application to particular parts; and that in consequence of the mischief induced by their employment. The substances originally employed consisted of cinnabar, as their base, variously combined with gums; and occasionally arsenic and sulphur entered into their composition: so that they did not differ from the medicine still employed for the purpose of fumigation in Hindostan at this day. Various modifications of the practice of fumigation took place up to the time of Astrue: among these may be mentioned the fumigating with the vapour of the spirits of wine. M. Lallonette, in the year 1776, recommended to the profession very strongly a new method of fumigating, employing for that purpose those preparations of mercury into which sulphur did not enter. This plan was tried extensively in England by Mr. Pearson; but, excepting that he found the mercurial action to be more quickly excited, and the effect on the mouth greater than under the common mode of administering mercury, he observed no peculiar advantage to arise from it; so that, excepting in those cases where it became an object to check any particular symptom suddenly, there seemed to be no peculiar benefit derivable from this plan of treatment. I am much inclined to think, however, that old prejudice, and the very clumsy and imperfect manner in which mercurial fumigations were formerly employed in this country, had much to do in leading Mr. Pearson to the above conclusions; and I am fully prepared on this occasion to join Mr. Abernethy in extolling the advantages of these fumigations when employed judiciously, and believe with him that they are fully capable *alone* of radically curing many of the forms of syphilis. The mercurial fumigation is especially applicable to cases of cachexia syphiloidea: the remedy may be thus introduced into the system when no other method of administering it is admissible; and so employed, it is not incompatible with those other means of relief which the broken-down constitutions of such patients demand. I cannot allow the present opportunity to escape me of recommending to the notice of the profession the merits of the vapour and fumigating baths, established by Mr. Green, of Great Marlborough-Street, which are, in all respects, superior to any thing of the kind even in Paris. It is pretty generally known that in that capital the use of mercurial and other fumigating and vapour baths has been carried to a very great extent, not only in syphilis, both primary and secondary, but in many other forms of cutaneous disease more especially; and works have been written eulogizing their effects, perhaps with some degree of hyperbole, yet still, with all due allowance for the enthusiasm that always attends the recommendation of a new medicinal agent, there are facts enough upon record to induce us to allow very great merit to this plan of treatment. In a work published by Dr. Rapon, at Paris, the particular advantages derivable from mercurial fumigating and vapour baths are minutely, and, I think, very fairly given, and may be comprised as follows:—first, as inducing the mercurial affection of the salivary glands, when the constitution appears to be otherwise insensible to the remedy; secondly, in hastening the mercurial action, where due reasons exist, to bring on its specific effects quickly; thirdly, in those complicated cases in which the remedy is imperatively demanded for the purpose of arresting certain symptoms, although the condition of the constitution forbids its introduction in any great quantity, or for any great length of time.

Of the various other articles of the materia medica which have enjoyed a temporary reputation for the cure of syphilis, I have already spoken; but I may just add, that the volatile alkali, which enjoyed a temporary character,

seemed to derive it from the belief that the excitation of fever in the system superseded the disease—and some cases published by M. Peyrihle gave a colour to this belief. However, it is not necessary now to insist upon the fallacy of these opinions, when we know that the disease will subside, in the majority of instances, with various simple remedies. Those who wish to pursue more minutely the inquiries into the relative virtues of the various remedies advocated as specifics in the cure of syphilis from time to time, cannot do better than peruse a short and very comprehensive work on that subject by Mr. J. Pearson; a work which is, however, not now to be considered as an authority in the treatment of syphilitic complaints, although written with classical correctness and abounding in curious information.

CONSTITUTIONAL EFFECTS OF MERCURY.

I now proceed to speak of the consequences which occasionally arise from the action of mercury upon the system: of the nature of this action it is not in my power to say much, nor should I add much to our real stock of knowledge if I endeavoured to explain the mode in which it operates as a remedy in syphilis, or indeed in any other disease. There have been theories almost innumerable broached upon this question: some have said that it expels the disease by its weight; others have imagined that, as its peculiar property is to excite salivation, the morbific virus was expelled by that channel; and hence arose the practice of those terrific salivations employed in the sixteenth and seventeenth centuries. Later philosophers have supposed that it is only by its combination with oxygen that mercury is enabled to exercise any influence over the complaint, since the metallic mercury is utterly useless as an antisyphilitic; and therefore it was that the nitric and sulphuric acids were adopted as substitutes for it: the former especially enjoyed, at one time, great reputation. It was tried very extensively in England, as well as on the continent; and though it has fallen into disuse, and no longer is looked upon with confidence, it is still occasionally prescribed either alone or in combination with sarsaparilla, as a restorative in those cases where mercury has produced great prostration of strength, or other deleterious effects upon the constitution. There can be no reason for supposing that oxygen merely has any power over the venereal disease; and therefore we are now generally contented to conceal our ignorance by saying that mercury cures syphilis by exciting some new action in the system, the evidence of this action being a redness and tumefaction of the gums, an increased secretion from the salivary glands, and a fœtor in the breath. Where mercury operates beneficially upon the system, these are the only symptoms which it produces: the pulse is not accelerated, the strength is not reduced, neither is the appetite diminished or the rest disturbed by its employment; but even the affection of the mouth, when proceeding to too great an extent, may become a subject of anxiety to the surgeon, and this is the first diseased condition, as consequent upon the exhibition of mercury, which I shall notice, for when salivation is either excessive in itself or continued for too great a length of time, the effect will be that of producing debility, loss of appetite, and consequent emaciation, as is exemplified in the miserable condition of those unfortunate beings who work in the quicksilver mines. In some peculiar constitutions the smallest quantity of mercury will produce a violent salivation: I have more than once known five grains of calomel followed by this effect in a very severe degree. Authors abound with relations of this kind; and from these histories we may deduce a useful lesson, which is equally applicable to the administration of opium, arsenic, or any other powerful medicine. I allude to the propriety of inquiring of our patients whether they have ever been subjected to the operation of mercury previously, and what its effects had then been. Such an inquiry will very often enable us to adapt our means of cure to the particular circumstances of the case, and may make a most important difference as to its progress or termination. When salivation is excessive, the symptoms produced are swelling of the tongue and insides of the cheek, ending in the formation of aphthous-looking ulcers; fever and great restlessness come on; the sublinguinal and maxillary glands swell; the tonsils often become enlarged also, and ulcerated, and

the bowels are very frequently confined: for the relief of this affection many different medicines have been recommended—a sufficient proof that nothing is actually known that can be exclusively relied upon. Sulphur and opium have been particularly advocated as specifics in this condition; but the first I never saw of much service, and the latter is contraindicated until the condition of the bowels has been regulated. The only plan that I can recommend with confidence is the use of cool washes to the mouth, acidulous drinks, gargles with alum or borax, frequent small doses of the neutral salts, exercise in the open air, or in a carriage, avoiding all wraps or applications of heat to the face, either outwardly or within; and when the cheeks are ulcerated, touching the ulcerated surfaces frequently with the lunar caustic. Excessive salivation cannot be got rid of by any medicine, or medicinal application, in a day; it is only by pursuing the means I have just mentioned for some time that we can expect this condition to be overcome. The nitric acid, in the proportion of half a drachm in the day, properly diluted, or the compound decoction of sarsaparilla, to the amount of a quart or a pint-and-a-half in the same period of time, will also be beneficial in restoring the appetite and strength; after which, if there is much restlessness at night, opium may be prescribed with advantage: but, after all, I am of opinion that cool air and cold washes are the most efficient means of cure. I once saw a patient die in consequence of sloughing of the face from the exhibition of mercury: the patient was a man about 30 years of age, and was labouring under severe visceral disease at the time; he had suffered much from fever, after the unfortunate expedition to Walcheren, and was in a very broken and debilitated condition. In this case, five grains of calomel were administered as a purgative; it did not act upon the bowels at all, but excessive salivation was produced, an extensive ulceration in the cheek proceeded to slough, and death ensued after a considerable destruction of the parts. I am not sure that, in this state of the constitution, much can be expected from medicine: however, it is our duty to make the attempt; and here the employment of wine and bark, in liberal doses, affords us the only chance of success. In these, as in all other cases, we must not, however, forget to pay attention to the state of the bowels: to stimulate the system highly, with a loaded condition of the intestinal canal, must always be bad practice, in whatever state of debility our patient may be; nay, we must recollect that debility alone will prevent the bowels from doing their duty, and therefore we must not lose sight of the necessity of regulating them properly even in such melancholy instances, which, however, are fortunately very rare.

There are a few extraordinary cases on record, wherein salivation has spontaneously recurred some months after its cessation, without the intervention of any farther use of mercury: one such case it has fallen to my lot to witness; the fact is curious, but, excepting the possibility of the occurrence, there is nothing about it demanding particular notice. Such events can never be anticipated, and most likely could not be prevented even if they were.

OF THE MERCURIAL SORE THROAT.

The next local affection I shall beg to call your attention to is the mercurial sore throat, which has often been mistaken for a syphilitic symptom; and as such a mistake would lead to very erroneous practice, it is necessary to distinguish this affection from all others, as far as that is possible to be done. The character of the mercurial ulceration of the throat is that of an aphthous superficial sore, surrounded with a general blush of inflammation. The tonsils are the usual seats of the ulceration, and they are sometimes also met with on the vilum pendulum palatis. Occasionally there is much stiffness and difficulty of swallowing, without the appearance of any breach of surface at all. Now, independently of the mere appearance of the sore, these symptoms will always be found in connexion with, or almost immediately following, the use of the remedy—that is to say, that when towards the termination of a mercurial course, whether the effects of the mineral have been such as might have been wished for and expected or not, if the patient begins to complain of pain or difficulty in swallowing, and upon examination the tonsils are found either studded

with small ulcers or affected with only one larger superficial sore, the patient being himself not quite free from fever, with disturbed rest and feelings of general discomfort, there can be no hesitation in believing that this disease is the result of mercurial action. The same symptoms making their approach within two or three weeks after the mercury has been discontinued, will also admit of the same explanation, and more especially if our patient, after having been confined to the house, or nearly so, during his cure, has been exposed to sudden or severe transitions of temperature. To these points, then, our attention must be directed: first, as to when the sore throat took place, and secondly, under what circumstances of prudence or imprudence on the part of the patient; added to which, we must recollect that constitutional disturbance merely may produce a suspicious looking ulcer on the tonsil, and therefore the existence of this as a solitary symptom, unaccompanied with any other more decided mark of syphilis, is always to be looked upon with suspicion. The cure of the sore throat proceeding from constitutional irritation, or cold taken upon mercury, must be effected by purging, by antimonials, by an abstinent diet as far as animal food and fermented liquors are concerned; and with respect to gargles or other applications to the ulcers themselves, that is a matter of less consequence: if there is much vivid inflammation, a mixture composed of the acetate of lead, in the proportion of a scruple to half a pint of water, forms a very useful gargle; or the throat may be exposed to the steam of boiling vinegar and water, whilst the ulcers themselves are touched with diluted muriatic or nitric acid. When all febrile heat is removed, the bark or sarsaparilla will be found of great efficacy in restoring the vigour of the constitution, and expediting the healing of the sore.

MERCURAL AFFECTIONS OF THE BOWELS.

Mercury occasionally produces very severe irritation of the bowels, accompanied with purging; the evacuations are frequent, not very copious, attended with violent tormina, tenesmus, and sometimes they are mixed with blood. Some patients are constantly affected with this troublesome symptom, in whatever form or however minute the quantity of mercury employed may have been; but of course the internal administration of the remedy is most likely to produce it. This is a most untoward event whenever it happens; and if, under every circumstance of precaution, it is not possible to avert it, I am not so bigotted a mercurialist as to recommend its being persevered in: on the contrary, I am convinced that it is to such obstinacy that so many fatal examples of worn-out constitutions and premature death were in former times principally attributable. When the bowels become affected with mercurial purging, the first thing to be done is to omit the medicine: most authors recommend us to have immediate recourse to some form of opiate under these circumstances, and in the majority of instances there is no doubt but that such conduct is perfectly proper; but if the symptoms are violent and severe, although I might, in the first instance, be induced to give an opiate, since the spasmodic pain, the contracted pulse, and the cold surface, assimilate this disease very much to common cholera, I should recommend afterwards a dose of castor oil, or some mild aperient, to be then followed by opiates, especially small doses of Dover's powders, and cordials. The warm bath is also an admirable auxiliary in such cases.

It may be as well to say a few words in this place as to the means to be employed where mercury fails in producing its proper effects upon the system, as denoted by an affection of the gums, &c.; for it sometimes happens that violent perspirations alone denote any change in the system, or the quantity of urine passed exceeds, perhaps by a large proportion, the natural habit of the patient; or, again, sometimes no perceptible effect whatever is produced. In the latter case, the use of warm-baths, confining our patient to one temperature, and regulating the diet, will often produce the desired effect: in either of the other instances it is more difficult to attain the object of our wishes; but I think it is best to withhold the remedy for a time, and, by bleeding or purging, or perhaps both combined, to bring the patient's system within the powers of the action of the medicine. If these means fail, the mercurial fumigating baths will almost invariably succeed; nay, so powerful

are they in their operation, that one bath is often sufficient to induce the full effect of the mercury, though it has, perhaps, been exhibited before in vain for many weeks. The power of these baths is much increased by abrasion of the surface of the body; so that if a blister has been previously applied the effect will be much more speedy; and the action of the bath will, indeed, require frequently to be watched, and regulated with great precision: but if this remedy cannot be had, I am convinced that it is better at the time to refrain from giving mercury at all, for its action as an antisyphilitic is, in my opinion, of little avail under such circumstances; and such a state often lays the foundation for a train of anomalous symptoms.

[To be continued.]

ABSENCE OF THE THYMUS GLAND.

To the Editor of the London Medical Gazette.

Sir,

In sending the inclosed case, I trust that it will be found to possess sufficient interest to obtain for it a place in your valuable publication.

The nature and uses of the thymus gland still lie in so much obscurity, that I felt myself warranted in describing some of the prominent symptoms of disease during life, together with the morbid appearances after death. Although these may possess nothing uncommon, yet perhaps, by the collation and placing on record this and similar examples, we may hereafter succeed in discovering the physiology of an apparatus apparently of great importance to fœtal and infantile organization.

I am, Sir,
Your obedient servant,
Henry Harington, M.D.

24, Cumberland-Street, Portman-Square,
Jan. 24, 1829.

Mrs. ——, after a lingering labour of 32 hours, was safely delivered of a male child in the 36th week of gestation.

The child was healthy, active, and plump, and measured 19 inches in length; he was not weighed. He was applied to the breast eight hours after birth, and sucked strongly; but there was no secretion of milk at that period. The meconium was passed in eleven motions during the first 24 hours, the first motion being at about six hours after birth.

Twenty-six hours after his birth the child, who had since delivery been remarkably tranquil and quiet, began to moan and to be restless, and shortly afterwards passed several motions, which were fœtid and slimy, and contained small lumps of apparently feculent matter, and some coagulated blood.

Third day.—Similar motions had continued to be passed during the night, and at eleven A.M. of this day he was seized with convulsions, which lasted, with slight intermission, for 35 minutes. In the evening the motions were still frequent, green, and watery, but contained no blood.

Fourth day.—The child had passed a restless night, moaning before and during each motion. He still refused the breast, and evidently got thinner and weaker. Towards evening, as the bowels produced healthier secretions, the child resumed the breast heartily; the motions, however, were still too frequent. The urine passed freely and copiously, but blood now came with it, and continued to do so until within the last fourteen hours of the child's existence.

On the fifth day he had passed a better night, having had fewer evacuations. A wet-nurse was procured, and the child seemed to recover for a few hours. The stools, though less frequent, were still green, watery, and very irritating, the anus being excoriated.

On the sixth day the child again refused the breast; he cried much (for the first time), was very restless, had dry red tongue and lips, hot skin, great thirst; taking any fluid ravenously from the spoon; urine high-coloured and bloody; motions frequent, watery, yellow, and projected with much force.

There was no tension, hardness, nor tenderness of abdomen on pressure, nor vomiting, throughout the disease.

This state continued till the eighth day, when the child evidently began to sink, and on the same evening he expired.

Organic phenomena as they appeared 17 hours after death.

Every portion of fat, both of the in-

teguments and of the omentum, had been absorbed.

The stomach was healthy, but at about an inch from its pyloric extremity there was a constriction of the duodenum, which would only admit the passage of a small probe, and about three lines in extent. There were several of these constrictions throughout the small intestines, of different sizes and degrees of contraction, with the exception of the last five inches of the ileum. Above this portion the intestine, for ten inches, was *uniformly* constructed, and diminished to the size of a swan's quill—was of a pale, ashen colour, and seemed as if it had never been *used*, if I may employ such a term. Immediately below this the ileum commenced to present marks of inflammation. The vessels were injected and arborescent, of a pale rose colour, and increasing in colour and size as the intestine approached the colon. The cæcum was very large, inflamed, and contained two ounces of feculent matter, in appearance and consistence similar to that of an adult, but free from smell. The colon and rectum throughout presented the characters of intense inflammation, and were constricted similarly to the small intestines. The vessels were congested to such a degree, as to present the appearance of one continuous red, violet, and purple surface on the mucous membrane, the rectum being the most inflamed.

The liver was very large, and congested with blood; as was also the right kidney.

The remaining abdominal viscera were healthy.

The heart and lungs were perfect; but the most curious phenomenon was *the total absence of any trace or remains of a thymus gland.*

FRACTURE OF THE OS INNOMINATUM.

To the Editors of the London Medical Gazette.

Bromley, Kent, Dec. 19, 1828.

GENTLEMEN,

I HAVE taken the liberty of relating to you the following case, as it appears to me an interesting one:—

On the 25th of last September, Daniel Coffin, aged about 40, fell from a height of 20 feet, and alighted on his left buttock. I found, on examination, the characteristic marks of a fracture of the os innominatum on that side; a crepitus could be distinctly felt, and the fracture appeared to extend through a large portion of the bone, which was evidently broken into several pieces. The mischief appeared also to extend into the acetabulum. There was, however, very extensive ecchymosis, and this materially increased the difficulty of very correct examination; the existence of fracture of the bones of the pelvis could not, however, be doubted. The limb being a little elongated and slightly everted, led at first to the suspicion of dislocation of the thigh downwards, in addition to the fracture; a very careful examination, however, led to a different opinion. At first he was very much depressed, but in a few hours re-action commenced, and the treatment then consisted of both general and local bleeding, cold applications, rest and attention to position, and the administration of purgatives. The attachment of the abdominal muscles being rendered moveable,—these muscles were very painfully affected by the act of respiration, and his most frequent complaint was of a distressing "catching on drawing his breath." The bladder acted well from the first, although he had stricture recently; but the bowels resisted the purgatives for three days, although the stomach retained them; at the end of that time he had a very strong desire to void his fæces, but wanted power or resolution to do so; conceiving, therefore, that gentle pressure on the abdomen might be of service, I made it with the palms of my hands, and a large quantity of fæcal matter immediately passed. The adoption of this plan by the nurses proved afterwards of great use till the muscles had recovered their power of acting. After the fifth day he went on well; the "catching" subsided in a fortnight; the effused blood was gradually absorbed; he complained for near a month of a "scraping" of the bones when they were moved—I do not think he felt that after the month had expired; no bandage or plaister was applied, but perfect rest was observed. At the end of seven weeks he was suffered to get out of bed, when he could walk with a stick. The limb was a lit-

tle shortened, and the foot slightly turned out. At the end of nine weeks he walked more than two miles with ease, and I have not seen or heard of him since.

If you agree with me that the above case is interesting, and that its successful termination gives it a claim to publication, you will probably insert it in your valuable Journal.

I have the honour to remain,
Gentlemen,
Your obedient humble servant,
William Iloth.

CHEMISTS AND DRUGGISTS.

To the Editor of the London Medical Gazette.

Sir,

I think the present a favourable opportunity, when public attention is so much taken up on Medical Education, and medical subjects generally, to bring forward views which I have long entertained upon a subject deeply interesting to the community, and to make an effort, individually, to draw so much of that attention towards it as may have the effect of eliciting discussion, and ultimately of reforming as far as practicable what I conceive to be an abusive system.

It has long occurred to me, and I have become lately more than ever convinced that the interests of society, the interests of the medical profession, but most especially those of the chemists and druggists in this country, most imperiously demand some legislation, for the purposes of guarding the public against ignorance and carelessness on the part of all those persons employed in dispensing medicine; securing to physicians, surgeons, and others, competent individuals, to be entrusted with the preparation of prescriptions; and protecting the trade of the chemist and druggist; a measure which would have the effect of giving to this last a responsibility, together with a respectability, which in the present state of things it does not possess.

I doubt not that views somewhat similar to these have occurred to the minds of many individuals interested, but who have seen before them obstacles of considerable magnitude, and of such a nature as were not likely to be easily surmounted; I do not mean to deny that the subject is involved in considerable difficulties, but after much reflection I am of opinion it is possible to overcome them. For this purpose it is only necessary that the chemists and druggists should themselves come forward: they have it in their power to effect changes highly desirable to the public, the profession, and the trade, and which indeed would tend to raise that trade more into the character of a profession, and to give a class of men, now by a great majority mere retailers, the importance of a scientific body.

The public are well apprised of many lamentable accidents having occurred through ignorance and carelessness in these pursuits, and innumerable cases of a similar character are undoubtedly buried in oblivion by means of bribery on the part of individuals committing blunders, and delicacy on the part of those suffering from them: that these evils are to be totally averted, I do not mean to affirm, but I do mean to say that they may be prevented in a great majority of instances by a suitable law for that purpose, and I feel convinced that it is quite practicable to procure the enactment of such a law.

Whatever is to be said upon the general question of free trade, I think cannot at all bear upon this particular branch, where the lives of the community are at stake; and it certainly does appear to me unjust towards those who have been well educated, and served a regular apprenticeship in the business of a chemist and druggist, that any individual, no matter whom, educated or not educated, competent or not competent, should be at liberty to come next door and oppose him. Instances of this kind have come within my own knowledge, and indeed frequently occur: I am privy to the circumstance of an individual very recently opening a shop in a populous neighbourhood, whose previous occupations have been so widely different, that he can have no pretensions whatever to a competent knowledge in medicine for such an undertaking, thus — *setting-up* — to deal out arsenic—corrosive sublimate—oxalic acid—laudanum—prussic acid, with many other equally deleterious articles; and what security, I ask, has such a person's customers that he will not roll

his pills in the first-mentioned article instead of magnesia;—put ten minims of Prussic acid into a prescription instead of two drops, or that his shop-boy will not one of these days, while his master is at breakfast, substitute laudanum for a black draught?

Various suggestions have occurred to me for remedying these evils, but the plan upon which I have dwelt, and which has appeared the most eligible, is that of the physicians, lecturers, chemists and druggists, and others interested, personally or for the general good, making an effort, either by uniting together in public, and adopting certain resolutions, or otherwise, to procure an act of parliament for the purpose of preventing any person, after a certain period, commencing the business of a chemist and druggist without having previously served an apprenticeship in it of five years' duration, and to institute a class of professional men, under the title of Pharmacopolists, who, after undergoing the ordeal of an examination, as to their competency to dispense medicine, are to be licensed for that purpose; to which examination none but such persons as have actually served the above-mentioned regular apprenticeship are to be eligible, and of whom it shall further be required to produce certificates of attendance upon one or two Courses of Lectures on Chemistry, as well as upon Materia Medica; and farther, for the purpose of preventing any one, except Licensed Pharmacopolists, from preparing, dispensing, selling, or keeping for sale, certain deleterious articles employed in medicine, as arsenic, laudanum, corrosive sublimate, prussic acid, &c.: I feel convinced that the well-informed part of the trade would be willing to come forward and pass the ordeal of the above-mentioned examination, previous to being formed into a corporate body, with powers to elect from their number a Court of Examiners, for the purpose of granting future licenses.

I look upon it that a complete medical education would by no means be necessary for a Pharmacopolist, and that the examination should extend only to his knowledge in Chemistry, Pharmacy, Materia Medica, (particularly as relates to the doses of active medicines,) and a competency to read prescriptions.

Without entering further into details, I think an act of this kind might be so constructed as not to interfere to the injury of the wholesale dealer, but conducive, in the most essential particulars, to the interests of all classes of the medical public.

Having thus far, Sir, intruded myself upon your time, and if you think it a subject worth insertion upon your pages, I beg leave in conclusion to remark, that I am actuated by no desire but public utility, and to that end I am willing to co-operate with any gentlemen who may concur generally in the views I have taken upon the subject.

I have the honour to be, Sir,
Yours and the profession's
Devoted servant,
HENRY ANCELL.

No. 196, Oxford-Street,
Jan. 21, 1829.

REGULATION OF HOSPITALS.

THE following rather singular letter has just been published by Sir A. Carlisle, on the regulation of the surgical department of public hospitals. On a future occasion we may perhaps make some remarks upon it.

To the Editor of the Times.

SIR,

As your newspaper may be justly considered to be the very best medium for public appeals, I solicit the insertion of the following hints to the governors of medical hospitals. Those institutions having become schools for professional instruction, the rich as well as the poor have an unceasing interest in all their ministrations. After thirty-six years of experience as an hospital-surgeon in the metropolis, I may perhaps be allowed to state my thoughts upon the better regulation of their surgical department. The election of persons destined to become public surgeons is at all times an important and difficult task, for the electors are generally perplexed between the applications of personal friends and professional eulogists.

If the office of an hospital surgeon were a mere money-making affair, the choice of the electors would be of no public interest; but it is otherwise, for those elections confer public character, and as they are well or ill decided, so will be their influence upon the healing art. Under these impressions, I submit

the following proposals for the better regulation of the surgical appointments in hospitals, viz.

That there should be three classes of surgeons in every general medical hospital. The junior class to be styled assistant surgeons, who shall not be eligible for that office until the completion of twenty-five years of age, nor if they have any defect in the eyes, or be obliged to use glasses. The second class to be styled principal surgeons, each of whom should be thirty years of age at the least, having been previously an assistant-surgeon in the same hospital for three years, and to remain principal or operating surgeons until they respectively arrive at the age of sixty years; afterwards they shall be eligible to become consulting surgeons, and cease to do those operations which demand the utmost precision.

That there shall be one principal surgeon and one assistant surgeon allotted to take the charge of every fifty promiscuous in-door patients which the hospital may be capable of receiving.

The especial duties of assistant-surgeons to be the daily care of the in-patients under the direction of their respective principal surgeons, the attendance upon accidents and out-patients, and the preparatory arrangements for all dangerous operations.

In every case of proposed dangerous operation, or of one of questionable expediency, the principal surgeons and the consulting surgeons to hold a conference in the presence of their pupils, and determine by a majority of the votes of such surgeons the measures to be adopted.

If the foregoing suggestions were made the standing orders for medical hospitals, every grade of society would feel assured of the competency and of the relative fitness of public surgeons; the profession would be freed from many desperate adventurers, and the art of surgery would assume the dignity of a noble profession, devoted to the deepest interests of humanity.

To prove that this exposition is now demanded, I subjoin an address to the hospital-surgeons of England, and which I have not been able to carry into effect, although I have laboured against its sluggish opponents for eight years. I am therefore at last compelled to submit the measure to public opinion, under a hope that some powerful influence may command its adoption. Many of your readers will be startled to learn that the most violent objector to those hospital reports, is the child and champion of surgical demagogues. He argues "that such reports would be of no use;" that "the hospital surgeons of England hate their own College too ardently to expect any co-operation from them;" that "the style of the address would be disgraceful to the College;" and lastly, "that such reports would only display the comparative mortality in the different hospitals," —a fact which I consider to be of the utmost importance to the public, the best security against unjustifiable surgical operations, and the highest incentive to honourable competition.

I am, Sir,
Your obliged servant,
ANTHONY CARLISLE.

Langham-Place, Jan. 20.

"PROPOSED ADDRESS TO SURGEONS OF EVERY GENERAL MEDICAL HOSPITAL IN LONDON, AND IN THE KINGDOM OF ENGLAND.

"THE President, the Vice-Presidents, and the members of the Council of the Royal College of Surgeons in London, have the honour to solicit your co-operation in a public measure, which promises many professional advantages.

"The College have often announced a desire to collect documents for a series of transactions, where the progressing improvements in surgery, and in its auxiliary sciences, may be suitably published.

"One of the principal impediments to the interchange and to the diffusion of surgical knowledge, appears to have been the want of liberal and frequent communication among hospital practitioners, who may be justly presumed to possess the best opportunities, and the most extensive experience.

"By adding the valuable results of your public practice to the contributions of the other English hospitals, the College expect to obtain a regular continuation of authentic and impartial evidence, which may do honour to our profession, and improve every branch of the healing art.

"With a view to spare trouble, and to give uniformity to the intended re-

ports, we enclose the form of a tabulated register, to which should be affixed the signatures of all the principal surgeons, as a verification of its contents.

"In this appeal to your public liberality, the College rely on your cordial compliance, since the proposed summary of hospital practice will not interfere with individual authorship; while it must present to the world a generous union of our efforts to promote and to improve our profession.

"A printed copy of each half-yearly report will be sent to the surgical library of every contributing hospital.

"The College will be obliged by receiving your answer before the 1st of January ensuing.

"Royal College of Surgeons in London, day of , 18 .

SKETCH FOR TABULATED RECORDS.

Initials of Names.	Age and Sex.	Apparent Constitution.	Disease or Injury.	Treatment.	Result.

"In addition to the providing and keeping tabulated accounts of the principal cases under your care, it is desirable that you should annex every peculiar occurrence, vicissitude, or remarkable accident, whether favourable or otherwise, not reducible to the above tabulated form; and also mention the general methods of particular treatment which seem to denote the juvantia or ledentia in your practice; and as each of the several public hospitals of this kingdom possess particular formulæ, or employ certain medicines in doses or forms imperfectly known to the profession, the College will be glad to receive all such information, whether sanctioned by individual authority, or by general experience."

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Elements of Descriptive and Practical Anatomy: for the Use of Students. By JONES QUAIN, A.B. M.B. Member of the Royal College of Surgeons, and one of the Lecturers on Anatomy in the Medical School, Aldersgate-Street. 8vo. 1828. Simpkin and Marshall.

THIS is one of the best, if not the very best, elementary work on anatomy in the English language. It is well arranged, perspicuously expressed, and, so far as we have been able to discover, very accurate in its details. A concise, but methodical account is given of the different structures of which the various organs of the body is composed, as well as of the individual parts themselves; and the most appropriate methods of conducting their anatomical examination are explained. Another important object which has not been lost sight of, is, the practical application of the various facts which are detailed By this judicious manner of treating the subject, anatomy is presented to the student, not as an isolated and abstract science, but as one immediately connected and associated with the various departments of the healing art, so that its relations to physic and surgery are constantly kept before the mind. No attempt is made to place anatomy in the light which some have presented it; namely, as constituting the great, and almost only object of professional attainment: its importance is properly dwelt upon, but its subordination to the ultimate purpose of all medical knowledge — the cure of disease and alleviation of human suffering, is also pointed out. "A knowledge of anatomical facts, and of their practical applications, though of primary importance in itself, should not form the ultimate limit of a professional

man's inquiries. 'Knowledge,' says a great authority (Locke), 'though founded in particulars, yet can expand itself only by general views.' To study the different parts of a complex machine in detail surely cannot be sufficient for those whose duty it is to restore its regular actions when deranged, and the due performance of which duty pre-supposes a correct knowledge of the general principles on which it is constructed, and the relations which its parts severally bear one to the other."

A System of Human Anatomy: translated from the fourth edition of the French of H. Cloquet, M.D. Professor of Physiology, and Member of the Philomathic Society of Paris. *With Notes, and a corrected Nomenclature, by* Robert Knox, M.D. F. R. S. E. Lecturer on Anatomy, Fellow of the Royal College of Surgeons in Edinburgh, and Conservator of its Museum. 8vo. 1828. Edinb. Maclachlan and Stewart.

The work of M. Cloquet is considerably different from that of Mr. Quain, of which we have spoken above, but we doubt whether the difference constitutes a superiority. It consists of an elaborate, minute, and dry, but, we believe, very faithful description of all the parts of the human body in detail: equal attention and precision is manifested in the account of every part; no preference is shewn, none deemed of more or less importance than the rest. The structure, appearance, and general situation of the organs, are represented with the linear precision of miniatures, and in a manner scarcely to be met with in the anatomical works of English writers, where there is always more or less of generalisation and digression.

The translation appears to be well executed, and the circumstance of the work having been deemed worthy of appearing in an English dress by an anatomist of Dr. Knox's known talents and experience in teaching, is one of the greatest recommendations which can be bestowed upon it.

EXTRACTS FROM JOURNALS,
Foreign and Domestic.

CASE OF DISLOCATION OF THE PATELLA,
By Dr. Wolff,
Surgeon to the Royal Regiment of Cadets, Berlin.

The following case is detailed, because it is of somewhat unusual occurrence,—with the view of submitting the practice therein adopted to the judgment of more experienced men,—and in the hope that it may perhaps lead to the communication of a more successful mode of treatment in similar injuries.

Daniel Steinbach, a powerful young man, private in the Hussars of the Guard, whilst riding without stirrups, at a walk, on the 23d December, 1823, was jolted by a sudden start of his horse against his left hand mounted comrade. Very severe pain was immediately felt in the left knee, rendering him unable to remain on horseback; from which he was carefully lifted, and carried to the hospital. An examination was immediately made, and the left patella found to be dislocated in the following manner. The bone had undergone a semi-revolution on its longitudinal axis; its inner edge rested fixed in the trochlea, between the condyles of the femur, the outer projected directly forwards; the anterior surface was directed inwards, and the posterior outwards. No swelling having yet taken place, the nature of the injury was readily made out; and independent of the posterior surface of the patella being sufficiently indicated by the raised vertical line upon it, the nature of the dislocation was pointed out by the direction inwards of the very tense tendo communis extensorum cruris, and the ligament of the patella. The skin over the distorted projecting bone was greatly stretched, but not so much so as to prevent its being moveable over it, and capable of being raised into a fold. The leg was completely extended on the thigh, and flexion of the knee-joint almost impossible, and extremely painful to the patient; the attempts of others to effect this were equally so. In the extended state of the limb the patient felt almost no pain.

The distorted patella appearing to be retained in its unnatural position by the tension of the tendo extensorum cruris, the indication was, to diminish this to the utmost, to raise the bone from its

situation, and then rotate it from within outwards. With this view the extended leg was raised upon pillows; a bandage was passed round the middle of the thigh; and by means of two fillets, attached one on each side of this, the soft parts were drawn downwards. The patella was then laid hold of, so that the thumbs of the surgeon were placed on its posterior surface, now directed outwards; the other finger, on its anterior surface, now directed inwards; and being firmly grasped, an endeavour was made to draw the bone forwards, and turn it; but, however frequently and carefully this was attempted and repeated, it was unavailing; the bone did not yield in the slightest degree, but remained fixed in its place. Attempts made whilst the limb was in a state of moderate flexion (more than this was impossible), were equally unsuccessful; and as the patient experienced violent pain during them, could not be often repeated. In order not to aggravate, by too long continued manipulations, the consecutive inflammation, these attempts were now abandoned, and other means of relief were inquired into.

It became a question, whether the parts should for the present be left as they were, and after the adoption of certain preparatory treatment, the attempts at reposition should be repeated; or whether freeing the bone, by dividing the tendo communis extensorum cruris, and the ligamentum patellæ, to draw it forwards and replace it in its natural situation. As objections to the first plan of treatment, it appeared that after the accession of inflammation every attempt at reposition would be attended with greater pain and danger; that the unnatural position of the patella would be a continued cause of inflammation; and that its pressure upon the articulating cartilage of the femur would cause its absorption; and under the most favorable circumstances, (as dissection subsequently shewed), produce anchylosis of this with the patella, and consequent immobility of the joint. The operation, on the other hand, was simple, attended with little pain, and carefully performed, with not more dangerous consequences than those which attend that which is executed with so much success for the removal of loose cartilages from the joint.

The operation being determined on, an incision was made in the skin over the bone, extending from an inch above the patella to the spine of the tibia. The subjacent cellular substance, and some aponeurotic fibres being divided, the common tendon was exposed, and carefully divided by repeated strokes of the knife at the place of its insertion into the bone. The capsular ligament of the joint seemed uninjured. The reposition of the patella was now attempted, but without success.—The ligament of the patella was now divided at its attachment to the tibia; but it was with much concern found that the patella still remained as immoveable as before. The patient, who had not complained of the cutting parts of the operation, cried out loudly upon these attempts at reposition; and after satisfying myself of their inutility, they were abandoned. There had been little bleeding; the wound was united by sutures; the extended leg was kept elevated; and the extensor muscles of the leg (on the thigh), were kept in contact with the divided tendon by an expansive bandage. Eighteen ounces of blood were immediately taken from the arm, and forty leeches applied to the joint; and after the bleeding from these had ceased, pounded ice was kept applied to the parts. A mixture, containing Glauber salts and nitre, was given internally.

We need not give the daily reports of the case: it will be sufficient to state, that although the wound made in the operation healed by the first intention, with the exception of a point at the upper part of it, inflammation and suppuration of the joint took place; and an abscess formed in the under part of the thigh, which was opened. From these two apertures matter continued to be discharged. In the month of March symptoms of chronic inflammation of the mucous membrane of the bowels appeared; and in that of September, those of general œdema and ascites; and of this last the patient died on the 18th November, 1824, nearly eleven months after the accident.

On *Dissection*, but a small quantity of thin pus was found in the cavity of the joint, the capsular ligament of which was thickened, and firmly united to the surrounding cellular substance. The cartilaginous covering of the articulating extremity of the femur was en-

tirely absorbed from the trochlea, between the condyles; and from the anterior parts of these also, a portion still remaining on them posteriorly. The cartilage on the head of the tibia was partially absorbed. The patella, whose cartilaginous covering was almost entirely gone, appeared considerably less than that of the sound limb. Its edge was anchylosed, in the direction and situation already described, to the extremity of the femur; and a less extensive union was observed between the inner condyle of the femur and the corresponding part of the tibia. The fistulous aperture on the inner side of the knee communicated with the cavity of an abscess beneath the vastus internus on the posterior surface of the os femoris, which in several places was deprived of its periosteum, and superficially carious.

It may now be asked what share the treatment adopted had in the unfavourable issue of the injury? I cannot attribute much to the operation which was performed, from the little irritability of the parts involved. It must, however, be observed, that in dividing the eonimon tendon of the extensor of the leg, the capsular ligament of the joint, which is immediately subjacent to the insertion of this into the patella, had been wounded; a wound, however, of not more importanee than that performed for the removal of loose cartilages from the joint. Of far greater consequence, in my estimation, was the position of the unreduced patella, which contributed to the inflammation succeeding the aecident, and, by the pressure exercised on the cartilaginous covering of the femur, oecasioned its destruction. If death had not resulted, from the cause already specified, perhaps complete anchylosis would have been the termination of the diseased condition of the joint.—*Rust's Magazine.*

AMPUTATION WITHOUT LIGATURE OF THE BLOOD-VESSELS, BY DR. GRAEFE, OF BERLIN.

On a late visit to Munich, Dr. Kock assured me that he still continued to practise with suecess his method of dressing stumps without tying the vessels. To remove the doubts which I repeatedly expressed upon the subjeet, he promised that his son (whom I have since become acquainted with as a skilful young surgeon) should visit our clinical school, and afford me an actual illustration of the praeticability of his plan of treatment. Accordingly, when Dr. Kock, jun. came here not long ago, I intrusted to him a patient on whom amputation of the thigh was requisite for caries of the knee-joint; and requested him to adopt all the precautions employed by his father, so that his method of treatment should be executed with due punctuality.

A tourniquet was not made use of, the femoral artery being compressed simply with the finger. The operator made a flap from the inner side of the thigh; finished the removal with great dexterity; immediately brought the wound together with long strips of adhesive plaister, and supported them with a firmly applied roller, without allowing himself to be disturbed by the somewhat freely trickling blood. By means of this dressing, and the uniform compression of the stump by the hand, the bleeding stopped. Unfortunately, however, in a short time the blood reappeared through the bandage; and notwithstanding all the endeavours of Dr. Kock, assisted in every respect as he wished by the medical attendant of the hospital, continued for a period of four hours; the attempts to check the hæmorrhage by means of pressure and cold applieations failed. During this time the patient had lost so much blood as to render it dangerous to persevere in the plan of treatment employed. Aecordingly, after Dr. Kock himself had acknowledged its necessity, the dressings were undone; and the unusually freely spouting femoral artery tied; and the wound again brought together. This healed in the course of the third week; and the patient was dismissed eured on the fourth.

This single case sufficiently confirms the doubts expressed as to the general applicability of Dr. Kock's mode of dressing stumps. In some individuals we have found the arteries few in number, and of narrow calibre; and which, after amputation of the larger limbs, threw out but a small stream of blood. In such cases the firm application to each other of the divided surfaces might perhaps have suffieed for checking the hæmorrhage; but how seldom do we meet with sueh a disposition of vessels? How often do we find, after long continued local diseases especially, a num-

ber of vessels spouting which the anatomist has not named? How often are we obliged after a high amputation of the thigh, to tie eight, ten, or fifteen vessels ere we can, by this most certain of all methods, stop the bleeding? Under circumstances like these, compressive dressing of the stump would not obviate the dangers of hæmorrhage. Even under the most favourable circumstances the method is uncertain, since it not unfrequently happens that immediately subsequent to operations little blood is lost, whilst, on the circulation becoming excited at a later period, the hæmorrhage bursts forth. And it may further be urged against this plan of Dr. R.'s, that by the tightly applied bandage, and the compression by the hand, the patient is disturbed and molested; and that the adoption of it requires a number of experienced assistants, which we can seldom command. For these reasons, although it may succeed in some individual cases, it is not one fit for general adoption.—*Graëfe's Annual Report of the Surgical Clinic in Berlin.*

HYDROCELE, RUPTURE OF THE TUNICA VAGINALIS.

M. Roux was lately called to some distance from Paris to a patient about sixty years of age labouring under hydrocele. The tumor had been punctured several times, but without injection; the swelling had still returned, and the tunica vaginalis had been so much distended that it was in contemplation to puncture it once more, when the patient, in the act of stooping, struck the scrotum against a piece of furniture, and considerable extravasation instantly followed. The integuments of the scrotum were infiltrated, and the penis enormously distended. There were some purple spots perceptible, but they appeared to have been produced by the rupture of some minute blood-vessels, by the blow. M. Roux did not arrive until 60 hours after the accident: by this time the tumefaction had in some measure subsided, but some fluid was still contained within the tunica vaginalis, and he therefore gave it as his opinion that, though the effects of the accident might subside, the hydrocele would remain unrelieved. The application of discutients already adopted was continued, and it is to be presumed, as the contrary is not stated, that the prognosis of M. Roux proved correct.—*La Lancette Française.*

It sometimes happens that an accident of the above description gives rise to a radical cure; the fluid being absorbed from the cellular membrane, into which it has been effused, and inflammation excited, by which adhesion is produced in the tunica vaginalis.

DESTRUCTION OF THE RIGHT HEMISPHERE OF THE BRAIN—HEMIPLEGIA OF THE LEFT SIDE—INTELLECT UNIMPAIRED.

A hemiplegic man, 32 years of age, died after the usual symptoms of phthisis pulmonalis, which, as well as disease of the heart, was ascertained by post-mortem examination. The cause of the paralysis, however, was still to be sought. On opening the skull, it was perceived that a considerable mass of fluid was poured out between the brain and cranium. The hemisphere of the right side was wasted and reduced to a mere membrane; the cerebral substance had disappeared; the optic and olfactory nerves of the right side were shrunk, as were the corpora olivaria and tubercula quadrigemina of the same side. In the words of the narrator, "it was not a brain that I found, but only the half of one." Yet the intellects of the patient were unimpaired. —*Ibid.*

EMPHYSEMA OF THE THORAX, SIMULATING FRACTURE OF THE RIBS.

A man, 56 years of age, came to the Hospital de la Pitié last Sept. complaining of very acute pain of the right side of the chest at its posterior part, and about the situation of the fifth rib. The pain was increased by pressure, by coughing, and by lying on the affected side; there was slight tumefaction, and a crepitation was perceptible analogous to that resulting from fracture, but more superficial, more clear, and more diffused; this noise was like that of starch broken between the fingers. Besides, when the pressure was continued, the crepitus became more rare, or disappeared, and then it might be felt at a distant point. The respiration, although frequent, was distinctly heard—there was little of the mucous râle. What was the disease? The patient had not constant pain in the part—it

was not fracture, for he had met with no injury. The pain came on during forcible lateral flexion of the trunk, when he stooped to pick up any thing. It could only be a spontaneous emphysema, which was circumscribed like that observed by Desault, Murat, and some others, under the pectoralis major, in the efforts at reduction of the humerus. The patient left the hospital in a few days cured.—*Ibid.*

ANEURISM OF THE MIDDLE MENINGEAL ARTERY.

The particulars of this case are related by Dr. Krimer. It occurred in a young female peasant, robust, and in good health, in whom, after a violent blow on the left temple, a tumor gradually developed itself on the spot. It was indolent, rather hard, moveable, rounded, as large as a nut, and accompanied with pain in the head. It was looked upon as an encysted tumor, and its removal advised. The surgeon under whose care the patient originally was, performed the operation; but Dr. Krimer was sent for in haste next day, in consequence of a hæmorrhage which followed the extirpation of the tumor; he arrived, however, too late, for the patient was already dead. The surgeon informed him, that after he had divided the skin upon the tumor, he found it to be under the temporal muscle, which he cut in the direction of its fibres, avoiding the artery. The tumor appeared to adhere to the periosteum by a pedicle about the size of a quill. Conceiving that this could be nothing more than a common adhesion, he cut it as close as possible to the cranium. In a moment after its division there escaped about a pound and a half of arterial blood; conceiving this hæmorrhage to come from the temporal artery, he directed his attention to it, but found that vessel to be perfectly entire. Close examination now shewed that the jet of blood came through the bone. The orifice was then plugged, and the head covered with cold applications, but the patient died within two hours. On examining the sac it was found to be an aneurism, which communicated directly with the middle meningeal artery. Leave was not obtained to open the head, but a portion of bone was removed, which was extremely thin, and enabled the Doctor to ascertain that blood was effused within the cranium, which had probably been the immediate cause of death. The middle meningeal artery was as large as the finger. He suggests as a means of diagnosis, to ascertain by pressure whether part of the tumor does not disappear, and whether such disappearance is not attended with symptoms of pressure on the brain. As to the rest, he regards any kind of operation as inadmissable, and would limit his treatment to cold applications to the head, and purgatives.---(*Journ. von Graefe.*)

SLEEP.

There are many curious histories of sleeping prodigies on record. The Philosophical Transactions have several: in one, a man slept from August till January. There is a case, read before a society of physicians, in 1756, of Elizabeth Orvin, who began her sleeping fit in 1738, by a four days' nap, and, for ten years afterwards, never slept less than seventeen hours out of the four-and-twenty. Dr. Brady relates that some strange methods were resorted to to rouse her—such as rubbing her back with honey, and in a hot day exposing her to a hive of bees, till her back was full of bumps; making a pin-cushion of her, and performing acu-puncturation with pins and needles; flagellation, and "other odd experiments," which the doctor informs us he thinks better "to pass over in silence;" all of which might as well have been spared, for she was very sulky, and good for nothing when she was awake. This sulkiness, however, should be noticed as being connected with the complaint. Previously to this somnolent disease many of the persons have become uneasy, sullen, and surly: in all, the mind has evidently been affected; and in some, where there has been extreme abstinence, their waking hours have been characterized by decided mental aberration. A lady in perfect health, twenty-three years of age, was asked by the parents of a friend to be present at a severe surgical operation. On consideration, it was thought wrong to expose her to such a scene, and the operation was postponed for a few hours. She went to bed,

however, with the imagination highly excited, and awoke in alarm, hearing, or thinking she heard, the shrieks of her friend under the agony of an operation. Convulsions and hysterics supervened, and on their subsiding she went into a profound sleep, which continued sixty-three hours. The most eminent of the faculty were then consulted, and she was cupped, which awoke her; but the convulsions returned, and she again went to sleep, and slept, with few intermissions, for a fortnight. For the next twelve months she remained perfectly well. The irregular periods continued for ten or twelve years, the length of the sleeping fits being from thirty to forty hours, diminished in duration as time went on, till she got well. Then arrived irritability, and total want of sleep for three months, which was succeeded by aberration of mind. This state continued about six months, when, to the relief of her friends, her sleeping fits returned, and were very regular in their periods, both as to arrival and duration. Her usual time for sleeping was forty-eight hours. She would in the intermediate day be very well till twelve at night, when she went to bed. Sometimes she would awake for a few minutes, take some warm fluid, which was always kept ready with a lamp, but found any effort to remain awake unavailing, and the bare notion of attempting it gave her great horror. Amongst the sleepy people of modern times, the case of Elizabeth Perkins, of Morley, St. Peter, in Norfolk, should be noticed as a case somewhat resembling that just alluded to. For a considerable time she was very regular in her times of waking, which was once in seven days; after which they became irregular and precarious, and, though of a shorter duration, they were equally profound; and every attempt at keeping her awake, or waking her, was vain. Various experiments were tried; and an itinerant empiric, elated with the hope of rousing her from what he called "counterfeit sleep," blew into her nostrils the powder of white hellebore, being a very powerful sternutative; but the poor creature remained insensible to the inhumanity of the deed, which, instead of producing the boasted effect, excoriated the skin of her nose, lips, and face.—*Quarterly Review.*

MEDICAL GAZETTE.

Saturday, February 7, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

SURGICAL REFORM.

THE bubble has burst—the miserable farce enacted at the Freemasons' Tavern some weeks ago, and entitled "Surgical Reform," is, in the language of the theatres, *withdrawn*. The public saw that it was an attempt to foist upon them a new edition of "Raising the Wind," and would not suffer it to be performed. The disconcerted manager has had private rehearsals in Bedford-Square, but has at length come to the conclusion, like Falstaff, that "the better part of valour is discretion;" and has had the sagacity not to hazard a repetition of the scene with which the "supporters of a free medical press" amused the public on the night in question.

When the advertisement calling upon the profession to enter into a subscription for Wakley first appeared, we denounced the proposal as an outrage to "common sense and common decency" —and as "the desperate effort of those immediately interested, which was looked upon with the scorn it deserved." The total failure which followed the abortive effort at the Freemasons'—the want of any one man of note—the promiscuous assemblage of a few professional radicals and non-professional gossips—the speechifying, the laughing, the hissing, and the uproar, we described on a former occasion; and our account, that it might not be suspected of exaggeration, was taken from two of the most respectable morning papers (*Chronicle and Times*). We have since

been very much amused with the effort made by our *respected* contemporary to put the best possible face upon the matter: his gratitude for being made the hero of so conspicuous a failure, and his satisfaction at so public a display of his unpopularity, reminds us of Buckingham's account of his reception from the people when he proposed Richard as king:

"When he had done, some followers of my own,
At th' lower end of th' hall, hurl'd up their caps,
And some ten voices cry'd, *God save King Richard!*
At which I took the 'vantage of those few,
And cry'd, 'Thanks, gentle citizens and friends,
'This general applause and cheerful shout,
'Argues your wisdom, and your love to *Richard.*'"

So Wakley—

"We are not insensible to the mark of approbation spontaneously bestowed upon our public conduct by the *numerous and highly respectable meeting* assembled on this occasion, but we consider the proceedings at that meeting more especially entitled to attention, as affording a proof of the state of public feeling with respect to the corrupt system which prevails at our charitable institutions—a system which must, ere long, undergo a complete reform."

We are not generally so fortunate as to agree in opinion with the writer from whom we have quoted this paragraph; but we are happy to say that, on the present occasion, we perfectly concur with him. Nothing could more unequivocally mark "the state of public feeling with respect *to the corrupt system* which prevails at our charitable institutions." The absence, on the occasion alluded to, of all those respectable men who took part at former meetings, when the abuses in the College of Surgeons were opposed, stamps with characters which are indelible the opinion which they entertain of the "corrupt system" to which *we presume* the Lancet alludes; namely, that of traducing the characters of all those attached to our public hospitals, a system which poisons the very springs of charity, and adds the misery of suspicion and distrust to the bodily sufferings of those who are obliged to have recourse to these institutions for relief. Humanity is ever in the mouth of the hypocrite, and the sufferings of THE POOR is now the watch-word of one who has done more to injure their true interests than all the mistakes of all the hospital physicians and surgeons for the last century. We repeat that the attendance at the radical meeting, and the results (or rather no results) which have followed, afford an index to public feeling so unequivocal that he who runs may read.

At the meeting held at the Freemasons' Tavern, Dec. 23, 1828, it was moved, seconded, and carried,

"That the independent and impartial principles on which the Lancet was first established, have been preserved by Mr. Wakley *at all risks;* and as it was acknowledged at the late trial, that the legal expenses of some of his opponents, on another occasion, were defrayed by certain hospital physicians and surgeons, it is further resolved, that a subscription be opened for the purpose of defraying the expenses of the late action."

"That, in accordance with the feelings this meeting has expressed, Mr. Wakley be invited to attend a public dinner, and that a committee be nominated to arrange the same."

The very proposal to raise a subscription was thought to require some apology or explanation, and therefore the circumstance of certain hospital surgeons having made common cause, in order to try whether the Court of Chancery *would protect their property from violation*, was adduced, by these wiseacres, as a precedent for entering into a subscription for the benefit of a libeller who had endeavoured to ruin one of their brethren. Much does this resolution speak for the judgment and feeling of the profession: of the profession!—we wrong them: these were the resolutions of a few obscure individuals, and so ut-

terly have they been disregarded by the profession, that we believe, to this hour, not one farthing has been subscribed—or ever will be. Yet the Number of the Lancet before us proves that no backwardness is shewn in any proper cause, for it announces the contribution for another "distressed medical gentleman," of above three hundred pounds!

When we stated that the attempt to raise a subscription for Wakley was a "desperate effort of those immediately interested," we did so from our conviction that no others could be so lost to every proper feeling on the subject, and this assertion proves to be correct to the very letter. It may, perhaps, be remembered that the first motion was seconded by a Mr. Mills: now this person turns out to be no other than the Printer of the Lancet!—a very respectable individual, we doubt not, but certainly not the most disinterested person in the world, nor one whom any but the enemy of all "hole and corner" proceedings would have had the impudence to put forward on such an occasion. Before the conclusion of the meeting, however, it would appear that there had been some misgivings as to the subscription, and it was thought expedient to hold out a bait which seldom fails with John Bull; namely, a dinner. This was an excellent idea, and it was thought that those who could not stomach the proposal in any other shape, would greedily swallow it in this. In order to give a more imposing effect to the whole, a Committee was appointed—a Chairman nominated—all the preliminary forms gone through, and nothing was wanting—nothing, save a sufficient number of persons to give the room the appearance of being decently filled. And amid the men of all ranks, dispositions, and tastes, in our profession, in London, could not forty or fifty be collected, to whom the attractions of a good dinner were more powerful than the sense of propriety and justice? *they could not*—every effort was made: day after day, and week after week, passed away, but still the worthy Editor was unwilling to acknowledge the melancholy truth—that his subscription and his dinner were looked upon as a bare-faced attempt to produce a little *eclât*, and to smother, in the riot of a tavern, the indignant voice of an outraged profession. It is hard to persuade a man against his will! but the Champion of Reform yielded at last to imperative necessity, and Mr. Paty—the unfortunate Mr. Paty—the Chairman elect, whose virgin honours are thus destined to wither ere their consummation—is directed to indite an epistle to Mr. Wakley, requesting his company at a dinner, which was (*not*) to be held on the 18th February. We shall give the letters, for they are unique of their kind, and considering that no dinner could, by possibility, be got up, show a marvellous aptitude in both parties at the species of rhetoric called—humbug.

"*Mr. Paty to Mr. Wakley.*

"33, Bouverie-street, Fleet-street,
"Jan. 24th, 1829.

"Dear Sir,—The gentlemen who undertook the arrangements connected with the resolutions adopted at a public meeting in the Freemasons' Tavern, on Tuesday, Dec. 23rd, 1828, (a copy of those resolutions having already been transmitted to you), have requested me, as chairman of that meeting, to inform you, that, should the day suit your convenience, they consider the 18th of February next the most proper time to beg the favour of your company in the same tavern, at a public dinner.

I beg leave to state also, that their reason for naming that day in preference to any other, was, that it will be the anniversary of the commencement of those proceedings which, if zealously pursued, with the continued assistance of a free medical press, will tend to raise your professional brethren from their present degraded condition; which has been attributed, with justice, to the constitution and government of the Royal College of Surgeons in London.

"An answer to this letter, at your earliest leisure, will oblige the gentlemen at whose request I write; and also,

"Your most obedient servant,

"JAMES PATY.

"Thomas Wakley, Esq."

"*Mr. Wakley to Mr. Paty.*

"Bedford-square, Jan. 24, 1829.

"Dear Sir,—I need scarcely say, that I feel most sensibly the very flattering testimony of approbation, which my public conduct received from the large and respectable meeting, over which you presided on the 23rd of December, at the Freemasons' Tavern. My exertions in the cause of a free medical press, and free medical institutions, have, at least, been honest, and honest exertions the public of this country never fail to appreciate. I am sensible also, that the late trial has contributed greatly to strengthen the hands of public writers, by the important decision given at the outset of the cause, in favour of Journalists who feel that they are in a situation to justify an alleged libel, and also to open the eyes of the public to the corrupt system which prevails at our hospitals in the distribution of patronage, though I was not permitted to enter fully into this part of the case. But, Sir, greatly as I deprecate and detest the system of nepotism, to which, I believe, Mr. B. Cooper is indebted for his situation, I entertain, equally with yourself, and the gentlemen whom you represent, no kind of hostility towards that gentleman. On the contrary, I respect his private character, and I would rather not, therefore, at present attend a festival, which, though instituted entirely upon public grounds, malevolence might perhaps construe into an act of persecution directed against his private interests. If the object of the festival were to celebrate the *triumph* of surgical reform, I should be proud and happy to attend. But though the victory is, I believe, in our hands, the battle is still to be fought. I trust, however, the day is not far distant when we may meet to celebrate, not the virtual defeat of a few individuals, but the complete and final overthrow of a corrupt system.

"In conclusion, permit me to express my deep sense of gratitude towards yourself, and the gentlemen with whom you are acting, for your very flattering and distinguished approval of my efforts in the noble and thriving cause of surgical reform.

"Your obliged and obedient servant,

"THOMAS WAKLEY.

"James Paty, Esq."

The delicacy displayed in the Champion's answer is delightful; the kindness of his nature overcomes even his sense of public duty—he is touched by the entreaties of his friends, but does not yield.

"I thank you for your loves, but must declare,
(I do beseech you take it not amiss),
I will not, dare not, must not, yield to you."

One piece of information in this epistle is of some importance: the writer says his exertions in the cause of a free medical press, *have at least been honest.* The manner in which this statement is made looks as if he feared it might be doubted. We have turned to Johnson's Dictionary, and find honest to mean "sincere; upright; chaste, just, true," and we can solemnly declare we never heard a single individual express a *doubt* as to our contemporary being possessed of these attributes.

One of the qualifications of this writer, which we most admire, is his perfect candour and entire want of affectation or hypocrisy. Nothing can exceed the delicacy of his conduct in declining the invitation on Mr. Cooper's account; and we can easily conceive how painful it must be to the feelings of such a man to be compelled, by his regard for the *interests of the poor,* to have a large placard over his shop, and an indecent picture in his window, to attract the multitude, precisely the same in principle, and very similar in execution, to what may be seen on a caravan which is now paraded about the streets of London, representing "the dreadful and horrid murders lately performed in Edinburgh;" and which, we have no doubt, will be the most attractive exhibition at the next Bartholomew fair, unless Mr.

Wakley should move his scenery from the Strand to Smithfield, and enlighten the boors by representing his own veracious "tragedy."

SURGICAL LECTURES AT ST. BARTHOLOMEW'S.

Considerable interest has been excited by the new arrangements at St. Bartholomew's, rendered necessary by the state of Mr. Abernethy's health preventing him from being able to continue his lectures. We mentioned in our last that Mr. Lawrence had been appointed to supply Mr. Abernethy's place, and on Monday evening he delivered his introductory discourse. The theatre was crowded to excess, and many gentlemen remained outside, unable to gain admission. The reception of Mr. Lawrence was of the most enthusiastic description, and it was some time before the cheering subsided so as to allow him to proceed.

The lecturer stated, in alluding to the circumstances under which he appeared before them, that up to a very late period it had been Mr. Abernethy's intention to give the usual course of lectures himself; indeed, it was only on Saturday week (nine days previously) that Mr. Lawrence had received notice to undertake those duties which he was now to commence. In speaking of the disadvantages under which he laboured in following so distinguished a teacher, Mr. Lawrence characterised his venerable predecessor in terms which were echoed by the loud and cordial applause of all present; and these demonstrations of feeling were renewed when he added his ardent hope that, though Mr. Abernethy had been obliged to retire from his public duties, he might still be long preserved to enjoy happiness in the bosom of his family.

Mr. Lawrence stated that, owing to the arrangements previously made, the present course would necessarily be imperfect. Mr. Abernethy, from lecturing on both anatomy and surgery, had been in the habit of introducing a good deal of what properly belonged to the latter course into the former: thus the affections of the bones and the joints—the operations, and all diseases requiring operation, were introduced into the anatomical course; and as his (Mr. L.'s) business was only to complete what had been already begun, his duties would, for the present, be confined to those subjects which would have fallen to Mr. Abernethy; while Mr. Stanley would continue, during the present season, to give the other departments of the course above-mentioned.

In proceeding to the more immediate business of his discourse, Mr. Lawrence dwelt on the importance of anatomy as the general foundation of all medical and surgical knowledge; he enlarged upon the indivisible nature of the different branches of the healing art, and on the necessity of studying them all as component parts of one symmetrical whole. The matter of his lecture was nearly the same as that which formed the subject of his introductory address at the Aldersgate-Street School; though, perhaps, some of the opinions were less *pungently* expressed.

Occasionally during the lecture there was considerable interruption from those outside endeavouring to gain admission, and at one time, Mr. Wakley having been discovered among those present, some gentlemen began to hiss, and set up a cry of "Turn him out!" Mr. Lawrence took occasion, when the tumult had somewhat subsided, to address the class. He said "he had come there for the purpose of delivering his introductory lecture, and notwithstanding the crowded state of the theatre, he had no doubt he should be heard by

those who had come there merely for the purpose of listening." After this no farther disturbance took place.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Fracture of the Fourth Cervical Vertebra.

Thomas Nunney, a porter, aged 24, was admitted into Luke's ward, at 5 P.M. Jan. 21st, 1829, under Mr. Tyrrell.

About half an hour previously, he had been carrying a weight of 1½ cwt. when his foot slipping, he fell, and he believes that the load fell upon him. He was insensible for a short time, and when consciousness returned, he found himself utterly incapable of using his hands or arms. When brought in he was in a state of great depression. The pulse was below 40, and feeble; the surface was pale and cold; the breathing not affected.

When he had been placed in bed, a more careful investigation was made. There was complete loss of sensation of every part of the surface below an imaginary line drawn round the body, opposite to the sternal extremity of the fourth rib. It is not meant that feeling ceased here suddenly; for an inch or two below this point it gradually became less and less distinct, until quite extinguished.

There was very considerable loss of feeling in the arms. The numbness was greatest in the hands, less in the fore arms, and still less in the shoulders. When handled at all roughly about the shoulders, he complained of a pricking sensation.

There was also an extensive deprivation of the power of motion. This was completely lost in all the voluntary muscles situated below the point already mentioned, as that at which feeling ceased; viz. the fourth rib. Some ability to move the arms still remained, but it was restricted to slowly rotating the humerus to the extent of two or three inches.

Priapism, in an excessive degree, took place shortly after the injury.

The intellect did not appear entirely to have escaped injury. There was evidently slowness of comprehension, and hesitation in forming the proper answer. He also spoke very inarticulately, but it was difficult to determine how much of this effect might be attributed to the accident, as his friends said that he had always stammered; and from cold, his teeth chattered in a very remarkable degree. Although he complained much of cold, the surface was not below the natural standard of temperature. It was thought that he still retained the feeling of heat and cold in the parts dead to every other sensation, but of this there was some doubt, and unfortunately it was not put to the test of experiment.

A very careful examination of the spine was made by Mr. Green, in the absence of Mr. Tyrrell. No fracture of any vertebra could be felt, but there was tenderness over the fourth, fifth, and sixth cervical, and the patient complained of pain there when his head was moved. Mr. Green recommended that, in the event of complete reaction taking place, he should be bled to such an extent as the pulse might warrant.

9, P. M. Some reaction; pulse 55, and stronger, but still weak; complains much of cold; some tympanitic swelling of the abdomen; no desire to evacuate the bladder or rectum. The urine was drawn off.

22d.—10, A. M. Pulse 50; very feeble. More difficulty in speaking, and greater slowness of comprehension. Decidedly more feeling in the arms, and more power of motion, as he can with an effort raise them from the bed, but they immediately fall again. No stool.

Ænema commune.

23d.—10, A. M. Pulse 35, feeble; pupils contracted, but not equally—one more so than the other. Increased hesitation in speaking, and a tendency to delirium. The amendment which had taken place with regard to the arms has disappeared, and the priapism, inability of emptying the bladder, obstinate constipation, and paralysis of the lower half of the body, continue unchanged. He complains of feeling very drowsy, but cannot sleep.

10, P. M. Pulse 20; surface of the abdomen and thorax very cold; extremities less so. Intellect quite disordered, as when asked a question, he begins to talk on a totally different subject; has been rambling all the evening. No stool.

Two ænemata this day.

24th.—He continued in the same state, talking almost continually, until 4 this morning, when he died, without having been insensible more than a few minutes.

There was no stool up to the time of his death. The urine had not begun to dribble away, nor had it become ammoniacal.

He did not sleep from the time of the accident, although often expressing a desire to do so. The breathing appeared easy from first to last. No unusual action of the sterno-mastoid or trapezii muscles was ever observed.

Examination 48 hours after death. — The external surface of the body presented nothing remarkable. No displacement of the spinous process of any vertebra could be felt. The integuments and muscles were

dissected from the whole length of the spinal column, and a fracture was then found running through the right side of the arch of the fourth cervical vertebra, very near the articular process. Under this, a small clot of blood was found lying upon the theca, or extension of dura mater covering the cord. This covering was entire, and did not present any marks of inflammation. From the nature of the fracture, there was necessarily no displacement of the arch of the vertebra, and therefore no compression of the cord. The theca was next laid open. It contained more serous fluid than usual. Opposite to the fracture the cord appeared swollen, as if from blood extravasated within it. Its remaining membranes were there more injected than usual. A section was afterwards made through this portion of the cord, as it was found that blood really was extravasated through its substance, appearing as innumerable red points, intimately mingled with the natural colour of the medulla. When the cord was removed, another fracture was detected, extending longitudinally through the body of the fourth cervical vertebra. The brain was next examined. The vessels of the pia mater were unusually full, both veins and arteries. On the surface of the cerebellum, under the pia mater, there was a considerable quantity of blood extravasated, in very thin layers or streaks. The substance, both of cerebrum and cerebellum, was healthy.

On the fore part of the spinal column, opposite to the fracture, there was much extravasated blood. Thinking, from the great depression of the heart's action, that the superficial cardiac nerves might be compressed, Mr. Tyrrell dissected down to their origin, and found that they were involved in coagulated blood.

The lungs were filled with dark blood, as were the right chambers of the heart. The colon and rectum were filled with hard fæces. The bladder and every other viscus were healthy. G.

[We shall take an early opportunity of narrating some interesting cases of injuries of the vertebræ partially recovered from, now in the hospital.]

ST. BARTHOLOMEW'S HOSPITAL.

Fracture of the Bodies of the Seventh and Eighth Dorsal Vertebræ.

William Fruig, æt. 37, a labouring man, was admitted on the morning of the 6th inst. under the care of Mr. Lawrence, having fallen from the top of a house upon his back, a height of about fifty feet. As he lay upon the bed, the lower extremities had very much the appearance of having been fractured, particularly the femur of the right side, but when examined they were found to be quite sound. The power of motion and sensation were completely gone—so much so, that he was unconscious of a considerable sized wound upon the great toe. This loss of sensation extended all over the front of the abdomen and around the loins, as high up as the scrobiculus cordis. There was, however, perfect sensation above this part. Passing the hand up the spinous processes of the vertebræ of the loins and back did not produce any sensation, or pain, until it arrived opposite to about the seventh or eighth dorsal vertebræ, where there was felt a slight depression, and a considerable degree of pain was occasioned by making the slightest pressure. The pulse was slow and labouring; the respiration not much disturbed.

7th.—No return of sensation; much pain about the part of the back that is injured; has also a distressing sensation in the abdomen, above the navel. The belly here is distended, and forms a complete contrast with the lower part of the abdomen, which is flat and senseless. Much pain in the bowels. No evacuation. Urine passed insensibly. Pulse rather quick. No appetite. Ordered house medicine every three hours.

In the evening there was more pain about the bowels. There had been no evacuation, and the skin was rather hot. Ordered an enema.

8th.—The bowels have been freely opened. There is still much pain above the navel, and the abdomen is generally tense, owing to the distended state of the bladder, which had not relieved itself. By pressing the hand upon the distended viscus, no urine could be forced through the passage, so that a catheter was introduced, and about three pints of offensive high-coloured urine drawn off, which afforded some relief. Pulse slow. The stools pass involuntarily.

10th.—Little alteration, except that he complains of pain in the throat and chest.

12th.—The pain in the throat has disappeared, but it is severe in the chest. Countenance anxious; has had no sleep; stools continue to pass involuntarily. The urine is drawn off twice a-day.

13th.—Pain in the chest increased. Pulse 90, and full. V. S. ad ℥viij.

15th.—The urine may now be pressed out of the bladder by placing the hand over the lower part of the abdomen, so that the catheter is dispensed with. Pulse slow; much thirst.

From this time, the only variations in his symptoms were those of his pulse becoming quicker, and his breathing more difficult. He died on the morning of the 19th, having survived the accident 12 days.

On examining the body six hours after death, the spine was found to have a lateral

curvature, which did not seem to have been caused by the injury. Upon cutting the muscles on each side of the dorsal vertebræ, much blood was seen to be extravasated in the cellular tissue around them, particularly in the neighbourhood of the seventh and eighth, the spinous processes of which were quite moveable before the saw was applied. There seemed to be so much mischief done that it was not easy to discover what was the exact injury, but the oblique processes of the eighth vertebræ seemed to be driven upwards, over part of the body of the one above. The theca about this part was of a dark red appearance, and seemed to be pressed upon by the posterior part of the body of the vertebræ, so as to cause a sharp edge to be formed. There was much blood effused beneath the arachnoid, and that portion of the cord which was opposed to the sharp edge of the vertebræ was pressed upon and softened, so as to bear no resemblance to the cord above this part; cutting into it shewed several bloody points dispersed over it. Removing the cord, shewed the fracture to extend across the bodies of the seventh and eighth dorsal vertebræ. In the chest there was found nearly a pint of blood, chiefly in the cavity of the right pleura. There were several large spots of extravasated blood in the cellular tissue surrounding the pericardium. The lungs were filled with blood, and the bronchi had a dark red appearance upon their mucous surface.

In the abdomen there was a considerable quantity of blood effused under the peritoneum, between the bowels, and in the course of the mesentery. Blood also in great quantities between the muscles about the pelvis, but more particularly upon the right side. The hip-joint of the right side seemed to move with some freedom, unlike the opposite limb, and when the muscles were cut through there was a great deal of extravasated blood around the joint; the muscles that immediately surrounded it were much torn, as was also the capsule of the joint and the ligumentum teres. There was a fracture of the external rim of the acetabulum, and the head of the bone was a little displaced.

ST. GEORGE'S HOSPITAL.

Omental Hernia not recognized at first—Formation of Abscess in the protruded Omentum—Removal of the latter—Cure.

The following case has lately occurred at this hospital—indeed the patient is still an inmate of the house.

William Bright, 48 years of age, had for five years been subject to a small, reducible, inguinal hernia on the right side, which gave him but little inconvenience, and for which he had never worn a truss. On the 25th of November last (the hernia, he believes, was *not* down at the time) he received a kick from a horse in the inguinal or hypogastric region, and immediately afterwards a swelling appeared in the groin, the size of a goose's egg; excessive tenderness followed the injury both in the tumor and abdomen; vomiting also succeeded, but no constipation of the bowels. The treatment very properly consisted in the application of leeches and bleeding from the arm, which procured him relief to a certain extent; and, December 3, eight days after the occurrence of the accident, he was brought to the hospital, presenting the symptoms now to be described.

A tumor was observed on the right side, occupying the site, and passing in the direction of a scrotal hernia; the skin was not discoloured; the tumor about the size of an orange or larger, and oblong in shape; it could be traced distinctly from the inner ring down to within half an inch of the summit of the testicle, was hard, more or less circumscribed, and exceedingly tender on pressure, which had no effect whatever in diminishing its bulk. Through the inner ring we felt, or thought we felt, a prolongation, as it were, of the tumor pass distinctly within the abdomen. The spermatic cord was readily distinguished on *the front* and outer side of the lower portion of the tumor; there was some, but not much abdominal tenderness; the tongue was coated with a brownish fur; the pulse 108, and rather weak; the countenance anxious and hypochondriacal; the bowels pretty open.

From the history and symptoms detailed above, we imagined at the time, and mentioned our opinion to a gentleman present, that the case was one of omental hernia, complicated probably with some extravasation of blood from the blow. Mr. Lane, however (who at first had the treatment of the patient), and afterwards Mr. Brodie, considered the tumor and symptoms as dependent on extravasation of blood only, and we thought no more about the matter. The treatment consisted in the application of eighteen leeches to the part, a repetition of fifteen on the 5th, and the exhibition of a saline, with two scruples of the sulphate of magnesia, every six hours.

He went on thus for the first three or four days with little alteration in the symptoms; the countenance was anxious; the pulse about 100; the tumor continued tender; he retched occasionally, but brought nothing off the stomach.

On the night of the 7th he had a severe rigor; and on the 8th the tongue was dry, the pulse 110, the tumor more elastic, especially at its upper part.

Cataplasma Lini. Haustus Antispasmodicus.

On the 9th there had been no recurrence of the rigor, but the symptoms otherwise were worse. The countenance was more anxious; the pulse ranging from 110 to 120; on coughing, an evident impulse was given to the tumor, and fluctuation was now distinctly felt.

Under these circumstances Mr. Brodie cut down upon the tumor, found a hernial sac, opened it, and discovered a large mass of thickened and adherent omentum. The adhesions were broken through on the anterior part, when a small quantity of bloody serum came away, and afterwards a gush of about six ounces of well-formed pus. Mr. Brodie having ascertained that the matter was formed and contained in the centre of the thickened omentum, and that the bed of the abscess was sloughy, excised the mass, which was nearly the size and shape of a lemon. During and after the operation matter was seen to flow from the abdomen into the sac, the inner surface of which was lined with dirty-looking lymph. Several vessels which bled were secured, and the ligatures all cut short; the wound was lightly dressed with lint, and a poultice applied.

Haust. Salin. Ammon. 6tis horis.

He was sick soon after the operation, but was easy in the evening. The pulse was 108; the tongue was moist at the edges, but dry in the centre.

On the 10th he was low, and the countenance depressed.

Adde Haustui Spir. Amm. Arom. ʒss. 6tis horis.

He vomited twice this day, and was ordered in the evening—

Tinct. Opii gtt. x. Mist. Camph ʒiss.

From this time he gradually improved, the pain in the abdomen subsiding, the anxiety passing away, the pulse getting down, and the tongue becoming moister. Fincham's solution of soda was applied to the wound, on which superficial sloughs formed and came away. For some time a small quantity of pus issued from the inner ring on coughing or pressure from above; but at length this occurred no more. The wound became daily cleaner; the purulent discharge first acquired a healthy consistence, and then continued to diminish in quantity; the dryness and fur upon the tongue disappeared; the patient was placed upon bark, wine, and a generous diet; and a speedy convalescence ensued. After the wound, however, had healed, a hernial protrusion came down, and the patient will be under the necessity of wearing a truss.

This case is deserving of remark upon several accounts. It was certainly one of omental hernia, and not of extravasation of blood from a blow, as was thought by most of those who saw the patient. If, however, the diagnosis had been literally correct, the treatment neither would nor should have varied much from that which was actually adopted. The man had a hernia, it is true; but the symptoms were not those of hernia notwithstanding. The bowels were freely open, there was no evidence whatever of strangulation of omentum or intestine, and no one would have been warranted at the time of his admission in cutting down upon the tumor, because there was no stricture for the operation to relieve. The symptoms under which this patient laboured were—first those of inflammation of the protruded omentum, and afterwards those of the formation of matter, the consequence of that inflammation.

It would be interesting to know, though of course not very easy to ascertain, whether, at the time of the patient's admission, matter was actually formed in the omentum, or merely forming. We are disposed to think that the latter supposition is correct, from the non-occurrence of rigors till the evening of the 7th, four days after admission, as well as from the general want of intensity in the symptoms at that period.

The occurrence of hernia after the removal of the omentum is worthy of notice, and probably would not have been expected from the circumstances of the case. It is commonly, but, as far as we can judge from the cases we have seen, erroneously supposed that the operation for hernia affords a degree of security against a relapse. We believe that the fact is, in reality, very far otherwise.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

Jan. 23, 1829.

C. Aston Key, Esq. V. P. in the Chair.

Dr. Whiting submitted to the consideration of the meeting the subject of scarlatina, more especially in reference to the causes of death, in some particular circumstances, when the eruption has declined. He had recently witnessed several instances, and detailed one case. The patient was a debilitated lady, who appeared to be recovering from the disease. The pulse, which had been feeble, was beginning to rise; hoarseness then came on; a great secretion of mucus took place, with difficulty of swallowing and of breathing, apparently ending in suffocation.

On examination after death, there was found to be a determination of blood to the larynx and bronchia, and effusion beneath the membrane of the former and that of the epiglottis. There was an interval between the larynx and the bronchia free from disease.

Dr. Babington regarded the disease, as now epidemic, a subject of great interest.

He thought it necessary to bear in mind the different stages of the disease, to consider the type as in measles, and generally, he said, you may determine at the commencement how the disease will end. Where the inflammation of the throat is superficial, and the eruption not of a dark purple, and the anxiety is not great, he inferred that there was not much cause for apprehension; but when the eruption is unkindly, and there is great prostration of strength, and there comes on much constriction of the throat and ulceration of the Schneiderian membrane, and, as a sequel, bloody urine, with œdema, swelling at the angles of the jaws, with stiffness and stony hardness, danger may be apprehended. The state of the larynx in the case related by Dr. Whiting led him to inquire whether the operation of tracheotomy might not be resorted to under like circumstances; and it was also made a question whether, as the difficulties of the operation were sometimes great, caustic or cauterization might not be employed.

Mr. Key regarded the hot iron as the mildest caustic, but unavailable in this country on account of the prevailing aversion. He had performed tracheotomy a few times, and had to contend with hæmorrhage only once. On one occasion a portion of the thyroid cartilage had exfoliated, which he removed, but the patient died of phthisis.

Mr. Callaway had performed the operation without encountering much hæmorrhage. He related the case of a man who was apparently dying of asphyxia. On opening the trachea, and passing the tube upwards, a substance was felt, which proved to be a tumor that had sloughed. The man survived three days, and died of extreme irritation. Extensive ulceration was found at the back of the nares, from which part the tumor had separated, and rested immediately in the glottis. He thought that the difficulties of the operation were overrated, and agreed with Mr. Key that in a healthy subject little inconvenience would result from it. He adverted to circumstances—as tumors and aneurisms pressing upon the trachea—which should awaken due consideration before the operation is undertaken.

WESTMINSTER MEDICAL SOCIETY.

January 31st, 1829.

After some delay the chair was taken by Mr. Arnott, who stated that the president for the evening had not arrived, and he was therefore deputed to officiate for him. Mr. Arnott then informed the Society that Mr. Bennett, who was to have introduced to their notice the subject of the circulation in the osseous system, had likewise been prevented from attending; and that it was open to any member to introduce a subject for discussion. We must take leave to remark, however, that something more satisfactory than an announcement of this kind is expected on such occasions.

Mr. G. Burnett made some remarks upon the stomach-pump; stating, (what we believe to be admitted), that the principle of evacuating the stomach by means very similar was practised long ago. This led to a few cursory and unimportant observations about the instrument, and its use in throwing up injections into the rectum. Dr. Ley mentioned that very free injection, by having one pipe of the instrument in a basin of cold water, and the other in the vagina, was a very powerful means of arresting uterine hæmorrhage.

Dr. A. T. Thomson, who had now arrived, took the chair; and in apologising to the Society, stated that he did not know that it was his turn to preside, as no notice had been sent him, and his coming at all was therefore accidental.

[This was not well managed, and we trust will not occur in future.]

Dr. Thomson then alluded to the case of a man who had lately been a patient at the University Dispensary, having no very prominent symptoms; his appetite was bad, his digestion impaired; he got emaciated, and had a constant sense of cold; but his pulse, respiration, &c. were little, if at all affected. Dr. T. requested his son to relate the appearances which had been found after death. These were adhesions of the two pleuræ throughout; enlargement of the heart; and tubercular disease in various stages; and hepatization of the lungs. In the abdomen a general agglutination of the parietes of the abdomen, omentum, and convolutions of the bowels to each other. Translucent tubercles (or as Mr. T. called them, *glands*) on the peritoneum, surrounded with circles of melanosis; some ulceration of the mucous membrane, and apparent erosion of the bowels at one part, with some effusion.

After this a desultory, and very uninteresting discussion took place; the speakers being principally Mr. Thomson and Dr. Thomson, with some remarks from Mr. Arnott, Dr. Ley, and Dr. Milligan. Nothing can be farther from our wish than to make any personal allusion calculated to hurt the feelings of any one; but we must be permitted to say, that it has not been the custom heretofore, in the debates of this Society, for any one member to occupy so much time as Mr. Thomson has lately repeatedly done. Last night a considerable number of members left the room, their patience evidently exhausted by the tediousness of the discussion; and we sincerely trust this hint will not be lost in the proper quarter; otherwise we shall be under the necessity, in compliance with numerous applications which have been made to us, to recur to the subject in a more pointed manner.

DR. JOHNSON'S CASE OF PNEUMA-THORAX.

To the Editor of the London Medical Gazette.

Sir,

Permit me, through the channel of your Journal (for Mr. Wakley never admits any letters complimentary to himself), to return my best thanks to the Editor of the Lancet for carefully suppressing my name when reporting the case of Pneuma-Thorax, read at the Westminster Medical Society. At the first glance I thought the motive which led to this suppression of the name was not a kind one; but on looking over the report I changed my opinion, and am convinced that the Editor acted on this occasion with most friendly intentions. There is scarcely a line in the report which does not contain either an error or an absurdity. One or two instances will be sufficient for notice. Thus the report says the *left* lung was adherent to the side, the adhesions being of some years standing, though the *whole of the left side was full of air, and the lung collapsed!* I am made to come into the Society *after* Dr. Granville had spoken, and then to thank Dr. G. for complimenting me on adopting a wrong name for the disease, though I was in the Society almost from the commencement of the reading of the paper! I am made to say that the two sides of the chest sounded alike, though the remarkable contrast of *sonorieté* in the two sides is frequently pointed out in the paper. In short, a more distorted and erroneous report was never conveyed, even through the medium of the Lancet; and, therefore, I cannot but feel grateful to the Editor for concealing both my own name and that of Mr. Guthrie, who operated.

I am, Sir, yours, &c.

James Johnson.

Suffolk Place, Feb. 2, 1829.

MEDICAL SOCIETY OF LONDON.

Jan. 26, 1829.

Thomas Williams, M.D. Vice-President, in the Chair.

The minutes of the ordinary meeting of the 12th January having been read,

Dr. Blicke said, that in the minutes read a principal argument that he (Dr. B.) had urged against the use of the ergot of rye, had not been recorded. It was this: that every practitioner using that medicine, claimed for the form employed on the occasion, a superiority of action over the other forms of the remedy:—now, if the virtue of the remedy resided exclusively in any one form, those who had affirmed the efficacy of other forms must have been deceived.

Mr. Waller stated, that he had used the secale under all the forms. He was accustomed now to employ the powder: the powder was always at hand; a smaller quantity so used produced the result required. This was an advantage, as the ergot was rather a dear medicine. Half a drachm of the powder infused in warm water, constituted a dose: when required, the powder might again be infused, and no waste would accrue: this was of importance in the practice of charitable institutions. Mr. W. then described a tumor occasionally seen in the necks of new-born infants: it was a tumor of a stony hardness; it generally subsided in about six months. It had not been mentioned by writers: but Sir A. Cooper had noticed it; not, however, in his Lectures. It was the opinion of Sir Astley, that the tumor was produced by the disruption of the fibres of the sterno-cleido-mastoideus muscle. Mr. W. had seen two instances of it; both the children had been small: this phenomenon had been attributed to force in extracting the child; but in the instances alluded to, although the presentations were not natural, the inferior extremities being first out of the pelvis, and some slight extension of the neck taking place, yet no force was employed, the children being small, and the pelves ample.

Mr. Callaway stated that he had seen this tumor three times, and that he believed the cause assigned by Sir A. Cooper to be correct. No inconvenience appeared to arise out of this swelling, with the exception of the occurrence of pain upon the head being turned. Dr. Blundell had given the same rationale of the tumor.

Dr. Ramadge exhibited to the Society several specimens of disease in the rectum: one shewed ulceration in the intestine; another an extraordinary dilatation of the gut; a third demonstrated the non-existence of stricture, where that morbid condition had been stated to exist. Dr. R. again denied the frequent coincidence of stricture of the rectum with phthisis pulmonalis.

Mr. Lloyd noticed the frequent occurrence of abscess at the verge of the rectum, in cases of phthisis pulmonalis. These abscesses produced fistulæ in ano, and were connected with ulceration of the intestine. In every case of phthisis attended with abscess of the rectum, the contiguous mucous membrane was much diseased. Disease of the rectum was not, however, a necessary accompaniment of phthisis: but in phthisis originating in tubercular disorganization, it would be found that the other glands of the body were morbidly affected; and these cases were hopeless. Mr. L. then remarked the great objection raised by patients affected with fistula in ano against the use of the knife. He (Mr. L.) thought that the knife, in this disease, might be dispensed with. The ligature would accomplish all that could be desired: and in no instance had he (Mr. L.) found it to fail. Mr. L. then illustrated this position by ex-

amples drawn from hospital and private practice. Mr. L. then examined the mode of treatment by injection. This method of cure might be made successful. Cases of long standing required more powerful injections.

Dr. Ramadge had seen very few abscesses in the neighbourhood of the rectum in cases of phthisis pulmonalis.

Mr. Shearly remarked the coincidence of disease of the rectum with disease of the liver.

Mr. Callaway said that fistula in ano was not to be considered a mere local disease; it was frequently concomitant with disease of important organs, or met with in cachectic habits. The use of the ligature was certainly in some cases to be advocated. Some empirical practitioners had acquired fame by the use of metallic ligatures, which they were very careful to conceal.

Mr. Lloyd noticed the occurrence of ulceration near the anus, an affection sometimes not discovered, and attended with serious indisposition. In one case of this kind the sphincter ani had been divided with a good effect.

Dr. Ryan exhibited "a polypus found in the left auricle of the heart." It was considerably organized—its covering was continuous with the lining of the auricle, to which it bore an exact resemblance, and no line of demarcation could be observed. The integuments were found laminated, and firmly united to each other; in the centre was a coagulum of blood. The preparation had been in maceration three weeks. He (Dr. Ryan) did not think it could be of recent formation. It strongly resembled a concretion described by Mr. Allan Burns. In unorganized concretions formed before or after death, there is no real adhesion to the lining of the auricle. The patient was a female aged 18, and had died of pneumonia of three days duration. There was high inflammation in the superior part of the right lung; the left ventricle was enlarged. The patient had experienced dyspnœa from infancy. During the illness which preceded death, the respiration was much hurried; the pulse much fuller than usual in pneumonia, but perfectly regular.

Mr. Callaway and Mr. Bryant expressed some doubts of the organization of the concretion described.

Dr. Ramadge exhibited two calculous concretions taken from the toes of a gouty patient, who had died of apoplexy: they were cut through, to shew their structure.

Monday, Feb. 2.

The Society was occupied almost the whole evening in the discussion of a point of order—namely, the propriety of admitting visitors for the avowed purpose of reporting its proceedings. Regarding the question as of a private nature, we deem it more decorous to decline publishing the conversation which passed. Those favourable, as well as those unfavourable to the publication of reports, were heard at length, and the matter finally referred to the consideration of the Council.

The Council have appointed a Committee to prepare another petition to the House of Commons, praying for a removal of the impediments to the study of anatomy.

PHYSIOLOGY.

Mr. Broughton, Surgeon to the 2d Life Guards, and one of the Surgeons to the St. George's and St. James's Dispensary, has recommenced the physiological lectures which he has been in the habit of delivering, during the last two years, to the dispensary pupils and others (who have access to them *gratuitously* on application), at the house of the charity in King-Street, Golden-Square, every Tuesday and Thursday evening, from eight to nine o'clock.

On Tuesday evening, Mr. Broughton demonstrated the course of the facial nerves in the head of a horse, which had been the subject of recent experiments, for the purpose of proving the facts (formerly published by Mr. Broughton) relative to the total absence of feeling in the trunk and ramifications of the portio dura of the seventh nerve, as well as in the course of the nervus vagus. These experiments corroborate the fact, that the portio dura of the seventh nerve is simply a nerve of voluntary motion, and that the fifth nerve is one of common sensation or feeling only.

Mr. Broughton explained the mode in which he arrived at his conclusions that *all* nerves of motion are uniformly insensible to feeling, and that every nerve has its specific function singly and unmixed, by referring to the manner in which the motor and sentient nerves of the face are united together in parallel lines, and closely connected by cellular membrane. This he supposes to be one of the causes that led to the erroneous ideas of the fifth nerve being partly a nerve of sensation and partly of voluntary motion; and the portio dura of the seventh having some minor or subdued sentient property.

The experiments were stated to have been originally performed a few years ago, and to have been then witnessed by Mr. Brodie, who expressed himself satisfied with their results. They have been repeated this week in Mr. Mayo's presence, equally to his satisfaction, although he had imagined that the seventh and eighth nerves possessed some slight degree of sensibility, in his own experiments formerly made upon the same subject.

Mr. Broughton's lectures have been well attended, and are favourably spoken of.

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THE

LONDON MEDICAL GAZETTE,

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OF

Medicine and the Collateral Sciences.

SATURDAY, FEBRUARY 14, 1829.

CASES

OF

AFFECTIONS OF THE NERVES, WITH CLINICAL REMARKS.

By Mr. Charles Bell,

Professor of Surgery in the University of London.

The three following cases were read from the Case-Book of the Middlesex Hospital, at Mr. Bell's Lectures, on the 21st and 23d of January, and were made the subjects of clinical remarks by him. They shew, in a very striking manner, the advantages in the formation of our diagnosis, derived from Mr. Bell's discoveries of the distinct functions of the nerves of the head. He interspersed the reading of the cases with remarks, which we put down in the order they were made.

Case I.

Case of Affection of the Nerves of the Head, with Paralysis of the Muscles of the Eye.

John Windsor, lately a farrier in the 2d regiment of horse-guards, came to the Middlesex hospital in the middle of November, and was placed under Mr. Bell's care. He has lost the power of elevating the left eyelid, so that it covers the eye, as in the case of ptosis: but his chief suffering arises from a continual and severe pain seated in the left side of his face.

He gives the following history of his illness. He was wounded in the commencement of the battle of Waterloo, by the bursting of a shell which he saw coming towards him. He was struck on the left temple and cheek-bone, and was rendered insensible. He recovered his senses on the second day, and then found himself in the hospital at Brussels. He was soon restored to health; but it was some time before he recovered from an inflammation of the left eye, which had been injured by the mud being thrown into it at the time he was wounded. Five years after receiving this wound, he got a second hurt in the same place, while shoeing a horse: the animal kicked out, and threw him against a wall; his scalp was turned up, and bled profusely. He continued in the regiment, fit for duty, until about a year and a half ago. Previously to this time he had become subject to severe head-aches and giddiness. He then had an attack of hemiplegia on the left side. From this he recovered after a short time; but there was no abatement of the severe pain in the head to which he was subject. "It all rested itself," he said, "in the forehead, and in the left cheek." Four months ago, when the pain was dreadfully severe, so as almost to make him frantic, he suddenly lost the power of opening his left eye; the eye-lid dropped and hung like a curtain over it, thus depriving him of vision in this eye.

"You will recollect, Gentlemen, how the eyelid is moved, and by what nerves. The attollens palpebræ superioris arises along with the recti muscles, and running over the eyeball and upon the superior rectus, has its tendon spread into the ciliary cartilage. This muscle is supplied by a branch of the third nerve. The orbicularis palpebrarum shuts the eyelids, and is supplied by a branch of the portio dura of the seventh pair, coming round superficially from before the ear. This falling of the eyelid, therefore, implies that a disease has affected the third nerve in its course: the power of winking and corrugating the eyelids remaining, implies that the seventh nerve, by its circuitous course, has escaped that diseased influence."

At the same time it was discovered by

the surgeon who attended him that he squinted; when his left eye was exposed it was seen fixed, and looking outwards. It remained in this position for ten or twelve days; but afterwards it came gradually to be directed forwards.

"This circumstance would imply, that whilst the muscles of the eye were paralysed by the pressure on the third nerve, the abducens, or sixth nerve, had for a time escaped; but that the disease at length encroached upon the sixth, and consequently paralysed the rectus externus, and thus reduced all the muscles of the eye to the same condition."

The upper lid of the left eye completely covers the eye-ball. When asked to try to raise it, he arches the eye-brow, but produces no effect on the eye-lid. He can wink, and shut this eye forcibly. When the eye-lid was raised with the finger, and he was asked to look around in various directions, it was found that he had no power of moving this eye either sideways, or upwards, or downwards; but, whilst the right eye was revolving from one side to the other, this remained perfectly stationary. When the eye-lids were again held apart, and he was told to wink, still the eye-ball continued fixed.

"You know the eye-ball is turned up by two different muscles. If you direct your eye upwards to look at an object, the rectus superior and attollens palpebræ combine together, and both the eye-ball and eye-lid are raised. If there were not such a combination between these two muscles, the eye-ball might be turned up by the effort of the rectus, but instead of seeing by this means, the pupil would be turned under the eye-lid. Again, when the eye-lids are opened by the fingers, and held apart, and the person is asked to shut them, you see the eye-ball roll up. Here the rolling up of the eye-ball, combined with the action of shutting the eye-lids, is not performed by the same muscle which turned the eye-ball up in vision. This motion is involuntary, and is performed by the inferior oblique muscle. But this, as well as all the other motions of the eye, is gone, which shows that all the nerves of the muscles within the orbit are affected."

Although he has lost the motions of this eye, still he retains vision in it. This is slightly obscured by a nebula upon one side of the cornea; but which has been the same ever since he had inflammation of the eye consequent on the wound received at Waterloo. The pupil of the left eye is dilated considerably more than that of the right eye, without any irregularity of its shape. Upon a careful examination, not the slightest motion of the iris could be perceived in the left eye. He can distinguish light from darkness through the eye-lid. He complained of the candle-light giving him uneasiness.

"When you simply close the eyes, but are awake to all that is going on about you, you see the light through the eye-lid: the eye-ball does not turn up. But when the eye is closed in sleep, the eye-ball does turn up, the pupil is directed upwards, and the light, coming through the eye-lid, is a less annoyance. In this case, as in others which I have seen, the axis of the eye remaining in its usual place, although the eye-lid be dropped, the patient complains of the light of the candle in the ward.

"You will further observe, in what has been read, that the iris is insensible to the variations of light. This reminds you, that the relation established between the retina and iris is not direct, is not in the organ; but the impression must be carried back to the sensorium through the optic nerve, and return again through the third. Therefore, by the influence of the third nerve being destroyed, we see why the motion of the iris should be arrested."

The surface of the eye is quite insensible to touch. When we held up the eye-lid, and threatened to touch the eye, he drew back and winked before the finger had touched him; but when the finger was drawn across the eye-ball, he did not feel it. This eye is equally bedewed with moisture as the other. There was not observed to be any increased flow of tears after touching it. This eye is a little more prominent than the right one.

"You will observe these circumstances with interest. When he saw you aiming, as it were, an injury of the eye, he winked, because the vision was perfect, and the motion of the orbicularis palpebrarum remained: the circle between the retina, brain, and the muscle, was entire. But this was not the case when you touched the eye. On touching the eye, the impression should be upon the fifth nerve; but the fifth having lost its function, there was no impression carried backwards to the brain, and of course none was given to the portio dura of the seventh, to bring the orbicularis into action."

His reason for applying for relief is not

so much on account of this condition of the eye, as that he suffers such excruciating pain in the left side of his face. His appearance shews how harassed he is with long continued suffering. The pain extends over all the left half of his face, and he points to the forehead, the cheek above the angle of the mouth, the chin, and the side of the tongue and the gums, as the parts principally affected. It is a dull aching pain; but in the side of the tongue it is rather of a burning kind. All these parts are much deadened in their sensibility, but more so in some parts than in others. Thus sensation seems altogether gone upon the side of the forehead, and we may rub the surface of the eye with our finger without his feeling it; while, in the other parts of the face, he can merely, in an imperfect way, distinguish whether we touch him or no. On tickling the orifice of the left nostril with a feather, he made no signs of this annoying him; but he started back and pushed the feather away whenever it was put to the right one.

"I must remind you, that upon an injury to a nerve any where in its course, the pain is referred to the extremity of that nerve. If we could imagine, as is most probable in the present case, that a tumor or abscess engages the root of the nerve, then there would be pain, not in that part, but referred to the extremities of the nerve. This, perhaps, accounts for the pain in the corresponding side of the face and of the tongue. And you will observe at the same time, that it is quite consistent with this opinion, that the parts, which are the seat of this morbid pain, should still be insensible when touched: for the disturbance in the root of the nerve which causes the false impression of pain in the extremities of it, prevents the course of sensation being conveyed from the surface towards the sensorium."

As it appeared that there was here an affection of the trigeminus or fifth pair of nerves on the left side, we were led to examine the condition of the temporal and masseter muscles. He was directed to open and shut his mouth, and clinch his teeth firmly together; and while he did this, the fingers being placed first upon the two temporal muscles and then upon the two masseter muscles, the comparative degree of action in them was observed. It was distinctly perceived by all who examined them, that while the muscles on the right side bulged out and contracted naturally, those upon the left side were quiescent. The masseter on the left side was wasted and flaccid, so that the surface of the jaw-bone could be easily felt. The corresponding muscle on the right side was hard and full.

"You will remember, in the demonstration of the fifth pair of nerves, that it bore an accurate resemblance to the spinal nerves; that the anterior root passed the ganglion on the posterior root, and went to the muscles of the jaws; so that this nerve, like the spinal nerves, possesses a double function. If, therefore, a disease affects the roots of this nerve, we should expect, what is here stated, that at the same time that the sensibility of the face was diminished, the muscles of the jaws should be weakened."

The temperature of the skin on both sides of the face appeared to the touch quite the same. He was ordered to have six leeches applied every third day behind the left ear; to take a Plummer's pill every night; his bowels to be kept open with salts and senna; to rub the back of his neck with the camphorated mercurial liniment, and the lotion of lead and opium to be applied to the left side of his face.

Dec. 24th.—He has attended as an outpatient, and has expressed himself somewhat relieved by the treatment. But to-day he complains of being much worse: the pain in the side of his face is more severe; he has almost entirely lost vision in the left eye, and yet the eye is quite transparent: this has come on gradually since yesterday, and has not been attended with flashings of light. He is also deaf in the left ear, but this symptom has been coming on during the last week.

Dec. 29th.—This man was admitted into the hospital on the 24th, but he left it late on the same night, and returned home. Being visited at his house, he said that the patients in the ward had complained of the noises he made while trying to blow his nose, and therefore he left the hospital. He has formerly complained of an obstruction to his breathing at the back part of his nostrils. He sometimes starts up in bed with a sensation as if he were choking, and makes strong efforts, by sneezing, hacking, and blowing his nose, to remove something which seems to block up the posterior nares: he also made use of a bit of wood, which he thrust into his back nostrils on the left side, and picked away pieces of a substance resembling glue, tinged with blood.

"I presume nothing can more convince you of the insensibility of the surfaces resulting from the disorder of the fifth nerve than this practice of the poor man. He is tickled with a feather on the right nostril, and yet on the left he thrusts back a rough stick into the cavities of his nose."

This difficulty of breathing was much aggravated on the day he was admitted into the hospital.

On the night of the 26th he was extremely ill; suffering very great pain in the forehead, having a succession of cold fits, and no sleep. In the morning his wife was alarmed by finding his face twisted to the right side; and she immediately went to obtain medical assistance at a neighbouring dispensary. He was cupped at the back of his head, and afterwards a large blister was applied.

The muscles on the left side of his face are paralysed. The eyelid can now neither be elevated nor shut: it remains in whatever position it is put by the finger, being like that of a dead person. There is great redness and turgescence of the conjunctiva, and there is a film, as if it were dried mucus, covering the greater part of the surface of the eye. The patient said he had picked some of this off with his nail. He was cautioned against repeating this, and his wife was instructed to bathe the eye frequently, and to cover it with its eyelid. When the face became paralysed the pain was considerably abated, and now he suffers comparatively little from it: the sensibility to touch is still defective as before.

"In these circumstances we have a proof of two properties of the nerves being necessary to the preservation of the eye. The sensibility to impression is followed by the winking or closing motion of the eye-lids, which washes off, or otherwise removes the offending body. There was danger to the organ when its guardian, the sensibility, was destroyed; but when, at length, the winking motions were lost, and the tension of the orbicularis muscle, which supports the eye, gone, then a destructive inflammation very quickly followed. And you have here, in this case, as you may have also seen lately in a patient in the cancer ward, the very singular phenomenon of a person picking the inflammatory crust from the surface of the eye.

"I may here make a clumsy comparison to illustrate this subject, and yet I believe the analogy is perfectly correct: Formerly, in speaking to you of the fractured spine, with the loss of sensibility in the hips and the lower extremities, I told you it was necessary to direct the nurse to shift the patient a little, and to support him with pillows put under the loins, hips, and thighs, otherwise your patient would soon have mortification of the hips. Consider how often you have shifted your seats since you have taken your places before me this evening—that irksomeness which makes you change the pressure from one hip to the other, is the guard upon the texture of the part, and if you had not that uneasiness, you would have worse when you rose up—you would have actual pain, followed by inflammation. But if a person, who has the spinal marrow torn across, have no such shifting motions, no little accommodations of posture so as to throw the pressure upon different parts, then you know the consequence is that, being neglected, he has mortification of the hips or heels. Thus we understand the necessity of pain or uneasiness, as a continual monitor to us; and we see in the eye what is the effect of the loss of this sensibility,—that it inflames, loses its transparency, and is finally destroyed."

He can twist his tongue about: he has no numbness nor loss of motion in his extremities, and his intellect is perfectly clear.

Dec. 31st.—His hearing has now returned to the left ear: the pain in his face is less.

Jan. 14th.—He returned to the hospital to-day. He has now regained the power of motion in the muscles of his face to a certain degree, but not perfectly: his eye may now be said to be completely lost: the conjunctiva is of a bright red colour, and the cornea projects like a horn, being apparently about to slough. The pain which was so severe in the forehead, is now entirely gone. He complains more of pain in the back of his head. A seton has been put in the back of his neck.

Jan. 29th.—The cornea has sloughed, and a part of the humours, of a dark pulpy appearance, projects from the centre of the eye: when he presses the eye, it bleeds. He is much better in other respects*.

Case II.

Notes of the Case of a Patient who had Paralysis of the Muscles within the Orbit.

Geo. Bungay, æt. 20, was admitted, under Dr. Macmichael's care, Nov. 22d. He had symptoms of fever for a week before he presented himself at the hospital. He complained of getting no rest at night: his bowels were constipated; his tongue foul; the pulse slow and regular; he had slight tenderness in the epigastrium; he suffered no pain in the head. On the night of the 23d the nurse said he wandered a little in

* The cases of James Gulland and of Martha Symmonds, in Mr. Bell's Exposition of the System of the Nerves, resemble the above case in many particulars. See p. 168, 362.

his sleep. On the following night he had no rest. In the afternoon of the 25th he was seized with delirium. After this he fell into a comatose state, and the delirium came on in paroxysms. He continued in this state until his death, which happened on the 29th.

When the delirium came on it was observed that the right eye remained always closed, while the left eye was opened. It was found that he had lost the power of raising the lid of the right eye. Upon elevating it with the finger, it was discovered that he had also lost all motion of the eyeball: while the left eye revolved from one side to the other, this remained still, and as if he were looking straight forwards. On holding the eyelids apart, he resisted with the orbicular muscle; and closed them again forcibly together.

Dissection. — There was a considerable quantity of serum in the ventricles of the brain. On raising the brain from the basis of the skull, both the optic nerves, but in particular the right one, were observed to be more vascular than natural. On dividing these across, and continuiug to turn back the brain, it did not separate easily as usual. There was found to be a thick deposit of coagulable lymph, straw-coloured, and of the consistence of jelly, which caused the upper part of the pons varolii to adhere to the dura mater. This was most abundant on the right side of the sella turcica. All those nerves which passed into the orbit were enveloped in this deposit: the third pair of nerves was completely embedded in it, and had a yellowish brown appearance. The corresponding nerves upon the left side were also affected, but in a slight degree. On examining the roots of the portio dura of the seventh pair, they were found quite removed from the disease.

" You will in this case distinguish the symptoms of delirium and coma from the local affection; and as regards the appearances on dissection, you will also distinguish the result of the general condition of the brain from the more local effects upon the base. The effusion into the ventricles of the brain shows the state of general excitement; but it is to the coagulable lymph matting the third, fourth, fifth, and sixth nerves together, that you must look for an explanation of the symptoms in regard to the condition of the eye. The root of the seventh pair being free from the disease, explains how the eye-lids retained their winking motions, whilst the eye-ball was stationary from the disorder affecting the third, fourth, and sixth nerves.

If I brought to you my private cases of consultation, you might suppose that, owing to circumstances, cases of diseased nerves were accumulated; but you now perceive, in the common practice of an hospital, how frequent these cases of nervous affection are; and the interest you attach to them, proves to me the advantage of an accurate knowledge of their anatomy in exciting minute attention to symptoms, and satisfactorily explaining them. If you had not known the distinct uses of the fifth and seventh pairs of nerves, you would have had no gratification in following these details."

Case III.

Case of Partial Paralysis of the Face.

James Delahay, æt. 13, Nov. 26.—Seventeen days ago he fell from a scaffolding ten feet in height, and was brought to the hospital immediately after the accident, suffering from the effects of concussion. There was general tumefaction of the left side of his head, from the jugum to the vertex, and there was a bruise of the scalp above the ear, marking the place on which he had fallen. He recovered his senses about an hour after the accident. His head was shaved, leeches and cold lotions were applied to it, and he took purgative medicines. At the end of a week he was so far recovered as to be dismissed from the hospital. He continued in good health until Sunday last, when he had a severe head-ache, which went off in the course of the day; on Monday his friends were alarmed by observing his face twisted to one side; they therefore sent him to the hospital, and he became a patient of Mr. Bell.

The left side of his face is relaxed, and the natural balance of the features is gone, so that the countenance has a distorted, wry appearance.

" You have so lately had a demonstration of the nerves of the head, that I need hardly remind you that all the motions of the face,—the motions of the forehead, of the eye-lids, the nostrils, the expression of the cheek and lips, both in passion and in speech, result from the influence of the portio dura of the seventh pair; and that the muscular branches of the fifth pair are given to parts internal, and such as have no direct connexion with the actions of respiration. The debility or disorder of the portio dura has the most unhappy consequences upon the countenance: when this nerve has lost its power, the corresponding side of the face becomes

immoveable as a mask, or it is drawn to the opposite side by the excited action of the muscles there. It is important in your practice to observe the different causes of this defect: the slightest, perhaps, is an influence on the surface; the next is a swelling of a gland, in the course of the nerve, which presses upon it; the third is a suppuration within the ear; the fourth is a suppuration at the basis of the brain; and, lastly, the defect may arise from neither of all these, but from the condition of the brain itself, and may be in correspondence with defect of the other motor nerves. In the present case, the boy received a violent injury on the same side of the head on which the paralysis is; and we have had cases in the hospital where the portio dura was torn by the fracture passing through the temporal bone*; but in the present instance this could hardly be the case—the paralysis would have taken place at once, whereas it has come on at a later period, and has been accompanied with swellings of the glands of the neck, and with no defect of hearing on that side.

When we see a person alarmed without cause, and there is no danger in the case, there is something approaching to the ludicrous in the scene. A Scotch physician paid me a visit: he had come up in the mail, and had fallen asleep in the night-time, with his cheek exposed at the open window to the east wind. On the morning of his arrival, when preparing to go abroad, he found, upon looking into his glass, that his face was all twisted. His alarm gave more expression to one side of his face, and produced more horrible distortion. Both laughing and crying, you know, depend on the function of this nerve, but when he came to me he considered it no laughing matter: I never saw distortion more complete. It was difficult to comfort him; but I am happy to add, that the paralysis gradually left him, as I told him it would. I have at present a young lady under my care who has paralysis of the face, and who has received great benefit from galvanism. And I have lately seen an instance of the same kind; the more remarkable only as showing how the want of expression will for a time injure the finest countenance. I mention these things to remind you of the frequency of the occurrence, and of the necessity of your distinguishing the slighter cases, where the exterior branches of the nerve are affected, from those wherein the cause is deeper seated, and more formidable."

The left eye stares widely and unnaturally open, while the right is only moderately disclosed; when he makes an attempt to close the eye-lids, the left remain unmoved; but the eye-ball is elevated upwards; and it is raised to so great an extent, that the pupil is quite concealed beneath the upper lid, the white of the eye only being exposed. He is unconscious of the eye-ball thus revolving upwards; the objects around him in the ward are not seen at all while it takes place. He was told to direct his eye so as to look as straight above him at the ceiling as he could: when he did this, it was observed that he could not raise the pupil, by his utmost efforts, so high, by some degrees, as during the involuntary act. When turned up in the effort to wink, the cornea rose so as to be presented towards the roof of the bony orbit, and so as to be quite concealed by the eye-lid; on the other hand, when he looked upwards at the ceiling, more than one-half of the pupil was always disclosed. During sleep the eye-lids remain wide open; and the pupil is concealed, just as it is observed each time that he winks. It is remarked that the globe of the eye protrudes considerably more than the other; the conjunctiva is inflamed, and is loaded with numerous blood-vessels. He says that he suffers pain from this eye being constantly open, especially when he is sitting before the fire at night.

"I am sure you have listened with interest to the statement of these facts, which you can yourselves verify; and, first, as to the protrusion of the eye. Any one ignorant of the functions of the

* A man was brought into the hospital who had fallen from a height upon his head. He recovered from the first shock of the accident; but he continued in a dull stupified state, complaining much of headache, for a week, when he became comatose, and died. He had paralysis of the muscles of the left side of his face. What was chiefly remarkable, there was a constant flow of clear serum from the left ear, so that the concha was always full of it, and the pillow commonly wet. On dissection there was found a fracture extending across the basis of the skull, and passing through the petrous portion of the left temporal bone, tearing the seventh pair of nerves just at its entrance into the meatus auditorius internus. The dura mater was torn where it passes from the sella turcica to the petrous portion of the temporal bone; and the cavernous sinus was found infiltrated with serum. There was a considerable effusion of serum between the dura mater and the brain. A communication had been formed through the laceration of the dura mater, and the fissures in the temporal bone, by which this serum had flowed, during life, first into the cavities of the ear, and thence it had escaped outwards.

nerves, looking upon this boy, and observing the defect of the eye-lids and the protrusion of the eye, would say that there must be some tumor in the orbit forcing out the eye; and this they would, no doubt, also consider was the cause of the debility in the muscle. But by a more correct process of reasoning you perceive that the defect is solely in the portio-dura of the seventh pair. The eye-ball is held betwixt the muscles within the orbit, and the orbicularis muscle without. The exterior muscle, viz. the orbicularis palpebrarum, has not only lost its activity but its tone; and the greatest difference may be perceived between the right and left eye-lids by pinching them up with the finger and thumb. There is thus a want of pressure exteriorly, which permits the muscles within the orbit to press the eye-ball out, and is the reason of the prominence of the eye. Indeed, this want of support may, in part, conduce to the inflammation and debility of the eye, which result in those cases where there is a defect of muscular action.

I shall direct your attention to only one more circumstance in the narrative; viz. the difference of the extent of motion when the pupil is directed upwards by volition, and when it is turned up by the instinctive and involuntary actions of the muscles. I think I formerly told you that on cutting the superior rectus in the monkey, the animal lost the power of directing that eye upwards; but when the eye was stimulated by the end of a feather, and the effort to wink or close the eye was produced, the eye-ball turned up, and the pupil was concealed under the eye-lid. Such an experiment, I think, satisfactorily proves that the superior rectus is the voluntary muscle, and the inferior oblique the involuntary muscle to turn up the eye-ball. To suppose that the eye is revolved upwards by the superior rectus when the eye-lids are closed, would be to make this muscle act at the same time with the contraction of the attollens palpebræ superioris, and act also at the moment of its relaxation. When you look upwards to the ceiling, you elevate the eye-lid at the same time that you raise the eye; you perform the motion of the eye-ball with the superior rectus, in conjunction with the attollens palpebræ superioris. If there were not this sympathy between these two muscles, the eye-lid would not be raised in proportion as the eye-ball was turned up, and no advantage would be derived from the revolving of the eye-ball, since the pupil would be turned under the eye. You see, then, there must be a strict sympathy in the contraction of these two muscles. But we have another action in the eye-ball to provide for—a rolling upwards of the eye-ball while the eye-lids are closed, as in winking and in sleep. Now to suppose that the eye-ball was in this instance also rolled upwards by the rectus, would be to make it act both with the contraction and with the relaxation of the attollens palpebræ. Thus by reasoning, as by experiment, we come to the conclusion that the instinctive rolling up of the eye-ball, as in winking, is not produced by the action of the superior rectus, but by the inferior oblique muscle.

In this youth the motions of the eye-ball, in its different conditions, can be well observed, owing to the eye-lids remaining open: for example, we ascertain that the eye-ball turns up when the effort is made to close the eye-lids. With regard to this motion, it is curious to observe that here, as in many other instances, part only of the action is voluntary and sensible—viz. the closing of the eye-lids; whilst the other part, the revolving of the eye-ball, is insensible. We have an opportunity of further observing, as the narrative proceeds, that in the voluntary direction of the eye upwards, the action is limited; indeed we may say, what would be the use of that muscle (which is to direct the axis of the eye in vision) carrying the centre of the cornea higher than the margin of the orbit, and under the upper eye-lid? But we do see a reason why the obliquus, in the involuntary motion of the eye, should carry the cornea much higher up, since the object is to moisten it at the fountain of the tears, and to purify it from all irritating matter. Accordingly, when this youth's eye is irritated, and the involuntary muscle brought into activity, the eye-ball is revolved so much, that the cornea is quite lost under the eye-lid."

When he is told to frown there is no motion perceived on the left side of his forehead, but all the expression seems drawn to the right side. When made to laugh, the features are curled up in the expression of laughter only on the right side of his face, which presents a singular contrast with the

sad, or rather lifeless appearance of the left or paralysed side. When a spoon was put into the left angle of his mouth, he could not grasp it; he said that in eating he put the morsel into the right side. The left nostril is not dilated in a corresponding degree with the right; and the difference between them was most distinctly seen when he attempted to sniff up the air or to breathe hard, for then, whilst the right nostril expanded more widely, this one became quite collapsed, and shut up against the air.

The sensibility of the skin over the whole of the head is perfect, and the muscles of the jaws act powerfully. He can move his tongue about in all directions.

There is a greater fulness over the left temple and jugum than over the right; there is also a blueness of the integuments, consequent on the injury which he received, but he does not even wince if this part be pressed severely. There is an enlarged gland in the hollow under the left angle of the jaw, and it gives him pain when pressed. The whole chain of the glandulæ concatenatæ in the left side of the neck are enlarged and tender. His hearing is not affected, and there has been no discharge from the ear.

He says that for some days his head has been drawn towards the right side; but this is now gone, and he can hold his head erect.

Leeches to be applied before the ear; the face to be rubbed with the Camphor liniment; cold lotions to be applied to the side of the head; and a powder of Calomel gr.iv. Rhei gr. viii. to be taken twice a week. He was instructed to move the eye-lid over the eye frequently, so as to lubricate its surface.

29th Nov.—His head is twisted to the right side, and this is the position in which he said it formerly had been. The head is not simply inclined to the right, but it is also twisted round, so that the right ear presents forwards. On examining the sterno-cleido mastoideus muscle upon the right side, it is found hard and tense, being in a state of *tonic spasm:* it is the constant action and rigidity of this muscle which prevents the head from being moved to the erect position. It gives him no pain. When he is asked to hold up his head, he throws his head back, but still the neck is twisted towards the right: he can rotate his head in various ways to the right side and to the left, yet he is always checked by the permanent contraction of the sterno-mastoid muscle alone.

Dec. 2.—This boy has continued in the same state as has been described above; but to-day the spasm of the sterno-cleido mastoid muscle is considerably diminished. He has rubbed the neck with the camphorated mercurial liniment.

Dec. 5th.—He can now hold his head erect, and move it easily in any direction.

Dec. 20th.—Little change has occurred since the last report. The contraction of one side of the neck has not returned. He complained at one time of having some difficulty in swallowing; but nothing could be observed on inspecting the inside of his throat. His face is now in a great measure restored to its natural balance, at least it appears so, if we look at him when his countenance is unmoved; but when he begins to speak or to smile, then the distortion is visible. Leeches have been applied in succession under the angle of the jaw; he has regularly fomented the side of his face, by holding it over the steams of the poppy fomentation. A blister is now applied under the ear; he has been taking the infusion of gentian with the carbonate of soda.

Jan. 13.—He has continued much in the same condition, but he is gradually acquiring some more power in the muscles of the face. The swelling under the angle of the jaw is still of a considerable size.

Mr. Bell here observed that he would not stop to inquire into the affections of the sterno-cleido mastoideus muscle; but he could assure them that it was subject in a particular manner to derangements of this kind; which, indeed, appeared in the cases kept in the hospital book. He promised, on another day, to resume this subject.

ESSAYS ON SECONDARY SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Concluded from p. 314.]

PHAGEDENA FROM MERCURY.

Among the local complaints which are occasionally produced by the excessive administration or wrong action of mercury, none are so formidable in appearance as phagedenic ulceration. I by no means, however, wish it to be believed that phagedena is always the consequence of mercurial action, for it is only one of the causes which produce it: poverty of living, want of cleanliness, a broken-down constitution, and an impure atmosphere, are, either alone or in combination, capable of exciting this condition of ulceration, where not a particle of mercury has been employed; but as some of the most tremendous cases of this kind were formerly met with in the venereal wards of our public institutions, and as

it is an undoubted fact that mercury, improperly administered, is, in certain habits of body, perfectly equal to the production of the disease, I have purposely classed it among the evils arising from the misapplication of that mineral. There is only one other affection that is likely to be confounded with phagedenic ulceration; and not only in common language, but even in the detail of cases met with in books, such a mistake is frequently made—it is the sloughing or gangrenous condition of an ulcer arising from over action, which occurs only in the robust and vigorous, and arising sometimes from the stimulus of mercury acting upon an inflammatory condition of the system; but here the local pain, the intense surrounding inflammation, the masses of slough which rapidly form, and are as rapidly thrown off, with the hot skin, flushed countenance, and strong full pulse, form a line of distinction perfectly clear to those who will take the pains to inquire minutely, and not decide by the first glance. True phagedena, on the contrary, is denoted by general symptoms of debility: the pulse is small, quick, and irritable; the sleep is disturbed; there is some heat of skin towards night; the countenance is wan, and there is great lassitude and debility. The ulcer, if in the groin, spreads on all sides, from the edge as well as in depth; but it spreads *by ulceration.* The surface is foul, there are no healthy granulations; the edges are elevated, hard, and red, and the discharge is thin, profuse, and ichorous. In the female, these ulcerations will extend from the groin to the perineum, and even to the buttock, forming one immense sore; and sometimes, though very rarely, will destroy life, by inducing hæmorrhage from some large blood-vessel. Generally speaking, however, the prognosis in these cases is not unfavourable, and in private life it seldom happens that phagedenic ulceration ever goes to this extent, or even involves the safety of the patient; though it is often extremely difficult to produce the cicatrization of the sore, which will go on well for a time, then again become stationary, and so on alternately until it finally heals, perhaps when nothing is done to it, or only some simple application is employed. The general means to be made use of for the cure of phagedena are pure air, light but nourishing diet, the use of bark and the mineral acids, together with some form of opium (perhaps the Dover's powder) to allay the restlessness at night. The local applications that have been recommended are almost infinite; which is, in fact, saying that no one plan has been found constantly to succeed in checking the ulceration. In general, hot applications have been found most beneficial—that is, either hot oil of turpentine or balsam of Peru, applied upon lint, covered with a fermenting poultice; but there is another plan which I can strongly recommend, and which I have generally found as effectual in this case as it has been proved to be in the hospital gangrene—it is pencilling the parts, particularly the edges, with the undiluted nitrous acid. This generally is followed by a total change in the appearance of the sore, which afterwards goes on to heal without interruption. As soon as the state of the ulcer will permit the patient to take passive exercise in an open carriage, it will be found most conducive to the perfect establishment of his health. It is a curious and important fact, that in these phagedenic ulcerations, however extensive and however deep, even when the femoral or inguinal artery is laid bare, it very seldom happens that hæmorrhage ensues from it. I have more than once seen the femoral artery beating at the bottom of a wound of this description, and the patient has afterwards done well: such also is the observation of Dr. Thomson, and other practical writers.

I have before remarked, that when a phagedenic sore is healing, and the patient's health is tolerably restored, it frequently happens that the ulcer will all at once, without any perceptible cause, begin to spread again in a particular direction, whilst it still continues to heal in another: under these circumstances a perpetual variation of applications will become necessary. In general I have found greasy dressings inapplicable; but various kinds of escarotics, different dry preparations of zinc, poultices of salt water, or hemlock, are among the number of those medicinal agents which have obtained the greatest share of reputation in such cases. But after all, these ulcers demand the greatest exertion of patience on the part of the patient as well as the surgeon. I have seen a sore of this kind unhealed at the end of fifteen months of treatment;

and they occasionally get well suddenly, when all the resources of art have been exhausted. I have known an instance where a patient went from London to Paris for the cure of a sore of this description: after a short residence in that capital his ulcer began to heal most rapidly; it then suddenly was arrested in its course, began again to spread, and finally got well in London, after running the round of several different surgeons.

OF MERCURIAL ERETHESMUS.

Of the general affections proceeding from mercurial action, the principal are what Mr. Pearson has denominated erethesmus, and the eruptive disease called erythema mercuriale, or hydrargyria. It must also be remembered that mania is in some instances directly attributable to the long-continued action of mercury, that various forms of scrofula are brought into action by its abuse, and pulmonary consumption especially, which was formerly attributed to the action of the poison of syphilis, is now, with much more reason, believed to be a consequence of the misapplication of the remedy. The first account of that affection to which Mr. Pearson applied the term erethesmus, is to be met with in that gentleman's Treatise on the effects of certain articles of the Materia Medica, published in 1800: he tells us, that soon after he was appointed surgeon to the Lock Hospital, he observed occasionally, perhaps once or twice in the year, instances of sudden death occurring without any apparent cause, and that the subjects were commonly those who had nearly or entirely completed their mercurial course. Neither Mr. Bromfield nor Mr. Williams could give any information upon this point—they were both aware of the fact, but were ignorant of its cause. Upon minute investigation he discovered that these untoward accidents were owing to the mercury acting as a poison upon the system, quite unconnected with its agency as a remedy; and that its deleterious qualities were neither in proportion to its effect upon the mouth, nor to the actual quantity of the mineral absorbed. Mr. Pearson thus describes the symptoms observed in this condition of the system: great depression of strength, a sense of anxiety about the præcordia, frequent sighing, trembling either partial or universal, a small quick pulse, sometimes vomiting, a pale and contracted countenance and sense of coldness, but the tongue is seldom furred, neither are the vital or natural functions much disordered. When these symptoms are present, any sudden or violent exertion will sometimes prove fatal—such as rising up suddenly in bed, walking hastily across the ward, or slightly struggling with some of their fellow-patients. To avert this event, the mercury is to be immediately discontinued, whatever the urgency of the syphilitic symptoms may be; the patient must be exposed to the open air as much as possible, and his diet must be generous. Under these circumstances, Mr. Pearson observes that he has often seen these symptoms removed in ten or fourteen days, so that the patient was enabled to resume the use of mercury, and which afterwards they are enabled to employ without the recurrence of the above unpleasant symptoms.

Such is Mr. Pearson's account of erethesmus, a disease which we are not now so likely to meet with, since mercury is not employed in so unrelenting a manner, and which, after all, was extremely rare, excepting in public institutions, where the atmosphere of the wards was actually loaded with the remedy; and yet you perceive that, even under these circumstances, one or two deaths in the year were the extent of the loss occasioned by it. This, however, would be a very imperfect mode of estimating the frequency of the occurrence of erethesmus; because, although few die, very many persons have been affected by it in an inferior degree, without in fact being at all aware of the cause of their sufferings; and the account which Dr. Bateman has given of his own case, in the Medico-Chirurgical Transactions, is therefore doubly interesting, as shewing the progress of the symptoms, as well as demonstrating the little attention that had been paid to the subject as late as the year 1818.

Dr. Bateman began the inunction of a drachm of the stronger mercurial ointment every night, for the cure of an amaurotic affection, on the 16th January, 1817; by the 23d the gums were a little tender, but there was a nightly febricula; on the 24th he was languid and feverish, the gums being reddish and slightly spongy; on the following day the deleterious action of the mineral upon the constitution was

announced, by the occurrence of a violent and irregular action of the heart, which did not yield to laudanum or stimulants, but went off suddenly in the afternoon; the two next days the bowels were severely affected with griping and purging; the irregularity of the circulation continued all the 26th, the mouth was more decidedly sore, and the mercury was omitted. The following day was passed more comfortably, and so little were the symptoms regarded as mercurial, that the friction was had recourse to again; but the palpitation coming on again in the morning and continuing, on the next day it was determined to desist from mercury altogether at present. From this time until the end of February, the symptoms of irregular action of the heart, of extreme debility, and a strong tendency to syncope, accompanied with cough, evidently proceeding from a deranged stomach, and attended with violent retchings, continued to increase in severity, so that the patient's situation became very precarious; the functions of the digestive organs appeared to be completely overthrown, no solid food could be taken without an alarming increase of the feelings of oppression and faintness; and stimuli, such as brandy in small quantities, ammonia, and ether, were principally beneficial. Among the most curious circumstances attending this case, was the impossibility of attaining sleep, even for a very short period, without bringing on the most painful sense of suffocation and distress, so that the patient was obliged to be removed immediately into a current of fresh air: these attacks were so violent, and recurred so frequently, as entirely to banish sleep for some time. The Doctor eventually recovered from this melancholy train of symptoms, but for more than a twelvemonth afterwards he still complained of a hurried circulation, want of strength, and lassitude.

This case shews, in a very striking manner, the deleterious powers of mercury in an irritable habit, and affords a true picture of the kind of symptoms (though certainly unusually violent in degree) that may be expected in such cases.

ERYTHEMA MERCURIALE.

I come now to speak of the erythema mercuriale, which has been also called hydrargyria, erzema mercuriale, and mercurial disease. This affection is sometimes merely a partial malady, at others it is universal, and then constitutes a most troublesome complaint. Erythema consists in an eruption of minute papulæ in clusters, attended with a suffusion of a vivid red colour; it in general first makes its appearance about the scrotum and inside of the thigh, and the parts are somewhat swollen; there is a sensation of heat and pricking, not unlike that which attends the nettle-rash. The febrile symptoms which accompany the erythema are very severe, and are not at all relieved by the coming out of the eruption; after a certain time desquamation of the cuticle takes place, the throat is also frequently sore, the eyes red and inflamed, and, in short, the patient has all the appearance of labouring under a severe catarrh. Such, in mild cases, is the whole course of the disease; but in those of greater severity, the skin appears covered with minute vesicles, filled with a transparent fluid; their coming on is denoted by an increase of itching, and a sense of burning pain: these vesicles either break of themselves or are rubbed by the patient, discharging a serous acrimonious fluid, which speedily forms an incrustation on the surface; in falling off these crusts present cracks and fissures on the parts, and when they occur in the face, the eyelids are sometimes tumid or closed entirely. The eruption does not make its appearance on all parts of the body at the same time, so that it shall be only making its advances in one part whilst it has run its course entirely in another.

Authors describe this disease in its greatest degree of severity as accompanied with fever of the typhoid kind, ending in delirium, convulsions, and death; such severe cases are, however, very rare—the complaint generally runs its course in ten days or a fortnight. The mode of remedying this affection is, of course, in the first place, the intermission of mercury, and the administration of diaphoretic medicines, with bark and sarsaparilla; mild purgatives of the neutral salts are also beneficial in the early part of the complaint; the warm bath will also be of most important service; but the dry vapour bath is still more useful. As an external application to the excoriated parts, Mr. Pearson recommends a mild cerate;

I am inclined to prefer simply washing the parts with the sulphate of zinc dissolved in water in a very minute proportion, and powdering the parts either with finely levigated chalk or powdered calumine. The patient's diet should be light, but nutritious; there should be a frequent change of linen, and exercise in the open air must be had recourse to as soon as the patient's condition will admit of it.

CACHEXIA SYPHILOIDEA.

It now only remains for me to speak of that train of symptoms to which the term cachexia syphiloidea has been applied, a term which I restrict to that condition of the constitution which has been induced by the unskilful or imprudent use of mercury, the terrible evils arising from which cannot be put in stronger language than that employed by Mr. Pearson:—

"Mercury administered in any form, or after any method, or under any circumstances which ignorance or caprice may suggest, is not a certain antidote against lues venerea. When this medicine is under the direction of an unskilful man, it will fail of effecting a cure perhaps more frequently than it will succeed; and, what is of considerable consequence to the welfare of the diseased person, the complaint will be generally exasperated by it, and rendered more untractable than if no mercury at all had been given. A long observation has convinced me, that if this alarming truth were as clearly understood and as deeply impressed upon men's minds as it deserves to be, the great number of mutilated victims, whose sad condition excites horror, while it calls for commiseration, would be reduced within much narrower limits than I can venture to express."

These sentiments I most entirely concur in, and, in fact, the whole secret of the administration of mercury turns upon this one point—that wherever the remedy excites fever, is accompanied by deranged health, sleepless nights, without producing its legitimate action on the gums, it is laying the foundation for that train of anomalous symptoms which Mr. Pearson has called cachexia syphiloidea; and Delpech, with perhaps more propriety, the complicated venereal disease. To what an extent these cases abound can scarcely be credited by one who is unacquainted with the practice of a large city; they are met with in every stage of their progress, in every degree of severity, and demand the most careful conduct on the part of the medical attendant. Such cases are more than ordinarily perplexing, because they sometimes involve symptoms which are only controlable by the action of mercury, whilst that very action too long continued tends still further to undermine a constitution already broken down, and excites a new train of symptoms as formidable as the one which it had previously relieved.

It is impossible to enter minutely into the description of every form of syphilitic cachexia, since it includes among its symptoms all the most distressing effects of that disease, together with a condition of the system in which mercury is perfectly inadmissible. Its most general symptoms are emaciation, long-continued and severe nocturnal pains, and enlargement of the bones; severe and extensive ulcerations, fever, profuse perspirations, followed not unfrequently by hectic fever and death. The most usual history which a case of this kind affords, is that of a patient who, perhaps for some common sore of no great extent or severity, has employed mercury until his health has given way, and until symptoms have arisen of so equivocal a nature as to lead to the belief that the original disease is making inroads into the constitution: it is under this conviction that the patient either devotes himself to a fresh course of mercury, or his surgeon, if a decided mercurialist, advocates the same plan: from that moment the disease becomes complicated; bone generally becomes affected, fresh attacks of nocturnal pains, new and unobserved forms of eruption, make their appearance, and are all referred to the original poison, until perhaps a severe form of fever is excited, or some local mischief obliges a discontinuance of the treatment: then it is that the patient rallies, the constitution appears daily to acquire strength; but as in this condition it is not unusual for the osteopic pains to be renewed, and partial relapses to take place, the fatal misapprehension is again renewed, until another exhibition of mercury effectually overpowers the efforts of nature, and the patient sinks under the exhausting influence of the remedy.

Now, having repeatedly in the pro-

gress of this work impressed upon the surgeon the necessity of administering mercury cautiously—of rather withholding it altogether, than persevering in its employment where the health suffers from its action; having urged him, during a course of mercury, to feel the patient's pulse carefully, to examine into his condition minutely and frequently, and not to be contented because he is regularly rubbing in a certain quantity of ointment daily and nightly,—I confidently anticipate that, by adopting such prudent conduct, he will avoid the mortification of the occurrence of such cases as I have attempted to describe; but if they should fall in our way, the next question is how they are to be treated. To reply to this satisfactorily is not very easy; as a general rule, however, mercury is to be avoided; all means that tend to invigorate the system must be employed, for which purpose sea air and bathing are invaluable restoratives. Too much cannot be said in praise of sarsaparilla in these conditions of the system; and the mineral acids especially are of service in restoring the tone of the stomach. When the pains in the bones are excruciating, there is no remedy equal in power to the dry vapour bath: it is not unapt to aggravate the symptoms in some degree at first, but it is generally (after the lapse of a few days) followed by permanent benefit. The appearance of ulcerations also change strikingly for the better under its employment; and such medicines as tend to preserve a moist state of the skin contribute also towards the patient's recovery. It would appear, by a late communication from Staff-Surgeon Gibson, that the general fumigation of the body with various medicinal substances is much employed by the native practitioners in India, in their complicated cases of the venereal disease, which are very common in that country, and with the best effect.

One other observation I must, however, make—which is this, that although a mercurial course is to be carefully abstained from in syphilitic cachexia, it does now and then happen that alterative doses of the Plummer's pill, or the blue pill, or even rubbing in very minute portions of the mercurial ointment, tend materially to relieve particular symptoms; but then they must not be permitted to go to the extent of affecting the habit generally. Such are, more particularly, the cases in which the mercurial fumigating baths may be employed with such decided advantage: by the employment of only a few of these, administered daily, or on alternate days, a sudden stop will sometimes be put to the progress of the disease, whilst the general health will be strikingly improved, and opportunity afforded for the exhibition of tonics, and other appropriate remedies. The treatment of the complicated venereal disease is, however, the most difficult task the surgeon has to perform, with reference to syphilitic affections: it requires all his discernment to guide him through the labyrinth of symptoms; and even under the most able and enlightened practitioners, I have seen years of suffering succeeded only by a very partial and imperfect recovery.

I have now redeemed the pledge which I gave at the commencement of this series of essays. I trust that in the progress of this work no material facts have been omitted, and no observations of importance, published of late years, have been overlooked. It would be perhaps presumptuous in me to say that I have accomplished the object that I professed to have in view—namely, that of saving much of the valuable time of the medical and surgical student, by presenting to him the result of the labours of some hundreds of writers, who have either elucidated, or attempted to elucidate, the obscure and extensive subject of syphilis; but I have used my best endeavours at least to attain to so desirable a result. I have also, in the progress of the work, freely commented upon the doctrines and opinions of many living authors of eminence, some of whom I am proud to reckon among the number of my personal friends; and may, I trust, be permitted to hope that I have expressed myself always in such language as is due to the character and motives of those writers. If I have differed with them occasionally in opinion, I have to the best of my ability stated my reasons for so doing, and shall be happy to acknowledge myself to be mistaken, when convinced by sounder arguments, or more extensive experience, than my own. The subject is yet far from exhausted, and whether I shall ever take up my pen to resume the discussion, is a question that I cannot at present undertake to answer.

RETENTION OF THE PLACENTA.

To the Editors of the London Medical Gazette.

Gentlemen,

If you think the following case sufficiently interesting to deserve a place in your most respectable publication, I shall feel obliged by your inserting it.

I am, Gentlemen,
Your obedient, humble servant,

William Thornton,

Surgeon, R. W. Middlesex Militia.

Uxbridge, Feb. 4th, 1829.

Expulsion of the Placenta three months after Abortion.

The latter end of April I was sent for to see a lady who had aborted at a little beyond the fifth month. The placenta did not come away after the expulsion of the embryo. The lady continued to enjoy but an indifferent state of health for three months; and had frequent sanguineous discharge till the following July. When I was sent for to see her I was informed that the lady had been taking a ride on horseback, and on her return home had been attacked with slight pains and a uterine hæmorrhage. These symptoms lasted but a short time, and again returned: they were now more severe, and were followed by the expulsion of the placenta. The following spring the lady was again pregnant, and has had several children, and now enjoys good health, &c.

*** The placenta weighed 8 ounces; substance hard; shape and size of a good pear, and had a dark, livid appearance.

VALUE OF AUSCULTATION.

To the Editor of the London Medical Gazette.

Sir,

The following illustration of the correspondence of symptoms as ascertained by the ear, with the appearances after death, struck me so forcibly, that I venture to hope the case may be considered worthy of insertion in your valuable journal.

I am, Sir,
Your obedient servant,

T. H. Holberton.

St. George's Parochial Infirmary,
Mount-Street, Grosvenor-Square,
Jan. 31, 1829.

In September 1827, Sarah Hill, æt. 27, of fair complexion, with dark hair and eyes, had laboured under acute rheumatism, for nineteen weeks, eleven years ago; for two months, seven years ago; and for three months, three years ago, from which time she has experienced but little of the disease. Nearly eight years since, whilst in her first pregnancy, she became subject to palpitation and dyspnœa, with occasional pain of the left side and breast. A violent increase of these symptoms, amounting to a sense of stricture and suffocation, were produced by bodily exertion or mental emotion. About five years ago, after her second confinement, which was of twins, she suffered great pain of her left side, and was bled. Her legs have swollen more or less from the first of the pectoral symptoms, and the urine at times has been scanty. She has not menstruated for three months, and the catamenia were previously sparing and pale.

Her symptoms now were violent palpitation, with great pain under the left breast and sternum, and these were much increased, and even syncope induced, by merely turning in bed. I bled her several times, and always with decided relief, nearly up to the period of her death. She derived much benefit from the vinum radicis Colchici in combination with the Hydrocyanic acid, without which the former would never remain on her stomach after the first few doses. For the same indication, I have frequently had occasion before and since to administer these medicines together, when this power of the acid has been verified: the same remark holds good with regard to the tincture of iodine. Dr. Elliotson, to whom I am indebted for the knowledge of this fact, informs me that he has found the acid equally useful in preventing the nausea and vomiting often produced by sulphate of Copper, and indeed by other medicines whose general tendency is to disturb the stomach.

May 28, 1828.—The patient could not now lie on her back, on account of a smarting pain at the sternum, nor could she turn from side to side without first raising herself. She was obliged to be supported, especially when on her right side; the pain and palpitation at that time being greater than when lying on her left. She had a constant sense of faintness, head-ache, and violent pulsations, on motion. The pulse was 102, small, with occasional irregularity in strength and frequency, and an intermission after a considerable number of pulsations.

On applying the stethoscope there was found great impulse of the left ventricle, with a short, dead sound, as if a blow with a mallet; *bruit de soufflet* at the auricular contractions, and in the region of the left auricle; *bruit de soufflet* at the ventricular contractions in the region of the right ventricle, and an usually loud and clear sound of the right auricle. Percussion of the sternum gave a dull sound, and the ventricular action was felt even at the right side of the sternum. There was sonorous and mucous rattle over different parts of the chest.

The patient died on the 30th November last. On examination, a very thick and strong adhesion was seen running longitudinally between the front of the heart and pericardium, probably the cause of the smarting pain experienced when the patient lay on her back. The left ventricle was greatly hypertrophised, and at the same time dilated, so that the right preternaturally extended to the right side. The mitral valve was so thickened that the opening between the left auricle and ventricle was very much narrowed. The tricuspid valve was so bound, that although no narrowing of its opening existed, it could not play or afford any obstruction to the regurgitation of the blood from the right ventricle into the right auricle during the ventricular contraction. The right auricle was greatly dilated. The valves of the aorta were rather thickened, but not so much as to impede their play, or obstruct the blood. The lining membrane of the bronchia and air cells was in a state of chronic inflammation.

CONTAGION OF SMALL POX.

To the Editor of the London Medical Gazette.

Sir,

Considering it of importance that inquiries into the nature and power of contagion should be assisted by every fact or recurrence tending in any measure to illustrate or explain their phenomena, I am induced to send you the following particulars, confirmatory of the communication made to you by Mr. Cæsar Hawkins on this subject, and establishing the novel (novel only in not having been previously observed) and curious phenomenon of what may be called *post obit* contagion. Future observation must determine whether, like small pox, other contagious disorders retain their power of contamination after death. It is questionable if small pox possess this property of post obit contagion at all times and under all circumstances: I am inclined to believe that it does not, but that this phœnix power will be found to vary according to the quantity of morbific matter evolved, to its intensity and concentration, to the state of the existing atmosphere, and to the condition of health of him who may come within its influence.

In the summer of 1823, two children, victims of that once fatal scourge of the human race, small pox, were brought to Brookes's, and deposited in the room in which I and others were dissecting. At this time my brother (with whom I then resided at Little Chelsea) called my attention to two of his children, in whom slight febrile symptoms had manifested themselves; these were succeeded by a pustular eruption, leaving no doubt that the disorder was that peculiar and modified form of small pox occurring subsequently to vaccination. The disease was of the mildest character. The children had not been exposed to the contagion of small pox elsewhere, and I have no hesitation in believing that it was derived from the subjects at Brookes's, and conveyed to them through me. One or two similar cases occurred at that time amongst the pupils of Mr. Brookes, and were evidently referable to the same source.

In order to guard against contagion under such circumstances in future, I apprehend that it will be only requisite to remove the tegumental surface, and

to wash the body, and inject it with a solution of the chloruret of lime, or other antiseptie, prior to its reeeption into the dissecting-room.

I remain, Sir,
Your obedient servant,
EDMUND BOWDEN.

Sloane-Street, Feb. 4, 1829.

SURGICAL LECTURES AT ST. BARTHOLOMEW'S.

THE following letter, though dated the 2d, was not received till the evening of the 5th, when our last number had been made up. We find, upon inquiry, that the statements it contains are correct. Our reporter, from having been near the door, and leaving the room the instant the lecture was finished, missed the "very flattering testimony" of their opinion bestowed by the pupils on the Editor of the Lancet.

To the Editor of the London Medical Gazette.

Bartholomew's Hospital, 2d Feb. 1829.

SIR,

I was delighted, on attending Mr. Lawrence's introductory lecture at Bartholomew's this evening, with the evidence which was displayed of the manly feeling which exists in the breasts of the students of medicine at that hospital, and which was there exhibited to their great eredit.

The regret which is generally felt at the cause of Mr. Abernethy's resignation of the office of lecturer, is too well known to require any observation, and is such as to do honour to those who participate in it, and to its object; but this evening was the season for making known the sentiments of the pupils towards one whom they hail as a worthy successor to him who has long endeared himself to his pupils by his public instructions, as well as by his private hospitality.

Mr. Lawrence was reeeived by an audienee which had crowded the theatre to suffocation long before the hour of lecture, and on his entranee was greeted by rounds of applause, which lasted for many minutes. He was evidently much affected, and his countenance testified that he did not receive the tribute paid to him on the part of his pupils as an empty sound.

But, Sir, the students did not stop here—they also showed that their detestation of a malicious libeller was as great as their approbation of a man of seience.

In the middle of the lecture, one of the auditors espied among the crowd that man who has made himself of late the objeet of well-merited abhorrenee, and a universal hiss and groan was directed towards the obnoxious individual. This they continued, aceompanied with eries of "Turn him out!" and every vocal sound eapable of expressing their feelings, until Mr. Lawrenee was obliged to pause, and request permission to proceed with his lecture. Deferenee to his feelings procured a eessation of noise, and the lecturer proceeded; while the individual who had excited the storm stood attempting to brazen out, with his usual impudence, the features of his faee, which, however, conveyed to the spectators the mental agonies he endured. After the elose of the lecture he slunk, like a guilty being, from before the faces of those whom he dared not any longer to confront; but ere he eould eomplete his exit, a universal groan from all parts of the theatre rung in his ears, and whieh, unless his conscienee is already seared, will be remembered by him as long as he lives.

Such is the lot of all who outrage the feelings of their fellow-men—they are remembered only to be execrated.

I am, Sir,
Your obedient servant,
A BARTHOLOMEW STUDENT.

VINDICATION OF DR. BLUNDELL.

To the Editor of the London Medical Gazette.

SIR,

HAVING read in your valuable journal of the 17th ult. a letter under the signature of ΔΙΚΑΣΦΙΛΟΣ, in which it is stated that a fifth operation for the extirpation of the uterus had been *commenced* by Dr. Blundell, but not concluded, I am authorized to contradict, in the most unequivocal manner, that statement. The Doctor has performed the above-mentioned operation four times only, and the details are already before the public.

I am, Sir, your eonstant reader,
A. W.

11, St. Thomas-street, Southwark,
Feb. 5, 1829.

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND PHYSICAL JOURNAL.

January, 1829.

"*Continuation of the Cases illustrative of the Practice pursued at the Royal Westminster Ophthalmic Hospital, and of the new Remedies latterly employed in various states of Disease.* By G. J. GUTHRIE, F.R.S."

Mr. Guthrie has been in the habit for some time of employing stimulating applications in both acute and chronic inflammation of the eye, with a view of inducing "an action greater and of a different nature to that already existing in the part." The modes of applying these, and Mr. Guthrie's own ideas upon the subject, will be found in our second volume, at page 454. In the present number of the Medical and Physical Journal additional cases are detailed, with a view of proving the efficacy of this plan. In three of these cases there was chronic inflammation, combined with ulceration; four consisted of the purulent inflammation of children; the others (there are 23 in all) consist of ophthalmia in various forms and stages, and the general result was the cure of the disease, in periods varying from a few days to several weeks. Two ointments were used, viz.—

1. ℞ Argenti Nitratis gr. ii. ad ℥. Liq. Plumbi Subacet. gtt. xv. Unguent. Cetacei ʒi. M.
2. ℞ Hydrar. Oxymur. gr. iii. ad iv. Liq. Plumbi Subacet. gtt. xv. Cetacei ʒi. M.

Where a comparative trial was made of these two ointments, by applying one to the right eye and the other to the left, that containing the nitrate of silver seems generally to have answered best.

"*Observations on Delirium Tremens.* By JOHN SMITH, Esq. Read at the Westminster Medical Society."

Of this paper a full account will be found in our number for Dec. 13th.

"*Lithotomy performed twice in three days on the same patient.* By M. DUPUYTREN."

This case is detailed, in a condensed form, in our number for January 31st, page 295.

"*A Memoir on those Diseases which proved so fatal to our troops during the Burman war; with a comparative Sketch of their analogous cases in Hindostan, during a service of some years.* By JAMES WALSH, Assistant-Surgeon 89th regiment."

Of this elaborate paper, which has already extended through two numbers, we shall give an account when it is completed.

"*Case of supposed Extra-Uterine Fœtation.* By GEORGE JEWEL, Esq."

This case has already appeared in the Gazette, Dec. 27th, page 142.

February, 1829.

"*Remarks on certain Diseases of the Nails and the surrounding soft parts.* By G. T. BURNETT, Esq."

The disease to which the observations of Mr. Burnett refer, is that in which the nail is not only broader than natural, but the sides curve downwards, at first compressing, and subsequently entering, the nail bed; causing, in the early stages, pain and inflammation, and afterwards ulcerations, even of a malignant kind. Sometimes the morbid development is confined to the nail, sometimes chiefly it affects the onythalamus, but most frequently both; *i. e.* not only is the nail morbidly incurvated, but the nail bed also is preternaturally enlarged. This disease most commonly affects the feet, especially the great toes; the hands, however, are not exempt, the thumbs occasionally being thus affected.

The following are the methods of treatment recommended:—First, to remove the nail, or at least the incurvating sides, with the corresponding portions of the matrix; or, second, to remove the soft parts into which the nail pierced. Mr. Burnett prefers the latter practice, viz. the removal of the sides of the onythalamus. The author is not of opinion that this practice would succeed in cases of onychia maligna.

"*On the Treatment of Colica Pictonum by Alum.* Under the direction of M. KAPELER, Physician in Chief of l'Hôpital Saint Antoine."

It appears that M. Kapeler has treated colica pictonum with alum for seve-

ral years, with general success. From fifteen to twenty persons affected with this disease are annually received into the hospital. The method consists in giving the alum in a mucilaginous mixture, emollient clysters being at the same time administered, and the patient placed on low diet. The usual dose of alum at the commencement is a drachm, and it is increased to two or three, if the disease resists smaller quantities. The amount of the dose, however, does not seem to be in proportion to the apparent severity of the case, as some which commenced with alarming symptoms yielded to two or three drachms, while others, which appeared milder in character, required eight or ten. Dr. Perceval used to give it in doses of fifteen grains every four or six hours; but of late it has not been much used in this country.

" *Half-yearly Report of Cases in Midwifery, which have occurred in the Northern District of the London and Southwark Midwifery Institution.* By C. WALLER, Esq."

	Number of Women delivered.	Sex of Children.		Born alive.	Still-born.	Presentation.
		Males.	Females.			
July 1828.....	27	11	16	27	0	Natural
August.....	22	13 (1 twin case)	10	23	0	22 Natural 1 Breech
September.....	24	11 (1 twin case)	14	25	0	22 Natural 2 Breech 1 Face
October	25	15	10	24	1	24 Natural 1 Footling
November.....	30	22	8	30	0	29 Natural 1 Breech
December* ...	32	14	19	31	2	32 Natural 1 Breech
Total.....	160	86	77	160	3	

* One twin case, in which the patient was delivered of a male and female child.

Several cases were attended with severe hæmorrhage, but they all did well under the usual treatment.

In one case the infant had a large tumor on the scalp, which burst before delivery, so that a large quantity of grumous blood was discharged. It was imagined at first to be a presentation of the placenta, nor did the precise nature of the complaint become obvious till the labour was completed.

The secale cornutum was given in several cases, and the author speaks favourably of its effects. He finds the powder in doses of half a drachm, repeated if necessary in a quarter of an hour, the most efficient form for its administration.

" In one instance there was repeated hæmorrhage from the umbilical cord, which so weakened the infant that it died in a few days. This, I apprehend, (says Mr. Waller) must have arisen from disease of the arteries, as there were no less than six ligatures applied by three different persons, myself among the rest; notwithstanding which, however, the bleeding recurred at intervals, and the blood was observed to issue, not from the part at which the ligature was applied, but from the extremity of the funis."

"*Remarkable case of Corpuscles freely moving both in the vitreous humour and in the posterior chamber of the Eye, and causing the imaginary perception of objects.*"

M. Parfait-Landrau was consulted on the case of M. Audebert, in his 70th year, and of a bilio-sanguineous temperament. He had for several years suffered from wandering pains of rheumatic character, and from impaired vision of the right eye, with *muscæ volitantes* and images of various kinds. After an attentive examination of the pupils, which were rather contracted, M. Parfait-Landrau thought that he perceived certain corpuscles at the bottom of the posterior chamber of the right eye, having a sort of phosphoric brilliancy. The pupil was thoroughly dilated by means of belladonna, and MM. Parfait-Landrau and Galy distinctly perceived a considerable number of corpuscles, which in general resembled finely-powdered liquorice, and a few of which had the brilliancy of fine gold dust. These particles moved to and fro throughout the whole extent of the posterior chamber; when the eye became fixed, they descended—when it moved, they were again agitated as before. M. Audebert is able to read with the affected eye, and experiences no pain in it. The pupil contracts and dilates in the usual manner, nor, except that above described, is any morbid appearance presented by the eye.

MEDICAL GAZETTE.

Saturday, February 14, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EXTIRPATION OF THE UTERUS.

At page 352 will be found a letter signed A. W., in which it is distinctly stated that Dr. Blundell has not attempted the extirpation of the uterus in any case except those the particulars of which have been laid before the public. It is true that, in the letter inserted in our Number of Jan. 17th, it was put as a query whether he had done so or not?—but in such a manner as to lead to the supposition that the question could only be answered in the affirmative. We have inquired into the source of the denial, and have every reason to believe it is correct. We therefore acknowledge that we look back to the insertion of the anonymous accusation, for it amounted to such, with regret. We have certainly considerable distrust of the operation, and feared lest the example of Dr. Blundell, aided by the authority of his name, should induce less skilful persons to attempt the extirpation of the uterus under circumstances not warranting its adoption; and we were therefore very anxious that the whole truth should be known. We are sorry to be obliged to add, that the patient whose case was published by Dr. Blundell in the Gazette (second volume, page 294), and in which the operation had proved successful, died a few days ago, in Guy's Hospital, under the care of Dr. Bright. On examination, it was found that the wound in the vagina had united, but that there was an eating ulcer at one part of it, which apparently would soon have perforated into the abdominal cavity. The woman had laboured under obstinate and invincible constipation, which was accounted for by a quantity of diseased structure of medullary character in the pelvis, involving the fundus of the bladder, and pressing upon the rectum, so as almost entirely to block it up. Some doubt was entertained, at the time of the operation, whether the disease was so far advanced as to have justified it: but, from the dissection, it would seem to have been already so much developed as to render this unavailing in respect to the preservation of life, notwithstanding its success as regarded the extirpation of the uterus.

A "PATHETIC AND LUDICROUS" APPLICATION.

The last Number of the Lancet contains the following notice:—

"We have been favoured by Mr. Bransby Cooper with a species of application, which furnishes a comment at once pathetic and ludicrous, on the morbid state of his feelings. We almost disdain to allude to this proceeding; but it may possibly be necessary to make some observations on it hereafter."

Any one on reading the above would suppose that Mr. Cooper had made some appeal to Mr. Wakley's feelings; intreating his forbearance, and suing to be taken once more under his protection. We are authorized to state that Mr. Cooper has had no intercourse whatever with Mr. Wakley; but that his attorney was compelled to make a somewhat unceremonious demand, connected with the result of the late trial. This, we presume, is the application which the Editor styles "pathetic and ludicrous." These epithets might, with somewhat more propriety, be applied to an advertisement in the same number of the Lancet, calling upon the readers of that publication to subscribe the sum of 645l. 3s. 6d. for the benefit of the Editor. This is one of the most impudent things that ever was done even by that worthy. When Dr. Johnson, who had been provoked by repeated attacks of the grossest nature, was betrayed into a libel against Mr. Wakley; and when that individual brought separate actions against him and his printer, by which the costs were doubled, did he apply to his readers for contributions? to those by whose patronage his Journal had been raised to the rank it now holds, while he himself derived the honourable reward of his labours and his enterprise? No, he despised the shame of such a proceeding; and therein his conduct presents a striking contrast to that of his literary opponent, who makes his own Journal the vehicle of begging advertisements; and who, we doubt not, will publish ere long a list of contributors, to serve as a *decoy* to others. This, indeed, is generally one of the first steps adopted in begging petitions; and nothing can be more simple than to string a set of fictitious names together. But we shall watch the progress of the thing; and shall not fail to place on record the memorable fact, if any whom the profession have hitherto looked upon with respect should stain their reputation by contributing in such a cause as this. If the circulation of the Lancet had ever been—we speak not of what it is now; but if it had ever been one-half of what has been stated, the present loss would have been perfectly unimportant; and the present attempt to raise a subscription is the strongest possible proof that its sale, as well as its influence, has been greatly overrated.

BRITISH MEDICAL JOURNALS.

In our present Number we have given the first specimen of an analysis of the British Medical Journals, which we purpose to continue regularly on a similar plan. These analyses will embrace all the Journals published from the beginning of the year 1829; and will thus, we hope, form a useful index to the medical literature of the country, and constitute an important feature in the Gazette.

ALLEGED MURDER.

It has been currently reported during the week, that the body of an individual, supposed to have been murdered, had been brought into one of the dissecting-rooms in London. We can state positively that there is no foundation for the rumour, as the source whence the body alluded to was obtained has been clearly traced, and the appearances, which at first were conjectured to have arisen from violence during life, been shewn to depend upon the body having

been packed into the smallest possible compass after death. We should not have thought it necessary to allude to this circumstance had not a great effort been made by the Lancet to excite the populace, by denouncing the anatomical teachers as "*human carcass butchers*," and dissecting-rooms as "*shambles*."

FORGING CERTIFICATES.

The extent to which this species of forgery has recently been carried, and the very serious consequences which have ensued to those ill-judging and unprincipled young men who have practised this disgraceful imposition, have induced us to insert in the present number the notes of a trial which took place a few days ago in the Court of King's Bench. We most earnestly call the attention of our junior readers and their friends to the subject. It will be seen that in the case we have published, notwithstanding the forbearance of the Apothecaries' Company—a forbearance for which the defendant expressed his gratitude on oath; and notwithstanding the depth of the contrition he expressed, the Court sentenced him to SIX MONTHS IMPRISONMENT IN THE COUNTY GAOL. Before this shall have passed the press, another delinquent will probably have been brought up for judgment; and we understand that yet other cases remain behind. Let any one who may have been misled into the belief that it is an innocent deception to borrow the certificate of another, or to forge one for himself, take warning from the fate of these unfortunate young men; and, if not from a sense of honesty, at least from regard to their own interests, let them avoid an offence which is in itself highly criminal, and the detection of which must ruin their prospects for life.

MEETINGS AT THE COLLEGE OF PHYSICIANS.

The meetings at the College of Physicians, "for the purpose of reading medical papers, and holding medical conversation," were resumed on Monday evening. When the president and fellows issued their cards of invitation last season, for the first time, we expressed our opinion of the tendency of these meetings in strong terms, and we see no occasion to alter our sentiments; on the contrary, we are more and more convinced that they are calculated to weaken or remove the jealousy with which the members of the College are sometimes viewed by those who come not within the scope of the Fellowship. The roughest have their asperities smoothed by mutual contact; and good feeling is promoted in the profession by the intercourse of practitioners of all ages, and of every department, upon an easy and hospitable footing. We were sorry to observe that the room was not quite so crowded as on some former occasions, and we missed a good many of the members of the College. The learned President, too, was unfortunately prevented from attending; and to his co-operation and support the success of these meetings has been in a great measure attributable.

On the present occasion two papers were read: the first derived its principal interest from the venerated name of Baillie being attached to it; the second, giving the result of Dr. Gregory's experience at the Small-Pox Hospital during the year 1828, contained some very important statements. This paper we shall give next week, by permission of the author; of the former we subjoin a short account.

ABSTRACT OF DR. BAILLIE'S PAPER.

Dr. Baillie published some observations on paraplegia in one of the last volumes of the Transactions of the College of Physicians, the object of which was to shew that that form of paralysis was frequently dependent upon disease of the head rather than of the spine. It appears that some ad-

ditional memoranda by Dr. Baillie have lately been found among the papers at the College, and which were intended by him as a kind of supplement to his original essay: of these he had made an abstract, which fell into the possession of Dr. Gregory. It is in Dr. Baillie's hand-writing, and dated Dec. 8th, 1822. It runs as follows:—

"A clergyman had gutta serena of one eye along with paraplegia.

"A nobleman had the vision of both eyes very much impaired in paraplegia from gutta serena, but this affection at length a good deal subsided.

"A gentleman had a temporary gutta serena, and an occasional dropping of one eyelid, with paraplegia.

"A gentleman had his memory much impaired, and his mind so confused, that he could not keep his own little domestic accounts, during the latter period of paraplegia.

"A gentleman had a dilatation of the pupil of the right eye, with an occasional dropping of each upper eyelid, in paraplegia. The dropping of the eyelids has subsided.

"Mr. Earle told me that he had attended a case of paraplegia, in which the intellect was extremely imperfect for a considerable time before the patient's death. Tumors were found, upon dissection, to be formed in the brain.

"A young lady was subject to very severe head-aches, to considerable drowsiness, and occasional defect of memory, in paraplegia.

"A young man had double vision for more than six weeks in paraplegia. His arms were numb and weak, and he had sometimes great difficulty in writing.

"A lady had severe head-aches, and numbness and weakness in her hands, in paraplegia.

"A gentleman had great weakness and numbness of his hands in paraplegia, so that he could not distinguish, by his feeling, a shilling and a sixpence from each other.

"Another gentleman, in paraplegia, had gutta serena of his left eye; had great weakness in his arms, with indistinct feeling, so that he said he could not distinguish, by the touch, shillings and sixpences from each other.

"A lady, in paraplegia, had impaired vision, severe head-aches, and weakness in her arms and hands, so that often objects that she held in her hands would drop from them.

"A gentleman, in paraplegia, had much giddiness of the head, and could write (from the weakness of his hands) with great difficulty.

"A gentleman, in paraplegia, had great confusion of the head, occasional defect of memory, occasional paralytic imperfection of speaking, and often wrote very indistinctly. His hand-writing formerly was remarkably distinct.

"A gentleman, in paraplegia, had severe head-ache, the right eye blind, the pupil of the left eye a good deal dilated, and a memory sometimes defective."

In the above, the only case in which post-mortem examination appears to have taken place is that the result of which was communicated to Dr. Baillie by Mr. Earle; but in the paper read on Monday evening it was stated that, in three cases, disease within the head had been found—viz. in one, a considerable quantity of water in the ventricles; in another, a tumor in the brain, with effusion; and in the third, ossification of some of the arteries of the brain, and we believe also serous effusion into the ventricles and theca vertebralis.

THE KING *versus* DENNIS LEMAN.

Copy from Mr. Gurney's Short-hand Notes of the Proceedings in the Court of King's Bench, Thursday, 29th January, 1829.

Mr. C. F. Williams.—I move your lordship for the judgment of the court in the King, on the prosecution of the Apothecaries' Company, against Dennis Leman.—The defendant pleaded guilty.

Sir James Scarlett.—I will just state to your lordship what the case is. It is founded on the act of 55 George III. chapter 194, which prohibited persons being permitted to practice as apothecaries without having served an apprenticeship, and being properly certified to have done so, and without due examination as to their qualifications. This is an indictment charging the defendant with having forged an indenture of apprenticeship, in order to obtain a certificate from the court of the Apothecaries' Company. That is set forth in the indictment: it is stated to be fabricated for the purpose of obtaining a certificate.

It was handed up to the court.

Mr. Justice Bayley.—Are there any affidavits for the prosecution?

Sir James Scarlett.—No, my lord.

Mr. Justice Bayley.—Are there any for the defendant?

Mr. C. F. Williams.—Yes, my lord.

The affidavit of the defendant was read, stating that he felt the greatest sorrow for his violation of the law; that the prosecution, he is aware, has originated in a sense of public duty on the part of the Apothecaries' Company; that in the early part of his life his father, from easy competency, became straitened in circumstances; that in consequence of this he became, from the age of fourteen, an assistant in an academy, and subsequently a tutor to the children of a magistrate of the county of Somerset, but his grandfather and uncle having been apothecaries, felt strongly inclined to follow the same profession, and that he determined to repair to London, without being aware of the necessity of having served an apprenticeship; that having attended lectures, and received certificates of his diligence and attention, and having attended for nine months at the General Dispensary, in Aldersgate-Street, he at length found that all his hopes would be frustrated by his not having served an apprenticeship; and being 25 years of age, and without resources, he unhappily resorted to the act for which he stood indicted, and for which he felt the greatest contrition.

The affidavit of William Peters was read, stating that he has known the defendant; that his family are highly respectable; and that he considers the crime as having been committed rather from an error in judgment than from wilful turpitude.

Sir James Scarlett.—My lord, I appear on behalf of the prosecution: the prosecutors have found it necessary to institute this prosecution, and, I am sorry to have occasion to say, that it is not the only case of the same nature; there happens to be another standing for the same predicament, and they have felt that it is absolutely necessary that this offence should be repressed. Your lordship will observe that in the following clause of the act of parliament to that just referred to, there is a provision "that no person shall be admitted to any such examination, for a certificate to practise as an apothecary, unless he shall have served an apprenticeship of not less than five years to an apothecary, and unless he shall produce testimonials to the satisfaction of the said Court of Examiners of a sufficient medical education, and of a good moral conduct;" that the prosecutors consider a most wholesome provision, and they feel the necessity of enforcing it. My lord, if this were the only case which has occurred, it could not be well passed over, but when I state to your lordship that it is to be followed by some others, the prosecutors felt that they could not discharge their duty to the public unless they brought it before your lordships. I would not say any thing in aggravation of the offence; the defendant has expressed that in language as strong as any I can use.

Mr. C. F. Williams.—My lord, on behalf of the defendant, I should very ill discharge my duty if I did not commence, after what has fallen from Sir James Scarlett, by expressing that which the defendant has sworn that he feels; namely, that he is deeply indebted to the prosecutors for the very compassionate manner in which they have dealt with him, at the same time it would be unjust to him not to say, that that has arisen from the deep contrition so very properly expressed by this young man; I should very ill discharge my duty, if I did not acknowledge the very serious transgression into which he has been betrayed: it is quite obvious that no man can look to the scope and purview of this act of parliament without seeing that it was meant to protect the essential interests of the public; and he has felt that the prosecutors were actuated by nothing but a sense of their duty to the public. He has expressed his gratitude upon his solemn oath, and repeated his contrition.

My lord, I hope these are circumstances which, though they cannot take away from the seriousness of the transaction, will very essentially mitigate the guilt of this transgression which has been committed. It is quite clear, from the very kind abstinence of my learned friend, Sir James Scarlett, that the object of the Apothecaries' Company is only, in point of fact, to promulgate to society the serious consequences of any one endeavouring to deceive that respectable body, not only as it respects them but as it respects the public: but, my lord, if ever mitigation can be offered for a transgression of this description, I think the circumstances detailed by this young man in his affidavit, would lead your lordship to partake of the feelings Sir James Scarlett has expressed, and to pass as lenient a judgment as your lordship may think, for a first transgression of this nature, the public justice would call for. He says that, in very early life, he had better hopes; that his father was a man, if not of opulence, in easy circumstances; that he was reduced; that, from what he had seen in the bosom of his own family, he could not ask his father to advance that which would be necessary to set him forward in life; that he therefore placed himself, at so early an age as fourteen years, a tutor in a classical academy: I trust that demonstrates two circumstances—the one that he had passed his early life not in idleness, but in very useful industry, and that at that same early period of life he was disposed to exert himself to fulfil the duties of that respectable situation;—and it appears that he must have entitled himself to the confidence of those about him, for that a very respectable magistrate of the county took him into his family as a tutor to his children. His life appears to have been

meritoriously employed, and the affidavit discloses his very proper feelings towards his family. Subsequently to that, with a very laudable inclination, remembering that both his grandfather and his uncle had practised so as to attain considerable repute as apothecaries, he had a desire to try the same course of life. I think it is not pressing too hard to say that he had scarcely arrived at that age at which a strict attention to that solid and prudent course he ought to pursue could be expected. I by no means wish to impair the seriousness of the transgression, but to shew your lordship the steps by which he was led into it.

It appears, that having obtained some knowledge of the profession by his industrious habits, and a very useful one, he placed himself with one gentleman, with whom he staid for some time, and he swears he believes to his satisfaction. Then he goes through the different circumstances which he has pointed out in the affidavit to your lordship, and that he had invariably obtained the respect of the individuals who had employed him, for the diligence and application he had manifested. He says that, subsequently to that, he had attended various courses of lectures, and had been nine months in a public and general dispensary; that he had always acquired the respect of the individuals he had been under; that these things had induced him to believe (wrongly I admit) that he had qualified himself for a medical profession—for it is clear the public have a right to a better qualification—but, under the circumstances disclosed in the affidavit, I trust that your lordships will think that at the time he thus step by step reached the situation where, as he says, he looked round, there is some mitigation at least. He found he could not succeed in the object of his wishes without inducing the belief that he had served an apprenticeship: destitute himself, and having no hope from his friends, and no hope but from that course of study he had been pursuing for two or three years—in that dilemma he resorted (I am afraid from some instigation, not from his own mind) to that which he now so deeply deplores;—and after the statement of Sir James Scarlett, doing ample justice to the honourable feelings of the Apothecaries' Company, allowing, as I do, that this is an offence of a most serious nature, still I would take the liberty of suggesting that, inasmuch as if any punishment of an ignominious nature were to be inflicted upon this young man, it would consign him to perfect ruin, not only temporary but for ever, as it would cast him off from that prospect of becoming an useful member of society. I trust your lordship's judgment will be such as will have the assent of every person who hears it. It is desirable that the public should sympathize in the judgment of the Court; and after the very kind and considerate manner in which the Apothecaries' Company have treated this young man, who has conducted himself (as he has disclosed in his affidavit) from his earliest life to the present time, I humbly trust your lordships will not intercept his future hopes by any thing which would consign him to such a degree of shame as to cut off his future prospects in life. I would venture to say, from the affidavit which has been read, he is a person on whom your kind and lenient consideration might be well exercised. This will be a warning to any person placed in similar circumstances: the law will be publicly proclaimed, and I trust the judgment will not be such as to involve the ruin of the individual. It is clear, from the address of the learned Counsel for the prosecutors, that this is the last thing they can desire; and I trust your lordships will pronounce a judgment in which the public may sympathize, and which will spare him those consequences which might result from a judgment of a different nature.

Mr. Justice Bayley.—Dennis Leman, you have pleaded guilty to an indictment charging you with a very serious offence—namely, that of having fraudulently produced to the Examiners of the Apothecaries' Company, a certain indenture of apprenticeship, for the purpose of imposing upon them, and inducing them to believe that you, who had served no apprenticeship, and who were not qualified to be subjected to an examination, were so qualified, and had served that apprenticeship. By a very useful Act of Parliament, many regulations are introduced for the purpose of protecting the public from the danger resulting from persons who were not duly qualified practising as apothecaries. One of these provisions is, that the person tendering himself shall have served a regular apprenticeship for a period of five years, and that having so done, he shall be examined as to his competency by the proper persons appointed by the Apothecaries' Company for that purpose. Serving an apprenticeship is essential, therefore, to qualify the party for examination; and it is not for you to say that without an apprenticeship you have got as much information as apprenticeship would give you. No person, unless he has served that apprenticeship, is at liberty to undergo the examination. In an unfortunate hour you determined to attempt following that profession without going through the regular preliminaries: for that purpose you offered yourself to the Apothecaries' Company, and produced a forged instrument. That purpose must have been long brooding in your mind—there is no reason to suppose it to be an expedient suggested at the moment of the offence being committed. You have described yourself as having passed through a preceding education which ought to have

produced in your mind better feelings, and a more correct judgment; and to have made you revolt against the commission of so great an offence as this is. The Apothecaries' Company have presented your case to us without pressing any circumstances of aggravation upon you, and we are therefore disposed to pass as lenient a sentence as, considering the nature of the offence, we are at liberty to do; but it is a very grave and heavy crime, because it is produced by a premeditated act—the production of a forged and counterfeited signature. With every disposition on the part of the Court to mitigate to the utmost extent which, with propriety, they can, they must pass such a sentence as will be calculated to deter other persons from committing similar offences. The sentence of the Court upon you, therefore, for this offence, is, that you be imprisoned in his Majesty's gaol at Ilchester, for the county of Somerset, for the space of six months; and that in the meantime you be committed to the custody of the Marshal of the Marshalsea, in execution of this sentence.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

January 27th, 1829.

B. Travers, Esq. in the Chair.

Aneurism by Anastomosis.

A short communication from Mr. Brodie was read, in which he related a case of aneurism by anastomosis cured by ligature.

A young lady had a tumor, about as large as a pea, form on the right side of the forehead, soon after the receipt of a blow on that part. This remained without change for some years, but about seven years ago, having increased considerably, an attempt was made to remove it by the application of pressure. As soon, however, as this was discontinued, the aneurismal tumor began to be developed with increased activity. After the lapse of three years, pressure was again had recourse to, but as unsuccessfully as before. Two years ago ligatures were applied to four vessels which fed the tumor, by which some relief was obtained; but it proved of short duration. The tumor continued to increase, and was attended with much local pain and constitutional disturbance, till October 1828, when it was nearly as large as a small orange, having large tortuous vessels proceeding from it to the temple. Mr. Brodie having suggested the application of ligatures, and the proposal being acceded to, two strong ligatures were passed through the middle of the tumor at its base, and then tied at either side. This was followed by pain, and a turgid and purple appearance of the tumor. On the day the operation was performed, and on that which followed, there was so much re-action as to require bleeding from the arm. On the third day two other ligatures were applied in a manner similar to the first—they not appearing to interrupt the circulation sufficiently. In a few days more the slough came away, and the wound soon healed.

Some conversation ensued, in which, however, nothing very important was elicited.

February 10th.

B. Travers, Esq. in the Chair.

An elaborate and interesting paper, by the president, entitled "Observations on the Local Diseases termed Malignant," was laid before the society.

The author sets out with distinguishing diseases which are intractable or incurable from causes shortly enumerated, and those which tend directly to the destruction of the individual by diffusing their species, and destroying contiguous or remote parts. He discusses at some length the question, whether a stictly local action can properly be regarded as malignant, and decides it in the negative. Although the material poison may be generated in a part, its malignant action he considers to be derived from the co-operation of the constitution. The genus carcinoma comprises two species; the scirrhous and the medullary. Their varieties are referred to those of structure. The secreting structures, in all their modifications, and these alone, are stated to be the seats of primary scirrhus, although they are the nidus only of the morbid deposit, which is affirmed to be purely adventitious. The common theories of the proximate cause of the disease as connected with glandular structure, and the influence of sex and age as connected with the states of the circulation in producing it, are then discussed. The external characters and their comparative value in diagnosis, and the internal characters of this species, which last are regarded as chiefly to be relied upon, are detailed; and next the ulcerative stage, which when it reaches the skin, establishes the communication with the surface. Cases of spontaneous cure by sloughing, and of indolent scirrhus, are mentioned, in which the patient carries the disease for many years without its undergoing a change, and dies of a distinct malady. The tubercular inflammation, and herpetic ulceration of the skin covering the scirrhus, are described as constituting a remarkable variety. We have then a description of the second species, or medullary cancer, and its characters, external and internal. Its property of affecting all textures of the body, without exception; its direct propagation by the blood affecting parts dissimilar and remote, at one and the same time; its being a disease of early life, and its original

and unqualified malignity, are regarded as features of distinction from the scirrhous species. This the author considers, from the first, a disease of the system, and therefore incurable by the removal of tumors, at whatever stage, which bear the local manifestation of the poison. This is not, however, used as an argument against the operation, since he has known several years to elapse between the removal of a medullary tumor and the reproduction of the disease in the viscera.

The remainder of the paper is occupied with a relation of the modes and degrees in which the constitution is affected in scirrhus in different individuals; and although considered an original local disease, the predisposition on the part of the cons itution to yield or resist it is admitted to explain the differences which it exhibits in its rate of progress and severity. The ulceration of the scirrhus is assumed to be in general prior to that of the skin; and the ulcerative action of the tubercle itself, of which the peculiar darting pain is the characteristic sign, to be the first change, and the epoch of the formation of the poison.

The local contamination in scirrhus, and the diffused contamination in medullary cancer, are referred, the first to the poison being generated in the part, the second to a vitiated state of the blood itself. The last Mr. T. considers to be a combination of scrofula and cancer in the habit, or a cancerous scrofula.

The author announces a continuation of the paper, descriptive of the modifications of the disease by texture in the different regions of the body, and of those which are so analogous as to require a nice discrimination.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 7th, 1829.

Dr. James Somerville in the Chair.

On the minutes being read, Dr. A. T. Thomson rose and addressed the meeting. He said it would be remembered that, on the preceding evening, he had made an apology for not having arrived in time to take the chair; a circumstance which he stated to have arisen from his not being aware that it was his turn to preside. Being informed by the gentleman at that time in the chair that it was his (Dr. T.'s) night, he had felt himself called upon to make the apology he did; but he found that, after all, it had not been his turn to take the chair, and consequently that he had been induced to apologize when the fault was not his. But what he objected to most decidedly, and what induced him now to bring the matter before the Society, was the circumstance of his having been held up to the public in a most improper light in one of the weekly Journals. He protested against the system of reporting the proceedings of the Society. "Have we not expelled one miscreant," said the Doctor—"I state it broadly, one miscreant—and shall we foster another in our bosom?" He was of opinion that the least which could possibly be done was to have the reporter publicly reprimanded from the Chair. The Doctor then produced a card, on which were marked the nights when each President was to take the Chair, and stated that the night in question was not set down against his name.

Mr. Arnott begged to set Dr. Thomson right. It *was* his turn to have presided last Saturday; the three other Presidents had taken the Chair in succession on the three preceding evenings, and the circumstance of no meeting having been held on the 27th December, was apparently that which had given rise to the mistake on the part of Dr. Thomson.—

Dr. Thomson here interrupted the speaker, and the singular scene was presented to the Society of two of their Presidents on their legs while the Chairman was calling them to order. Mr. Arnott immediately gave place to Dr. Thomson, who denied that there was any mistake of his, and said he wished the fact of his having apologized on the former occasion to be erased from the minutes. He again appealed to his card, which he threw down before the President —not in the gentlest manner possible.

The Chairman stated, that as Dr. T. had offered an apology to the Society on the former occasion, the fact of his having done so could not be expunged from the minutes. He added, that the subject of reporting had already been fully considered by the Society, who had thought it best not to interfere. He was then proceeding to call upon Mr. Bennett, who was to introduce the proper discussion of the evening, when *Mr.* Thomson rose, and stated that a most unhandsome and false account of his speech on the former night had appeared in a weekly publication; he was therefore anxious to know whether there was any law by which he could have the reporter punished. Mr. T. was proceeding to descant upon the injury he had sustained, when there were symptoms of impatience manifested by the Society, and the President stopped him.

Mr. Bennett then rose and directed the attention of the Society to some peculiarities in the circulation in the osseous system. He remarked upon the general disproportion between the arteries and veins, alluding especially to the latter being both much more numerous and much more capacious than the former. One of the most remarkable illustrations of this was to be observed in the spinal column. There was an external set of veins —one internal, and a third connecting these two together—yet there were no arteries corresponding in distribution to these veins. In

the brain, the return of the blood was effected through sinuses which did not admit of dilatation beyond their usual calibre; and which, therefore, appeared to him insufficient to bring back the blood in those cases where an increased flow to the head took place. But there existed between the tables of the skull numerous and capacious veins, which generally escaped observation, from the manner in which dissections were usually performed. Mr. B. remarked that the distribution of the veins in the spinal column and head might, perhaps, serve to explain various pathological phenomena, which we witness in the course of fever, head-ache, and apoplexy; but that, physiologically considered, he thought they must have some other function beyond merely carrying back the blood; nor did he seem to think that the additional function of absorption, so clearly proved to exist in veins, was a satisfactory explanation of the circumstances to which he had alluded. Mr. Bennett exhibited some beautiful coloured plates, in illustration of the anatomical points he had detailed, and a skull prepared for the purpose of showing the distribution of the veins within the bone. The mode of doing this consists in filing off the outer table, so as to expose the channels in which the veins have been situated, and the appearance presented was very curious, shewing a multiplicity of furrows running in all directions between the laminæ of the skull.

These observations did not lead to a discussion of much interest. Dr. Johnson in his observations regretted, and we believe this was the general feeling, that Mr. Bennett had confined himself merely to the statement of the anatomical facts, without drawing any conclusions from them: Dr. J. had expected that he would have offered some explanation or conjecture concerning the additional function belonging to what he seemed to think an unnecessary superabundance of veins. Mr Gilbert Burnett made some remarks, referring chiefly to the circulation through the head, but upon the whole the discussion grew languid, when Mr. Bennett endeavoured to reanimate it, by directing attention particularly to the phenomena of apoplexy, which he spoke of as always, or almost always, dependent upon hypertrophy of the heart, by which a larger quantity of blood was sent to the head than the veins could bring back, and that rupture of vessel was thus *mechanically* produced.

Dr. Macleod thought this explanation of apoplexy much too simple. It was not uncommon to find apoplexy where there was no such affection of the heart, nor were cases of apoplexy very rare in which no rupture of vessel had occurred. According to Mr. Bennett's theory, merely impeding the return of blood through the veins ought to produce this disease, but such was not the case; for, if one, or even both, jugular veins were tied in the lower animals, it was not followed by rupture of vessel within the head It was therefore probable that although increased determination to the head might be the immediate cause, yet that there must be something more than this to give rise to an apoplectic seizure. Dr. L. Stewart concurred in this opinion.

Mr. Bennett thought it probable that the peculiar disease consisting of tortuous vessels about the head, which had lately attracted notice, might be disease of the veins between the tables of the skull, the veins being exposed in consequence of the outer table being absorbed. Such, he conceived, to have been the case in a man named Nowlan (see Medical Gazette, vol. i. p. 261) and some others.

Mr. Arnott said that he had himself seen the case of Nowlan, and could state that the disease was there distinctly in the arteries: the same was likewise distinctly ascertained in the case recently published by Dr. Mac Lachlan, in the Glasgow Journal.

Mr. Bennett said that in the case of Nowlan the temporal artery had not been injected, nor the dissection carefully conducted.

Mr. Cooper begged to inform Mr. Bennett that the artery had been injected, and preparation of the parts *in situ* made: it was in the museum at Great Windmill-Street, where Mr. B. might see it. Being on his legs he would take occasion to remark, that he thought Mr. Bennett inaccurate in his statement that there were not arteries corresponding to the veins in the spinal column: the great size of the veins, he thought, depended upon their being placed under circumstances similar to those of the head—namely, removed from the immediate influence of atmospheric pressure.

Shortly before the close of the meeting, Dr. Granville exhibited a tumor, which had been removed from one of the nymphæ, and an instrument by which he had effected this. As, however, the description would be unintelligible without a figure of the instrument, we shall postpone our account till next week.

In the course of the evening Mr. Thomson spoke FIVE TIMES. On two occasions the scraping of feet and rapping of umbrellas and sticks betrayed the impatience of his auditors. The president was at one time obliged to interfere; he said, "He was *obliged* to listen to Mr. T. so long as he was not out of order."

With regard to the remarks made by Dr. Thomson on our report of last week, we beg to observe that we attached no blame to him for not coming in time to take the chair: on the contrary, his explanation appeared so satisfactory, that, alluding to the Secretary having neglected to send him notice, we ventured to say, "this was not well ma-

naged, and we trust will not occur again." As to his son, we repeat that we have received numerous applications from members of the Society, entreating that some notice might be taken of his unfortunate propensity to speak on every subject, and for an indefinite period, without any regard to the sufferings of his auditors. It is the circumstance of perceiving that we did but echo the opinion of the Society which has made the remarks in our last Number be felt so keenly—remarks, we take leave to say, which form a striking contrast to the intemperate observations made upon them by Dr. Thomson.

MEDICAL SOCIETY OF LONDON.

Feb. 9, 1829.

Dr. Shearman, President, in the Chair.

Dr. James Johnson related the following cases:—

Case I.—The subject of this case was a solicitor residing in London, aged 28 or 30 years. His lady, an interesting young lady, had been confined about a week, when puerperal mania burst forth, with considerable violence. By mild, but ordinary treatment, the disease gradually subsided, and on Friday, 6th January, she was tolerably rational and quiet. At 4 o'clock on that day her husband, being apparently in good health, complained to the medical attendants that his bowels were confined. Aperient medicines were ordered for him. About half past 5 o'clock he rushed into his wife's chamber, exhibiting indubitable marks of insanity. He was got to his room with some difficulty, and was quickly in a paroxysm of acute mania. The ordinary medical attendant of the family was summoned: this gentleman abstracted from the arm 16 ounces of blood, which was slightly buffed, and remarkably firm. Leeches were also applied to the head. At 11 o'clock Dr. J. met the family practitioner in consultation: the patient was still in a state of furious mania, and coercion was necessary. The head was hot; but the temperature of the body was very little increased. The pulse was 140, and very sharp or wiry. The patient vociferated loudly; talked incoherently; gesticulated violently; laughed, scolded, and made strenuous efforts to obtain freedom from restraint. The bowels had been freely opened, and an additional dozen (in all 24) of leeches had been applied to the head. Upon minute inquiry it was ascertained that the patient had been living more freely than usual during the Christmas festivities: the knowledge of this circumstance, and of the depressing emotions of the mind of the patient, in operation four or five days, caused by the illness of his wife, induced Dr. J. to view the disease not as one of high inflammatory action in the brain; and consequently not as a state of things warranting further depletion, unless symptoms arose requiring such measures. As a considerable quantity of blood had been withdrawn locally, besides that taken by venesection, and as the bowels had been freely opened, 30 minims of Battley's liquor opii sedativus, were administered; and directions given to keep the head cool by an evaporating lotion. The opiate, certainly, did not tranquillize the patient; on the contrary, he was reported to have been more violent for some hours afterwards. At 5 o'clock in the morning of Saturday the 17th, however, tranquillity was restored; although there does not appear to have been any sleep. At 1 o'clock the medical attendants met, and found the patient quiet, but taciturn; and evidently labouring under maniacal hallucination, evinced by the ever-varying expression of his countenance, and bursts of unconnected sentences. The pulse was still very quick (130 at least), the skin cool; the forehead, however, was hot, in spite of the cold lotions. Dr. Sutherland was requested to join in a consultation, which took place at 9 o'clock on Saturday night. The patient was still calm, but would not speak, although he appeared to comprehend what was said to him. There was, however, an expression about his eyes which indicated much intellectual derangement. Dr. Sutherland considered the disease to be more allied to phrenitis than to mania, and took his leave. Calomel and colocynth were prescribed, and the directions to keep the head cool were repeated. The attendants had not been long gone, when the maniacal paroxysm returned as violently as ever, requiring the straight-waistcoat and many assistants to keep the patient in bed. The practitioner of the family was summoned, and applied 12 leeches to the head, and sinapisms to the legs. This paroxysm lasted from twelve o'clock on Saturday till half-past seven on Sunday evening; when it suddenly subsided. The patient then relapsed into a state of complete exhaustion, and expired in half an hour. Thus the whole duration of the disease was fifty-two hours, and the two paroxysms had an interval of about nine hours of comparative quietude. The patient had lost 16 ounces of blood from the arm, and 36 leeches had been applied to the head. The rapid fatality of the case—the apparent complication of phrenitis with mania—perhaps of delirium tremens (*mania à potu*)—rendered the medical attendants very desirous of examining the head. The examination of the head alone (for this was all that was allowed) took place on the 22d of January. The vessels of the scalp were not turgid, nor did the skull adhere very strongly to the dura mater; the vessels of this membrane were not remarkably injected, but the tunica arachnoidea was, in most places, inclined to opacity, with a slight serous effusion underneath, especially between the convolutions of the brain. The vessels of the pia mater

were very much injected, and this membrane could, in very few places, be peeled off the surface of the brain, without tearing up portions of the latter with it. The brain itself was remarkably firm; but there was no effusion into any of the cavities. The marks of meningeal inflammation were most conspicuous about the posterior lobes of the hemispheres, although the fore-part of the head was always much more hot than the back part. There was no other appearance of inflammation within the walls of the cranium, with the exception perhaps of a very turgid state of the plexus choroides.

This case, Dr. J. observed, was of great practical importance. In the diagnosis and treatment considerable doubts, and even discrepancies of opinion, arose in the minds of the medical attendants. That there was inflammation of the membranes of the brain there could be no doubt; but was the extent of the phrenitic disorder sufficient to account for the rapid fatality of the disease? Dr. J. thought not. Here was, he observed, a complication of moral and physical causes acting on the brain—viz. the recent more free use of wine than usual, and the depressing passions resulting from the sudden supervention of puerperal mania in his wife. The character of the complaint exhibited a mixture of moral and physical effects: the maniacal paroxysm was attended with more cerebral excitement than usually attends mania; while the phrenitic symptoms were marked by more maniacal furor than is usually the accompaniment of pure inflammation of the brain or its membranes. The complication, said Dr. J. was extremely embarrassing. If blood-letting had not been employed, the phrenitic symptoms might have been more considerable; if carried too far, it would have tended to augment the exhaustion which was sure to follow the violent paroxysm of mania. In a case of this kind occurring again, would it not be better to trust less to vascular depletion, and to temporize till the maniacal furor should in a considerable degree subside? It would, added Dr. J. scarcely be said that in this case the bleeding had been carried to any great extent; and yet there was little reason to conclude that it was of much, if of any, service, as to the final result: it may have controlled the inflammatory symptoms, but did not probably protract the period of the disease. The case might prove instructive to others, as well as those concerned in the management of it. The lady is fast recovering.

Case II.—The subject of this case was a medical student, 19 years of age. It was an instance of anomalous symptoms, terminating fatally; the dissection not clearing up all doubt. For three or four weeks the patient, prior to his fatal illness, had complained of some pain in the head, and was observed to be much altered in his temper; being more than usually irritable and peevish. He continued, however, his studies, and one week before his death was out with his preceptor in his carriage. On the next day he kept his bed, and was found to exhibit some aberration of intellect, unaccompanied however by fever. The pulse was quiet, the skin cool, the tongue moist, the urine clear. The patient, when spoken to, gave answers perfectly rational; but when not disturbed, impaired intellect, evinced sometimes by expressions of a sombre cast, and at others by those of a ludicrous character, was apparent. During the next three or four days there was little alteration. There was not a single additional phenomenon. Nevertheless the patient was bled to sixteen ounces, by way of precaution, and the bowels were freely acted on. There could scarcely be said to be the slightest proofs of inflammation on the surface of the blood drawn. For hours afterwards there was no mental perturbation, and then incontinence of ideas would arise. Leeches were applied to the temples and behind the ears; the head was shaved, and covered with a blister. As urine was not voided, the catheter was employed, and nearly a quart of water was withdrawn. The bowels now became disobedient to purgatives. The incoherence of ideas, when the patient was not spoken to, remained, and in two days more death occurred, without there having been a single symptom of febrile action evinced by the state of the skin, of the tongue, or of the pulse, which seldom ranged above 80 or 90 in the minute. The patient rarely complained of thirst. There was some dilatation of the pupils, and a vacant expression of countenance. This fatal termination of a disease which had not exhibited symptoms to warrant such a result, induced the medical attendants (Drs. Milligan, Johnson, Messrs. Vance, Dodd, Jewel, and others) to inspect the head; and the dissection was performed by Mr. Arnott and Mr. North, forty-eight hours after death. There was no preternatural vascularity of the brain or its membranes; hardly so much, indeed, as might have been expected to be seen in the head of a young person dying of any short illness. The tunica arachnoidea was not opaque, nor was there any effusion between the membranes. The pia-mater could be easily stripped off the brain, leaving a clean polished surface beneath. Very few red points could be seen on slicing the brain, which was neither unnaturally soft nor more firm than usual. About two ounces of clear serum were found in the lateral ventricles, without the least appearance of vascularity or coagulable lymph on any of the parts forming the parietes of these cavities. The only appearance of inflammatory action that could be detected was at the decussation of the optic nerves, where some lymph was thrown out, but in no considerable quantity.

The other cavities were not examined, as no disorder of the function of any of their viscera had been exhibited during life.

Here was a case, said Dr. J., where the only pathological condition ascertained was a moderate effusion into the ventricles. The patient had complained of his head one month, and was confined to his bed one week. There was nothing that could be called FEVER during the illness. Was, then, the disease hydrocephalus, resulting from inflammation? If so, what were the symptoms which indicated such a disease, in this case—what were the appearances post-mortem, with the exception of the serous effusion, confirmatory of an inflammatory, or at all events an acutely inflammatory origin of the disease? Was not the effusion into the ventricles going on before the seven days during which the patient was confined to his bed?

Dr. Ramadge said that he had seen a case of acute mania, which terminated fatally in fifty hours. He had seen other cases of this kind, in which there were scarcely any unnatural appearances found after death. He had seen a case of religious madness, which carried off the patient in three days; very little was to be seen post mortem. These cases seem to depend upon functional derangement of the brain.

Mr. Kingdon related a case of insanity; the subject of which also was a medical student; who suffered the most intense anxiety during the preparation for examination at the College of Surgeons, (although he was qualified to pass, and ultimately did pass with great credit through his examinations). After the ordeal, this young gentleman fell asleep in one of the rooms of the College of Surgeons, and awoke in a chilly state, and very much resembling that of a person who had taken opium. He went home, but got no sleep that night. On the following day he was feverish. Delirium succeeded, and the establishment of mania was manifest. ℥xvj. of blood were cautiously abstracted. The condition of the patient was such as to render the proper mode of treatment questionable. It was decided that no more blood should be abstracted; the forehead had continued to be hot; the pulse was 90; but upon the whole there was nothing remarkable in the symptoms but the derangement of intellect. Two grains of opium, with hyoscyamus, were given. In five days the paroxysm subsided. The opium and hyoscyamus were given at night; and ultimately the patient perfectly recovered, although there was for some time numbness of the little finger of the right hand, and some loss of sensation on that side of the body.

The propriety of blood-letting in cases of this description came fully under discussion; and afterwards the question, whether hydrocephalus could occur without a previous stage of inflammation?

Dr. Blicke observed, incidentally, that he was accustomed to bleed largely in delirium tremens, and afterwards to exhibit large doses of opium.

Mr. Lloyd observed, that affections of the head, especially in children, were more generally depending upon inflammation than was commonly believed; and they were best treated by blood-letting. The late Dr. John Clarke, and the present Dr. Clarke, had both advocated this principle; and had practised upon it with success. Mr. L. compared the condition of the brain, in many cases of the description related, with that of the organ after injury; and thence inferred the necessity of an active depletory practice. The symptoms in some of these cases were very gradual in their progress; and a patient had even appeared to be dying of exhaustion, while effusion and purulent deposition were going on.

Mr. Daniel Edwards stated, that formerly he had, in children, met with head affections, in which nothing serious appeared to be apprehended, but which terminated fatally—dissection shewing effusion in the brain. That he had afterwards seen such cases treated by active vascular depletion, and with great success. In children, so young as five months, he had seen blood-letting carried to an extent beyond that which is generally adopted, with the effect of saving life.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

ELIZA EDES, 21 years of age, was admitted under the care of Mr. Keate, on the 26th of November last, with a tumor in the thigh, of which she gave the following account:—She had always enjoyed good health till about three years before the period of her admission, when, without any known or ostensible cause, she began to experience some dull aching pains on the fore-part of the left thigh, relieved by exercise, increased on sitting down and at nights, but at no time severe. After the expiration of a year, she noticed a small tumor (about the size of a walnut) on the fore-part of the thigh, very tender on pressure, but never accompanied with redness of the skin. Since that moment the tumor had progressively augmented in size, its progress having neither been checked nor in the least delayed by any of the means employed. Leeches, liniments, cupping, and a caustic issue, were the measures put in force by Mr. Blood (with whom at the commencement she was living as a servant), and Mr. White, of the Westminster Hospital; but although these frequently relieved the pain, they never did any thing more. The foot of the affected side she thought had been

colder than the other throughout. She never had received any injury on the part, had never been subject to rheumatism, nor ever been exposed to its causes.

When she entered the hospital, the skin was not discoloured, but in the upper third of the left thigh was a general, not abruptly defined, yet irregular tumor, evidently situated deeply. Its form we have said was irregular, indeed it projected in two distinct situations—on the front and the inside of the thigh, the outer-side of which was natural in its *contour*, and apparently free from the disease. Of the two tumors, that in front was most prominent, had a circular shape, and its upper border approached within an inch or two of Poupart's ligament The tumor on the inner-side of the thigh could be traced backwards to a certain extent, and appeared to pass up high. The femoral artery, which was felt above, was lost in or on the tumor itself—at least the most careful examination could not detect its presence. The tumor was harder in some parts than in others, although it had no decided fluctuation; and painful on pressure, especially in front. From this spot the pain would shoot to the hip, and down to the very extremities of the toes. The pain was increased at nights, and often prevented her obtaining much sleep. It was said by some that the tumor could be moved upon the bone, but of this we were totally unable to satisfy ourselves; indeed, we are inclined to believe that it could not. The patient had a sallow or pallid aspect, though she stated that her health was good; the tongue was moist; the pulse rather full.

After a careful examination of the case, Mr. Keate came to the conclusion that the tumor was fungus hæmatodes. A belladonna plaister was at first applied, and on the 1st of December the patient was ordered five minims of the tincture of iodine in an ounce of camphor mixture twice daily, whilst the unguent. hydriod. potass. was substituted for the belladonna plaister externally. At the end of a week the health was not impaired by the medicine, and the tumor appeared rather softer, especially on its anterior part, where a strong sensation of fluctuation was given to the fingers. She was taking an anodyne occasionally at nights, and altogether had experienced slight relief. She went on thus, with little alteration in the size of the tumor, and not very much in its consistence, save that it grew softer still in front, till the 21st, when she suffered from head-ache, giddiness, and occasional palpitations at the heart. The pulse was small, the expression of face was anxious. Under these circumstances the iodine was desisted from externally and internally, and leeches applied to the surface of the tumor. Salines, with the sulphate of magnesia, were also administered three times a day.

The effects of the iodine quickly passed away, and the previous comparatively good state of health returned. The 1st of the present year ushered in, however, a very perceptible change for the worse, for lancinating pains invaded the tumor, persisted, especially at nights, and were speedily followed by an evident increase of bulk of the diseased mass, particularly on the inner side of the thigh. Cupping, lotions, and anodynes, were resorted to in vain, and on the 23d a second attempt was made to rub in the ointment of the hydriodate of potash, but after a few days it was again found necessary to discontinue it. Nothing now remained but to explain to the patient the incurable nature of her malady, and put it to herself, whether or not she would wish for an operation. The chances were bad, but the best that could be offered, and the poor girl willingly decided on accepting them. From the situation of the tumor, it was hardly expected to admit of *extirpation*, but Mr. Keate considered it but fair to the patient to make the attempt, and afterwards, if its removal should be found to be impracticable, proceed to amputation of the limb. On the 5th Feb. all was prepared, and the actual cautery kept in readiness. The crowd in the theatre was very great, and Mr. Blood, the gentleman alluded to before, was present. The following were the steps of the operation:—

An incision, slightly elliptical, the convex of the ellipse looking towards the opposite limb, was carried from an inch or so below the centre of Poupart's ligament, over the anterior portion of the tumor to the outside of the thigh, two or three inches below the trochanter major. The superficial cellular membrane and muscular substance, consisting, we believe, of part, if not of all, of the sartorius, the rectus, and crureus, were divided, and a large round lobule of the tumor exposed Dissecting down on the outer side of this, Mr. Keate arrived at the femur, which with his finger he found to be bare, and connected with the tumor, which also proved on examination to possess the genuine medullary character. Under these circumstances, it was deemed advisable to amputate the limb, and no longer to attempt extirpation of the diseased mass. All had been prepared for this contingency, and Mr. K. immediately proceeded to tie the common femoral artery, which, by slightly prolonging the upper part of the before-mentioned incision, he accomplished with extreme neatness and dispatch. The subsequent steps of the operation we could not follow so minutely, in consequence of the frequent changes of position necessary on the part of the operator, as well as the natural inconveniences of the theatre. They were, in substance, as follows:—With a knife, which was a good deal like the cartilage knives put up in Weis's Post-Mortem Cases, having a large, firm handle, and serving, in fact, for a very large and powerful scalpel, Mr. Keate made a second elliptical incision on the *inside* of the thigh. This was com-

menced at the same point as the first, carried over the tumor on the inside, and ended at the back and outside of the thigh, where it met the former, and thus completed the circuit of the limb. One or two vessels bled smartly, and required to be secured, when Mr. Keate proceeded to dissect the inner flap (for such it was) from the surface of the tumor on the inside of the thigh. This was effected to near the level of the pubes, when, it being discovered that a process of the disease extended upwards too high to allow the knife to get readily above it, Mr. Keate attempted it no farther, but cut through the muscles, &c. to the bone on the *outside* of the thigh, dissected up the bone for an inch or two, and sawed it across with a large species of metatarsal saw. Some time was now occupied in securing several bleeding vessels at the back of the thigh, branches of the circumflex and ischiatic, as well as in taking up one large artery, situated in front near the bone, which the operator thought was the profunda. The bone had been sawn, but the limb was not off, for, as was mentioned before, the tumor on the inner side extended too high for the knife to follow it, at least under the inconveniences produced by the thigh remaining on. The tumor here was accordingly *cut across*, and a few strokes of the knife sufficed to remove the limb. Having tied some more vessels that bled, and waited for the patient's rallying from the syncope into which she had fallen, Mr. K. dissected out the remainder of the tumor, which passed as high as the ramus of the pubes to the origin of the gracilis and adductor longus, between which it lay. The bone was then ascertained to be sound; a piece of it which projected was sawed off; the flaps of integument brought together, and kept in situ by three or four sutures; adhesive straps applied with compresses, and a few light turns of a roller; and, finally, the patient was removed to bed, having borne this painful, difficult, and necessarily tedious operation, with the greatest heroism.

We should mention that the femoral artery bleeding pretty smartly, was tied in the course of the operation.

Examination of the Limb.—The tumor was under the various muscles lying in that situation in the thigh. These muscles were considerably attenuated, though a great deal of fat was present in the limb. The tumor, which on the whole was as large as a good-sized melon, had three distinct lobes; one situated in front, the second passing inwards and backwards, and the third, a kind of prolongation of the second, directed upwards and inwards. The front and the inner side of the femur, as far back as the linea aspera, were connected with the tumor, which was comparatively small at its origin, if such this may be called. The tumor had not extended round the bone, being totally wanting at its outer side. On introducing the finger into the tumor, near the bone, the latter was found to be in front denuded of its periosteum, scabrous and rough, but behind the periosteum remained. The anterior lobule of the tumor was infinitely softer than the others, and to this must be attributed the feeling of fluctuation communicated here to the fingers before the operation. The tumor was the true medullary sarcoma, invested by a fibrous kind of capsule, which we thought we could trace in continuity with the periosteum of the femur.

Before taking leave of the operation, we cannot but express our admiration of the extreme coolness and dexterity with which it was performed.

Forty minims of laudanum, and the spiritus ammoniæ aromaticus, in camphor mixture, were ordered to be immediately given to the patient, and at 3 P.M. forty minims of Battley's liquor were administered, in an ounce of distilled water. At 9 P.M. the last-mentioned medicine was repeated, and ordered to be given again at the end of six hours. The patient suffered considerable pain for some time after the operation, but this was relieved by two or three doses of the sedative, and she got some sleep during the night. On the morning of the 6th she was faint and low, the pulse small and frequent, the tongue moist.

℞ Amm. Carb. gr. xxij. Succi Limon. ℥ss. Syrup. ℥j. Aq. Distil. ℥j. 4tis horis.

In the afternoon there was nausea and a return of the pain in the stump, when the following was prescribed:

Amm. Carb. ℈j. Liq. Op. Sed. ♏xxxv. Syrup. ℥j. Aq. Dist. ℥j. Succ. Lim. ℥ss. M. fiat haust. statim sumend.

7th.—The countenance was anxious, and more than wontedly sallow: pulse frequent and weak; surface rather inclining to be warm; tongue white; slight inclination to nausea; thirst. She said that she had had a little shivering, and complained of pain on pressing the groin; the bowels had not been opened. Mr. Keate was apprehensive of phlebitis, and ordered cal. gr. ij. ext. hyoscyam. gr. v. immediately, with salines and the sulphate of magnesia every four hours. If the pain in the groin should continue, leeches were to be applied. The strappings were not meddled with, (the bandage had been removed on the evening of the day of operation,) but rags kept wet in cold lotion were placed over them.

The patient got some sleep in the early part of the night, but at 2 A.M. of the 8th was seized with nausea and vomiting of bile. On the 8th, when we saw her, she was rather better.

We shall not fail to give the sequel of this interesting case.

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PATHOLOGICAL ESSAYS

ON SOME

DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

[Continued from p. 282.]

ESSAY VI.

Diseases of the Internal Lining of the Heart, and the injuries thence resulting to other parts of its structure.

The diseases and disorganizations of the heart, which have just engaged our attention, were very complex, both in their essential morbid conditions and in their clinical history—pervading all or many textures of the organ, and often lasting, with great variation of symptoms, for many years. Nevertheless we were able to trace their original seat to *one particular* texture, and to fix the element of their production in a *simple* and *intelligible* mode of morbid action. Their original seat was the pericardium, and the element of their production an acute inflammation.

The fact that they had their source in *an acute* inflammation enabled us to assign the exact period of their commencement, to whatever length of time they might be subsequently protracted; and the fact of this acute inflammation proving sometimes *fatal* upon its *first* accession, enabled us to determine the exact structure from which they proceeded, to whatever other structures they might subsequently extend.

Thus the time, the nature, and the seat of the original morbid action being known, served as points of departure for observation and reasoning, from which we could proceed to calculate the progress of subsequent organic changes, and to interpret their nature and their symptoms.

So much for one important class of diseases and disorganizations of the heart, viz. those which have their origin in acute inflammation of the pericardium.

We come now to another class, just as complex in their essential morbid conditions and in their clinical history as the former, having also their original seat in *one particular* texture, that texture being the *internal lining*, not the pericardium, and the element of their production being a *chronic*, not an acute inflammation.

I do not mean to deny that there is such a thing as acute inflammation of the internal lining, or that it may exist alone and exclusive of disease elsewhere; but from my own observation I have no knowledge of it, except in conjunction with acute inflammation of other organs within the chest, or of other parts of the heart itself; and even this knowledge is limited to what dissection has unfolded, apart from all clinical experience. For I am quite ignorant what are the symptoms which would indicate an acute inflammation of the internal lining occurring alone; and ignorant too what symptoms, superadded to others already present, and already indicating certain organs within the chest, or certain parts of the heart, to be acutely inflamed, would declare moreover that the internal lining was acutely inflamed also. I can, therefore, only venture to speak concerning *chronic* inflammation of the internal lining of the heart, either as it is in itself, or

as it becomes the cause of ulterior injury to other parts of the same organ.

The pathology of *absolutely* chronic diseases (chronic I mean in their origin, and chronic in every subsequent stage of their progress) is involved in great obscurity.

Where you can assign the beginning of a disease to no definite period, and can trace it to no particular cause—where its clinical history extends over many years, and the morbid conditions of which it consists are very complex, and the organ which it occupies is concealed from immediate observation, it is not easy to arrive at any very satisfactory notions concerning the mode of its formation and progress. The mind at every stage of such investigation will often miss the certainty which it desires, and must often at length rest contented with a probability only of truth.

In the examination of dead bodies, the heart is not unfrequently found having its natural size and shape altered, its fleshy structure thickened or attenuated, the capacity of its cavities enlarged or diminished, and, withal, one or more of its orifices obstructed, *in consequence of disease occupying* especially those parts of the *internal lining* which constitute the valves.

Now it is very true that these disorganizations of the heart, complex as they are, are not more so than those of which an adherent pericardium formed a part; yet the latter were followed through the many intricacies of their progress, and traced to their origin in a simple mode of morbid action, beginning in one particular structure. Can we not, then, in like manner, disentangle the intricacies of those now in question, and find out when, and where, and how they began; and determine which part was prior, and which was consequential to another?

Some indeed of these points *are* capable of being established with great probability of truth—such, for instance, as the local origin of the whole mischief in chronic inflammation of the internal lining; while others hardly admit of a plausible conjecture. The period, for instance, at which this chronic inflammation begins is altogether unknown. Its formation and its early progress are characterized by no symptoms cognizable by the physician, and by no sensation noticeable by the patient himself, who is as unconscious of the growth of cartilage or bone in the lining of his heart as he is of the growth of his nails, or of his hair.

My present purpose is to shew that there really is a large class of disorganizations of the heart which have their origin in disease of the internal lining, and to inquire how much is fairly understood of their pathology.

The proof of their *local* origin rests mainly upon this consideration, viz. that the mode and extent of the disorganization, as well as its precise seat, are correspondent with the extent and precise seat of the disease in the internal lining; and this correspondence is rationally accounted for upon physiological principles.

There is no part of the internal lining of the heart where disease is more frequently found than at the entrance of the left ventricle; and there is no part where it is accustomed to proceed to greater extent. Let us then take our first instances from hence, and let us see what the heart as an organ is capable of suffering in its functions and structure from disease occupying its internal lining, where it forms *the circle, the folds,* and *cords,* constituting the apparatus which is called the *mitral valve.*

The kinds of injury to which the internal lining of the heart is obnoxious in this situation have already been demonstrated anatomically; but of whatever kinds they are, whether they terminate in a deposition of cartilage or bone, and whether they appertain to the ring or the valve (properly so called), the effects, which consist of injury to the general structure of the organ, are the same, and are simply referable to *mechanical impediment* as a common cause.

Our business, then, at present is simply with this mechanical impediment (however produced) at the entrance of the left ventricle, and with its effects; with its effects, however, so as to explain (if we are able) the manner of their production.

The aperture of communication between the left auricle and ventricle, when the valvular apparatus which guards it is free from disease, is capable of admitting the introduction of three fingers up to the knuckles. Of course this is to be understood not as the exact truth, but as such an approximation to the truth (and this is all that can be expected), as variety of size in the human heart, according to differ-

ence of age, and sex, and stature, will admit. But this same aperture is in consequence of disease capable of being reduced to a mere chink, which will only just allow half a crown to be pushed through it edgeways. Of course it admits of every degree of impediment short of this, which is the greatest. To such degrees of impediment, from the least to the greatest, the consequent disorganization of the heart bears a certain correspondence.

This consequent disorganization appertains both to the parts which are *before*, and those which are *beyond*, the seat of impediment, in the order of the circulation; and it consists principally in this—that the cavities of the heart which are before the seat of obstruction have their capacities enlarged, and that which is beyond it has its capacity diminished; that the right auricle and ventricle, and left auricle, are larger than natural, while the left ventricle is smaller.

It may be added, that the great blood-vessels which begin or terminate in the heart, undergo dilatation or contraction in correspondence with the cavities to which they belong. The venæ cavæ and pulmonary artery, like the right auricle and ventricle. and the pulmonary veins, like the left auricle, are dilated; while the aorta, like the left ventricle, is contracted.

Herein is seen the power which belongs to the heart, in common with the rest of the vascular system, of adapting its capacity to its contents; and that not *temporarily only*, and by virtue of its vital and elastic properties, but *permanently*, and by a determinate change of structure. One part of the heart becomes larger, in obedience to the necessity of holding the greater quantity of blood detained within it, by a constant obstacle to its exit. Another part becomes less, in obedience to the necessity of closing upon the smaller quantity of blood which reaches it, in consequence of a permanent impediment to its entrance.

There are, moreover, certain conditions attendant upon these changes of capacity in the cavities of the heart, as well when they occur from the cause in question as from other causes, for which no satisfactory explanation ever occurred to me. Of the dilated cavities, the muscular substance is sometimes thickened, sometimes attenuated, and sometimes it retains its natural bulk; thickened in one case, attenuated in a second, and retaining its natural bulk in a third; and even in the same heart it often happens that while one dilated cavity is thickened, another will be attenuated.

Of the contracted cavity, the muscular substance is thickened, or it retains its natural bulk indifferently; but it is never, as far as I know, attenuated*.

Such is the disorganization pervading every cavity of the heart, the venæ cavæ, and the pulmonary artery and the aorta, which results from contraction of the aperture between the left auricle and ventricle. But this is the extreme and ultimate extent to which the disorganization can reach from such a cause.

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* To authenticate the natural connexion of these modes of disorganization in the heart and its blood-vessels with a mechanical obstruction at the entrance of the left ventricle, it may be well to know what the best authorities have reported, in order that those who have had opportunities of making morbid dissections may see how far it corresponds with what they have themselves observed.

In the 4th volume of the Dublin Hospital Reports there are some very instructive cases, published by Mr. Adams, shewing the injury which results to the structure of the heart from contraction at the entrance of the left ventricle. In one case, where the contraction was such as only to admit the index finger up to the first joint, the right cavities of the heart were enlarged in their capacity, and so was the left auricle, in a small degree, while the left ventricle was diminished. The pulmonary artery was large, and the aorta small. The condition of the muscular structure of the heart is not noticed; it may be presumed, therefore, (for the writer is very accurate in his descriptions), that it had undergone no change. (Dublin H. Reports, vol. iv. p. 421). In another case, where the contraction was such as to leave a mere fissure at the entrance of the left ventricle, the right cavities of the heart were dilated, and their walls augmented in thickness; the left auricle simply dilated, but in a great degree; the left ventricle simply contracted; the pulmonary artery large, and aorta small. (Ibid. p. 427). And in another case, where the contiguous edges of the mitral valve were united, probably from congenital malformation, leaving a slit, resembling the rima glottidis, for an aperture between the left auricle and ventricle, the various cavities of the heart and the pulmonary aorta, and the aorta, had undergone the same changes. (Ibid. 428).

Corvisart reports a case where the entrance of the left ventricle was greatly contracted, but was still capable of admitting the tip of the finger; and he mentions that the right auricle was considerably, and the right ventricle enormously dilated, and the walls of both much thickened; and that the left auricle was much enlarged, but so attenuated as to be reduced to the state of a mere membrane, without the smallest vestige of the usual fleshy columns. Concerning the left ventricle, he adds, that its capacity was hardly large enough to contain a walnut, and that its walls were a little thickened; and, concerning the aorta and the pulmonary artery, that the one was large and the other small. (Corvisart's Obs. 44. Vide also Morgagni, Ep. xvii. 13.)

This, however, it does not actually reach in all cases; it may always tend towards it, but it does not necessarily arrive at it.

We shall be in some danger of forming erroneous views concerning the progress of organic disease, if we do not bear in mind the distinction between its ultimate tendency, or the extreme point to which it may reach, and sometimes does reach, and its proximate tendency, if I may so say, or the many points short of the furthest at which it is apt to stop, or rather to be arrested, by death.

Thus the disorganization arising from the cause now in question, from contraction of the left auriculo-ventricular aperture, may stop with the heart itself, and its large blood-vessels may preserve their natural conditions; or it may stop when all the cavities before the impediment have become dilated, and leave the cavity beyond it to retain its natural structure and capacity: the right auricle and ventricle, and left auricle, may be dilated, while the left ventricle preserves its natural dimensions. Further, it may stop when one cavity of the heart, and one only, is dilated, and leave every other part of the organ and its large blood-vessels, uninjured*.

From what I have myself seen, I suspect that the cavities of the heart undergo expansion and enlargement sooner and more easily than they do contraction and diminution, from the causes appropriate to the production of each. A mechanical impediment, being so situated as to cause one part of the heart to be filled and overcharged with blood, seldom fails to produce an unnatural enlargement of that part; while, at the same time being so situated as hardly to admit a sensible stream of blood into another part, it *does* often fail to occasion its contraction.

Such are the conclusions to which I have been led by my own observations, and by the best reported cases which are found in books; viz. that in simple contraction of the mitral orifice, some or all the cavities of the heart before the obstruction are enlarged, while the cavity beyond it (the left ventricle) is either diminished, or preserves its natural state. But happening not long ago to visit Mr. Langstaff's very valuable museum, I there found several specimens in which the mitral orifice was contracted, and the left ventricle in a state of hypertrophy and dilatation.

It is not easy to account satisfactorily for the union of these conditions in the same heart. It is probable that the hypertrophy and dilatation of the left ventricle already existed before the contraction of the mitral orifice had taken place; and that they were owing to causes exterior to the heart itself, of which, it will presently appear, there are many, which lead especially to disorganization of this part.

The exit, as well as the entrance, of the left ventricle is very liable to mechanical obstruction, in consequence of disease occupying that part of the internal lining which constitutes the valves at the mouth of the aorta. The impediment may proceed so far as to reduce the aperture to a mere chink, or it may stop at any degree short of this.

When disease has produced any great degree of mechanical impediment in this situation, upon our first view of the heart we are immediately struck with its enormous amplitude. It is as large as it is when it has undergone disorganization from stricture at the entrance of the left ventricle. But its shape and form are different. Here the unnatural magnitude of the organ is owing to an augmentation in the bulk and capacity of its left side; there it was of the right. Here the left ventricle, in consequence of obstruction at its exit, has its size considerably increased. There the left ventricle, in consequence of obstruction at its entrance, had its size considerably diminished.

The right cavities of the heart are capable of undergoing the same changes as the left, from disease of the internal lining occupying the same relative situations—viz. either the valve of the pulmonary artery or the tricuspid valve.

But the records of pathology furnish very few examples of disease in the internal lining of the right side *exclu-*

* Corvisart records an instance where the entrance of the left ventricle was narrowed to a mere slit, through which a thin coin could scarcely pass; and states, that the right auricle and ventricle, and left auricle, were simply enlarged in their capacity, but that the large blood-vessels were in a natural state. He omits all mention of the condition of the left ventricle, which so accurate a describer would hardly have done if it had undergone any organic change. (Corvisart's Obs. 29.) And he records another instance, where the aperture of communication between the left auricle and ventricle was so narrow as only just to admit the passage of a body two lines thick and two long, and states that the right auricle was excessively dilated, and its parietes very thin, while there was nothing remarkable in any other part of the heart. (Ibid. Obs. 23). V. also Boneti Sepulchr. Anat. L. ii. sect. viii. Add. Obs. ii.

sively; very few where it is not accompanied by disease of the same character, and occupying the same relative situations on the left: and, further, where it belongs to both *concurrently*, the instances are very few in which the disease on the left is not very far in advance of that on the right. Thus, when the valves of the pulmonary artery, or the tricuspid valve, are a little opaque and thickened, the valves of the aorta and the mitral valve are often absolutely rigid, and manifestly constrict the apertures to which they belong.

From the instances which furnish the exceptions we are enabled to prove (what would otherwise have been matter of conjecture) the kind of organic changes resulting to the right side of the heart from mechanical impediment at the entrance or exit of the ventricle; and we find them to be the same (as might have been anticipated) with those which result to the left side from disease occupying therein the same relative situations.

A case is recorded by Morgagni, in which the valves of the pulmonary artery were so connected, by cartilaginous and ossific deposition, as to leave a space not larger than a barley-corn for the transmission of blood. Here the right ventricle was of the form and thickness which usually belong to the left, and the left of the form and thickness which naturally belong to the right; and the right auricle twice as thick and twice as large as the left.

In this case, as far as regards the right side of the heart, the change of structure was just that which might have been expected. With respect to the left side, considering the small quantity of blood that could reach it from the lungs, we should have looked for a greater diminution of its cavities. But this was an instance of very complicated disorganization; for blood reached the left side of the heart by another channel. The foramen ovale was so open as to admit the little finger. The subject of this case was a weak and puny girl of sixteen, remarkable from her birth for a short hurried respiration and a livid skin.—(Ep. xvii. 12.)

I have never myself met with a case in which the structures composing the tricuspid valve were so far diseased, and that exclusively, as to produce the same extreme degrees of obstruction in the right which are so often met with in the left auriculo-ventricular aperture. Three instances, however, are recorded by Andral, in two of which the constriction was owing to a cartilaginous thickening of the valve itself, and in the third to a sort of fibrous partition, with an opening in its centre, just sufficient to admit the tip of the finger. In these three cases the only further change of structure which the heart had undergone was dilatation of the right auricle, with thickening of its walls.—(V. iii. 530.)

Here a new confirmation is presented to a position already advanced—viz. that when, from disease of the internal lining, mechanical impediment arises within the heart, the cavities which are before it in the order of the circulation are more apt to dilate than the cavities beyond it are to contract.

Corvisart has a chapter upon "the contraction of the right auriculo-ventricular aperture," and he gives a single instance only, in attestation of the fact, from his own extensive experience; and even this was one of complicated disease: for, while the diameter of the orifice on the right side was diminished by the tricuspid valve having become cartilaginous, particularly at its base, the same condition belonged also to the orifice on the left side, in consequence of the same change of structure appertaining to the mitral valve. In this case there was great enlargement of the heart, to which the augmented size of the right auricle mainly contributed. —(Obs. 30.)

It would be superfluous to dwell upon the mode in which these dilatations of the heart come to pass: common sense at once ascribes them to a mechanical cause and a mechanical agency. Yet Mr. Burns, of Glasgow, a high authority on this subject, has affirmed peremptorily, "that, in general, the dilatation is not accomplished by any mechanical agent." Even where mechanical impediments, such as have been mentioned, are present, he lays a strange stress upon what he calls "*constitutional predisposition*," as mainly instrumental in the result. "We know (says he) that individuals are *predisposed* to peculiar diseases, and that these different affections are produced by similar exciting causes. The heart may, and often does, receive a tendency to dilatation from obstruction to the transmission of blood from one cavity of the heart into another, or from the heart into the large vessels. But I can-

not believe that this stoppage of the passage of the blood can effect *mechanically* any augmentation of the size of the heart."

Herein is manifested a purpose of substituting what is abstruse and remote for what is obvious and at hand. Not that a predisposition to certain diseases can be altogether denied; but such predisposition, except in a few cases where it is as accurately expressed by its symptoms as if it was itself a real disease, should surely never be allowed to interfere with our conclusions. A predisposition to tubercles of the lungs is readily admitted; because nature herself has often put her characteristic marks upon those who are destined to this disease: and these marks are plain and legible enough long before the disease itself has come into existence. But it can hardly be allowed that there is such a thing in nature as a *predisposition* to dilatation of the heart; much less can it serve as a basis of pathological reasoning, until we are told expressly what it really is in itself, independent of and prior to its accidents.

[To be continued.]

THE EXPERIENCE

OF

THE SMALL-POX HOSPITAL,

During the Year 1828.

COLLECTED BY

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THE design of the present paper is to present a faithful picture of the events which have occurred in the practice of the Small-Pox Hospital during the year 1828. They offer, indeed, no very striking features; nevertheless, some instruction may, perhaps, be derived, as well from the general results of the year's experience, as from a comparison with those of former years.

202 patients were admitted within the walls of the Small-Pox Hospital during the year 1828, of whom 9 were labouring under some form of eruptive ailment not variolous; such as lichen, measles, and secondary syphilis. Excluding these, there remain 193 patients who were under treatment for small-pox in some of its modifications during the last year, a number considerably exceeding the average of the last 28 years, which is only 155.

Of the 193 patients under small-pox, 71 had undergone regular vaccination, leaving a cognizable, and for the most part good cicatrix. 15 had been cut for the cow-pox ineffectually, and 107 took the disorder without having submitted to any kind of preparatory process. The two latter classes united give a total of 122 unprotected to 71 protected cases. None were admitted subsequent to variolous inoculation.

The mortality in the hospital during the year 1828 has exceeded in some degree the average of the last 30 years, being as high as 33 per cent. or 1 in 3. The total number of deaths has been 66. Of the 122 unprotected cases, 63 died, and 59 recovered. Of the 71 who had undergone vaccination, 68 recovered, and 3 only died. The history of these three fatal cases is as follows:—

CASE I.—William Jenner, 28 years of age, one of the Bow-Street patrole, a very stout and plethoric man, accustomed to good living, with a full allowance of ale and porter, was admitted into the Small-Pox Hospital, March 28, 1828, being then in the ninth day of fever, and fourth of eruption. The eruption was of the most highly confluent kind, with excessive inflammation and swelling of the cellular membrane of the head and neck. He had been vaccinated in early life by Dr. Blackman, at Boreham, Sussex. The good cicatrix was observable upon his arm. Several persons were vaccinated from him. The disease proved unusually violent. He was largely bled and physicked. Towards the decline of the eruption, pustular ophthalmia came on, requiring the further use of depletory measures. To this succeeded erysipelas and sloughing of the right arm, and he died exhausted on the 29th April, the 35th day of the eruption.

CASE II.—Elizabeth Roberts, 16 years of age, admitted April 8, 1828, with an exceedingly copious eruption, of a livid and most formidable appearance. She had been vaccinated in Wales when young, and one good scar was observable. She died April 13th, being the 9th day of eruption. The disease was singularly modified in several of its features, and at one time I entertained strong hopes that the prior vaccination would have enabled her constitution to resist the violence of the attack. No doubt existed in my mind as to the

reality of the alleged vaccination. Otherwise it is difficult to imagine how she could have survived beyond the 5th day of the disorder.

Case III.—Edward Saunders, 20 years of age, a porter, was admitted Nov. 28, 1828, with confluent small-pox. The eruptive fever had been of unusual duration and violence. He had been ill 14 days, but the eruption had only shewn itself the preceding day. On inquiry, I ascertained that he had been regularly vaccinated at Hearne Bay, near Canterbury, when young. One good cicatrix remained to attest the process. No modification of the disease took place, and he died Dec. 11, being the 8th day of eruption.

With these exceptions, all the vaccinated cases (amounting, as already stated, to seventy-one) recovered; but it may be interesting to contemplate the comparative severity of the disease in these persons. In the duration of each patient in the hospital, we have an index of the severity of the complaint, which scarcely requires any correction; for, with few exceptions, they were all admitted on the second, or, at furthest, the third day of eruption; nor were they discharged until perfectly restored to health.

Thirty-seven patients having small-pox after vaccination were discharged cured, having been in the hospital less than twelve days. Eleven of these were less than eight days in hospital. Forty-seven persons out of 68 were discharged cured within a fortnight from admission. Eight only remained in the hospital upwards of three weeks. The exact particulars are contained in the Appendix. —(Table, No. 1.)

Let us compare this with the experience of the hospital prior to the days of vaccination. I select the years 1794 and 1795, merely because the admissions in these two years approximate closely to those of the year 1828. In 1794, out of 213 patients, three only were discharged within a fortnight from the date of admission—viz. one upon the fourteenth and two upon the thirteenth day; and in 1795, out of 180 patients, two only were so discharged—viz. one upon the tenth, and one upon the twelfth day after admission. By far the larger proportion of the discharged cases remained upwards of three weeks, and many were several months in the hospital.

The total mortality in the Small-pox Hospital during the past year, was, as already stated, sixty-six. In order to form some estimate of the critical days in small-pox, I have drawn up a Table (No. 2.) shewing the period of the disease on which each of the sixty-six patients respectively died. The general results are as follow:—The day of greatest mortality was the eighth of eruption. Then follow the ninth, thirteenth, eleventh, and twelfth. Twelve patients died prior to the eighth day; thirty-five between the eighth and thirteenth; ten between the fourteenth and seventeenth. All these may be said to have died of the *specific* effects of the variolous poison. Nine died exhausted, *after* the third week of eruption.

With the view of determining how far the imperfection of the vaccine process was traceable to any peculiarity in the matter used, or in the mode of operating, I have drawn out a Table (No. 3.) of the different countries and counties of England which have afforded the cases during the last year. The general results may be thus stated:—

Suffolk yielded the greatest number; a circumstance which has been long noticed by the attendants at the hospital. Then follow Sussex, Essex, Middlesex, and Kent. Gloucestershire afforded four, one of whom was a native of Berkley, and had been vaccinated in early life by Dr. Jenner himself. The northern counties of England did not afford any cases, a circumstance attributable, in all probability, to the great towns in the north absorbing the redundant population of those districts.

Not a single case could be traced as having been vaccinated at any of the stations of the National Vaccine Establishment. It is worthy of note, that all the cases of small-pox after vaccination occurred in persons turned of fifteen years of age; and the period which had elapsed between vaccination and the occurrence of small-pox was never less than ten years: in the larger number of cases it exceeded twenty.

One of the most curious facts which a comparison of the experience of the Small-pox Hospital during the past with former years has brought to light, is the singular coincidence in the mortality of the two periods, in spite of the influence of vaccination. From observing the paucity of deaths in those who suffer under small-pox after undergoing vaccination, it might be presumed,

à priori, that the number of deaths by small-pox per cent. would have diminished since the general adoption of vaccination. But the facts do not bear out this expectation.

In 1794 the rate of mortality was 35 per cent. In 1795 it was 27 per cent. Average of the two years 31. In the year 1828, with 71 admissions subsequent to vaccination, the rate of mortality was no less than 33 per cent.

From what has been already stated as to the great diminution in the respective periods of hospital residence, it must be obvious that vaccination has diminished in an extraordinary degree *the quantum of bodily suffering in the survivors;* but how are we to explain the fact that the average rate of mortality by small-pox has not diminished since the discovery of vaccination? The principle can be no other than this—that the *modified* cases have taken the place of the *natural distinct*; and, in point of fact, it will be found that the latter, formerly so common, is now become a very rare form of the disorder, insomuch that, for the last two months, not one case bearing that character has been admitted into the hospital.

We may generalise one step further, and lay it down as a great general law, that there are certain constitutions which are naturally *patient* under the influence of the variolous poison. Prior to the discovery of vaccination, these must of course have been far more numerous than at present. In consequence of the disuse of inoculation, and the fewer foci of the poison now to be met with, the disease fastens itself at present chiefly upon those whose constitutions are predisposed by weakness, or some less cognizable circumstance—whose systems are exceedingly irritable under the operation of the poison, and who therefore suffer severely from it. Hence the greater number of confluent and semi-confluent cases in the practice of the present day among the unprotected part of the community; while the proportion of mild and recoverable cases is kept up by *vaccination*.

If I have reasoned rightly on the phenomena before me, the following may be looked upon as a correct statement of the influence of vaccination upon the human body. Those persons whose constitutions are naturally patient under the influence of the variolous poison, and who, prior to the discovery of vaccination, would have had the mild and distinct kind of small-pox, are by vaccination rendered perfectly secure from the attacks of small-pox. Those again whose constitutions are naturally *irritable* under the variolous poison, and who would formerly have suffered severely from it, even by inoculation, are now, by vaccination, rendered in a great degree secure from its mortal effects. The few who do fall victims to small-pox after vaccination, are those whose constitutions are so peculiarly susceptible and irritable as to bid defiance to any kind of medical treatment, whether prior to, or during the attack.

Whatever importance may attach to the explanation which I have thus hazarded, the fact is undoubted, that while the absolute mortality of small-pox has diminished in the most remarkable degree since the discovery of vaccination, its relative mortality, or rate of deaths per cent., remains precisely where it was in the earlier periods of the world.

It remains for me only to state, that 3217 persons have been vaccinated at the small-pox hospital during the year 1828; that I have had every reason to be satisfied with the character of the resulting vesicles, and that my confidence in the protecting powers of genuine vaccination remains unshaken by any of the events of the preceding year.

APPENDIX.—NO. I.

Duration in Hospital of 68 patients labouring under Small-pox subsequent to Vaccination.

Discharged upon the	1828.	
3d day from admission	1	
6th	2	
7th	8	
8th	6	
9th	6	47
10th	8	
11th	6	
12th	2	
13th	2	
14th	6	
15th	4	
16th	2	
17th	1	
18th	3	
20th	2	
21st	2	21
Discharged after remaining in hospital more than 3 weeks	6	
Discharged after remaining in hospital more than 2 months*	1	
Total	68	

*This case was that of James Mitchell, a boy belonging to the Deaf and Dumb Institution, who remained merely for the security of that large and interesting establishment.

NO. II.

Table of the critical days in Small-pox; shewing the period of eruption on which 66 patients under natural Small-pox died.

Died on the		
4th day of eruption	2	12
5th	4	
6th	3	
7th	3	
8th	11	35
9th	6	
10th	2	
11th	5	
12th	5	
13th	6	
14th	2	10
15th	2	
16th	4	
17th	2	
20th	1	9
22d	2	
24th	1	
25th	1	
28th	1	
35th	1	
38th	1	
60th	1	
Total	66	

NO. 3.

Table exhibiting the localities of the several Vaccinations which were succeeded by Small-pox, in the Small-pox Hospital, during the year 1828.

There were Vaccinated in		
England	Suffolk	10
	Sussex	7
	Essex	6
	Middlesex	6
	Kent	5
	Oxfordshire	4
	Gloucestershire	4
	Buckinghamshire	3
	Berkshire	4
	Hampshire	3
	Bedfordshire	2
	Northamptonshire	2
	Herefordshire	1
	Warwickshire	1
Wales		2
Scotland		3
The Continent of Europe		4
Madeira		1
Locality of the Vaccination unknown		3
Total		71

REMOVAL OF TUMORS.

We promised in our last number to give a sketch of the *Jugum* described by Dr. Granville, at the preceding meeting of the Westminster Medical Society: we accordingly subjoin this, with the observations made upon it by that gentleman:—

The removal of pendulous tumors, or parts morbidly enlarged, connected with the structure of the external genitals in females, has long engaged my attention, in consequence of the frequent applications made at the Westminster General Dispensary by patients labouring under complaints of that description; and also from a considerable number of similar cases having occurred in my private practice within the last fourteen years. The methods usually employed for affording effectual relief in the majority of these cases—namely, excision and the application of ligatures—I have at times, in common with other practitioners, found to be attended with disadvantages, which have either deterred the patient or her attendant from resorting to them. I need hardly mention that I allude to the hæmorrhage, sometimes formidable, which must necessarily follow in adopting the first method; and to the difficulty which will occasionally be encountered in accomplishing the second process. Indeed, the probability of serious hæmorrhage succeeding the removal of all such tumors, or enlarged parts, when of considerable size, has induced, of late, many of the most eminent surgeons to abandon that practice nearly altogether, and to resort to the application of ligatures. If the connexion of the part to be removed with the healthy structure be by means of a round base, however large, one, two, or more ligatures may be applied without inconvenience; but if the connexion of the part to be removed be by means of a flat and lengthened attachment, the ligature, or ligatures, may not be so easily or so effectually applied, inasmuch as there must be a puckering, or drawing together, of a considerable flat surface in a healthy structure below the disease, in order effectually to check the course of life in the latter—an operation attended by the most excruciating pain, and the almost inevitable risk of laceration. These considerations induced me to devise a simple instrument, or *jugum*, by

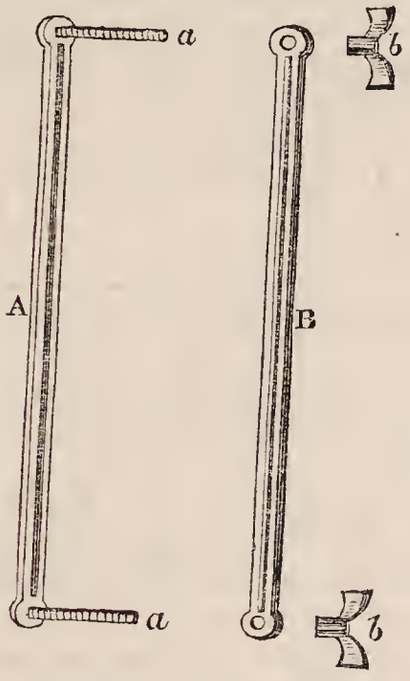
which in all cases of tumors to be removed having a flat and lengthened attachment, the effect of a single ligature is produced in an instant. The society has an opportunity this evening of inspecting in the preparation which lays before them the result of the application of this instrument. The case is briefly this: a young married woman consulted me a short time ago on account of some disease affecting the external organ of propagation. On inspection, I found that the right nympha, from the clitoris to the furea, measuring in length about 2¾ inches, was morbidly enlarged, and to a considerable size, being partly schirrous and partly vascular, and exhibiting several points of ulceration on its internal, and numerous points of abrasion on its external surface. The left nympha appeared affected by a similar disease, but in size was about one-third only of the right. The local complaint had become a source of great constitutional irritation and disturbance; and there was considerable discharge both from the part itself and the vagina. The sufferings it produced were constant and increasing, and the poor woman begged earnestly to be relieved from her burthen. I ascertained from her that it had been treated as a syphilitic affection, although she was disposed to attribute the disease to a very difficult labour she had had the last time she had been pregnant; but it also appeared from her report that none of the remedies employed had arrested the disorder. Under these circumstances I proposed to her the removal of the tumor; and as soon as the *jugum*, of the size of the attachment of the tumor, could be got ready, it was applied, and the circulation between the latter and the healthy structure completely interrupted in less than half a minute. Excision was out of the question in this case, for the vascularity of the part was excessive; and it would not have been a very easy matter to take up all the bleeding vessels. Besides, I could gain nothing in the way of sparing pain to the patient by having recourse to excision; and as to time, I knew that in four days, or five days at the utmost, the removal of the tumor would be effected by pressure with the jugum. Such was, in fact, the result: and the preparation now on the table of the Society exhibits the tumor which came away at the end of the fifth day after the application of the instrument. Its vascularity shews that it would have been hazardous to have employed excision; while the great length of its attachment demonstrates that at least three ligatures must have been employed, in order to avoid laceration of the healthy skin; and that the application of three ligatures must be a complicated operation, compared to the mere application of an instrument which the patient herself might have easily adapted to the part. Moreover, even the mere insertion of a needle through two parts, at least, of the healthy skin, for the purpose of applying the said ligatures, trifling as it may seem to the practitioner, is not so to the sufferer. Another advantage of the jugum is, that the operator may at pleasure, and in a second, tighten or relax the pressure, according to the symptoms which it may have produced at first; which advantage is not to be despised when it is considered that the sudden tightening of a ligature has produced, at times, formidable symptoms: whenever these have followed the application of a common ligature, there is no other means of relaxing its firm grasp but by cutting the ligature altogether; and hence the necessity of a fresh application of it to the part, after the constitutional symptoms have subsided; but in the case of the jugum, two or three retrograde turns of the screw are sufficient to relieve the untoward symptoms; after which, pressure is again easily obtained. In the case of the young woman in question, I twice gave way to her solicitations, and unscrewed the instrument so as to relieve her of pain—circumstances which, I have no doubt, protracted the period of separation of the tumor by one day at least. I feel perfectly satisfied, however, that it will be better, in all such cases, to strangulate the tumor at once, and drown the pain in laudanum during the first twenty-four hours; and not to unscrew the jugum except where really formidable symptoms seem to arise from the pressure.

In conclusion I beg to state, that I do not attach more importance to this simple contrivance than it deserves; and that I hope the Society may not consider the few minutes during which I have engaged their attention as having been wholly thrown away.

In answer to a question from the President, Dr. Granville further stated,

that on the coming away of the tumor, the jugum came away also, leaving a healthy surface behind, and without being followed by a single drop of blood.

Dr. Granville next proceeded to describe the instrument, of which we have procured a sketch.



A. A silver bar, $2\frac{1}{2}$ inches long, $\frac{1}{10}$th inch wide, and $\frac{1}{20}$th inch thick, terminated by two projecting male screws, *a*, *a*, fixed at each extremity of the bar: a narrow groove runs along the middle of *A*.

B. A second silver bar of the same length and thickness, having an aperture at each extremity, to admit the screws freely. Between these two apertures runs along the middle of the bar a projecting edge, which fits into the groove of the bar *A*.

A being closely applied, in the case described by Dr. Granville, to the internal surface of the base of the tumor, the two projecting screws receive *B*, placed on the opposite side of the tumor. The female screws, *b*, *b*, being applied to them, the bar *B* was tightened down until the circulation into the tumor was effectually stopped.

MISCARRIAGE FROM SYPHILIS.

To the Editor of the London Medical Gazette.

Sir,

Mr. Bacot, in one of his valuable Essays on Syphilis, published in the Gazette of the 24th ult., alludes to some observations of Mr. Hey, and a paper of Dr. O'Brien, on the subject of frequent miscarriages occurring in females from a syphilitic taint lurking in their constitution; but says that he can offer no evidence, from his own experience, on the subject. Emboldened by this remark, I take the liberty of forwarding you a case in confirmation of the instances cited by Mr. Bacot, and shall be happy if it be deemed worthy a place in your excellent publication.

I am, Sir,
Your very obedient servant,
C. W. Crowdy.

Brixton, Feb. 2, 1829.

Mrs. E. R. aged 27, consulted me about four years since, having the following symptoms. An erythematous inflammation of the lining of the mouth and fauces, with great dryness and cracking of the lips, and several superficial ulcers within the lips and on the gums. This affection had existed some weeks, and tonic medicines, astringent gargles, and sea air, had been tried, without benefit, by the recommendation of her physician. I learnt that great heat, itching, and some kind of "pimply swelling" in the vagina, preceded and accompanied the affection in the mouth. In addition to these symptoms there were aching pains in the joints, great restlessness and irritability, and several scaly spots of a dusky brown hue on the arms and breast. She was at this time advanced five months in pregnancy. I attributed her symptoms to syphilis, and questioned her husband closely under this impression; but could learn nothing from him farther than that he had been subject occasionally to discharge, with pain, from the urethra, which he considered consequent on an attack of acute rheumatism, and which he has since had twice in conjunction with chronic rheumatism. I prescribed Plummer's pill every night, with decoct. Sarsæ, for this young lady, having previously bled and purged her. Under this plan the mouth speedily got well, the pains were mitigated, the eruption disappeared, and her health improved greatly; but about three weeks after commencing it, she ceased to feel the movements of the fœtus, and miscarried about a month afterwards. On her recovery she took the same medicines for some time, and subsequently the Tunbridge water. Soon after she became pregnant, was restless, irritable, and out of health, with pains in the joints and some eruption of the same character as before; and at the period of seven months, the child probably having been dead a month, she miscarried again. She became pregnant

a third time, and a third time miscarried at seven months, with precisely the same symptoms as those already detailed. Rest, in the recumbent posture, and occasional small bleedings, were tried during the last-named period. Feeling fully persuaded that some syphilitic taint existed in this patient, and that a more decided course of mercury was necessary for her cure, I requested Dr. Gooch's opinion on her case, and his views entirely accorded with my own. The blue-pill therefore was given, and subsequently mercurial friction used twice a-day for between two and three months. No effect was produced on the gums by these means, but there was considerable loss of flesh, languor, and other signs of mercurial action. Tonic medicines and regimen were afterwards prescribed; the health was recruited, our patient again became pregnant, had no bad symptom during the period of gestation, and was safely delivered of a healthy infant at her full time. I should have observed that, soon after I first saw this lady, her husband had ulceration of the tonsils, and a scaly copper-coloured eruption, which was obviously syphilitic, (though he positively denied having had a primary sore,) and which readily gave way to a course of mercury; and also that, in each miscarriage, the cuticle of the fœtus was detached, the skin dark-coloured, but without spots, and the liquor amnii putrid.*

HYDROPHOBIA.

To the Editor of the London Medical Gazette.

Sir,

Another distressing case of death by this horrible disease, very near my present residence, reminds me of a promise made by a medical gentleman of the name of Hicks, to relate a cure which he professes to have made upon a young lady affected with this malady. Now, as every attempt hitherto made to arrest its progress has proved fruitless, I think it my duty to call upon this gentleman for the fulfilment of his promise, as, if true, it may be the means of alleviating the sufferings of many human beings; and, I think, Mr. Hicks cannot be conscientiously doing his duty in keeping so desirable a cure any longer secret. I am inclined to believe (as, indeed, it has been already hinted) that the case alluded to must have been one of hysteria. I sincerely hope it may not prove so, and that, by the long and anxiously expected publication of the case, Mr. Hicks will give the profession at large an opportunity of judging for themselves. Apologizing for this intrusion,

I remain, Sir,
Your obedient servant,
I. G.

Feb. 8th, 1829.

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

Sir,

As, in my appeal to Dr. Blundell, relative to the truth of the report of his having again attempted the extirpation of the uterus, I was induced to throw out insinuations by relying too implicitly on the authenticity of my information; and as the premises on which those insinuations were founded have been so satisfactorily refuted, I feel it my duty to apologize both to yourself and to Dr. Blundell for any unpleasant feelings to which I may have given rise.—I cannot account for the motive which induced the source of my information to avow himself to have been an eye-witness of the reputed operation. I have always (with one exception only) carefully abstained from privately assisting the circulation of the rumour, for reasons expressed in my former letter, and am happy to find that my precaution was not unnecessary. I am, therefore, satisfied that the odium of the unjust insinuations should rest with me, as, by acknowledging my authority, I should only engender angry feelings and additional mistrust.—By inserting this at an early convenience, you will greatly oblige, Sir,

Yours obediently,
ΔΙΚΑΣΦΙΛΟΣ.

Feb. 14th, 1829.

CRIMINAL DISEASES.

To the Editor of the London Medical Gazette.

Sir,

In these latter days of innovation, complaints against "the doctors" have be-

* Dr. Hamilton, of Edinburgh, is in the habit of mentioning in his lectures several cases similar to the above.—Ed. G.

come as common as their differences: many people, indeed, judging of the insufficiency of the profession from the errors of its practitioners, have thought it full time to abolish the whole system of physic; but, as far as I can learn, not one of these declaimers has substituted any plausible scheme of reform.

Now I have a plan: and as it is new and sweeping, and will give me an opportunity of speaking a good deal of myself, I am determined to make no delay in proclaiming it to the world.

I wish to have all diseases made criminal—all patients proceeded against as a future code of medical law shall direct. I would amalgamate the schools of medicine and the inns of court. Solon and Hippocrates should forthwith be declared in partnership, and a community of wigs and gowns established among physicians and lawyers.

I would begin my scheme of medical legislation by assembling a grand consultation or parliament of doctors from all the disordered parts of the kingdom, and proceed to divide diseases into capital and petty complaints. Contagious disorders should be considered differently from those which affect the individual only, and inveterate *vices* of the body ranked as more serious offences than accidental emphemeral *failings*. The penalty should then be fixed for as many diseases as would admit of definition: for instance, a man found guilty of rheumatism, should *sweat* for it; a madman who was given to *wandering* should be closely imprisoned; indigestion should be put upon short allowance; and certain diseases of the joints punished with loss of limb. The advantage of this arrangement would be, that people, knowing what they had to expect, would take care not to get ill; whereas it is clear that, now, half the complaints of the day arise from the facility of eluding the search of justice—I mean of medicine. But were my system fully established, we should soon become as tender of our reputation for health as for honesty, and pique ourselves as much upon our "condition" as upon our character. A brawny race of "Patlanders" would make a better ancestry than a genealogical tree with every leaf a coronet; and family pride would doat upon the longevity and tough constitutions of aunts and grandmothers, as it now does upon their "blood" and unmixed purity. Those tiresome inquiries about one's health, with which you are continually "bored," would be as cautiously used towards subjects as they now are in cases of royal indisposition; for, to ask a man "how do you do?" would be equivalent to a question about his veracity, and might provoke him to knock you down; and any observation about the corporeal frailties of a female would be deemed a piece of impertinence demanding a challenge. Quite a new field would be opened to the gossips, and every coterie would be enlightened by petticoat lectures on physic; scandal would learn a new language, and spread rumours of depraved *habits* and expected *dissolutions*. The card-table would become the fountain-head of medical instruction, and at routs nothing would be buzzed about but the paralytic *faux-pas* of General B——, or the *giddiness* of Lady F——; while hospital reports would be read with as much avidity as the account of the last murder. Clearness of complexion and *embonpoint* would be wished by our fair enslavers, not only for shew but from a "point of honour." The Lacedemonian dames would be outvied by the buxom strapping belles of England; and our present degenerate race of dandies would addict themselves to gymnastics, till they matched the Homeric heroes in prowess. More justice would be done in the "social system;" for whereas now only servant-maids are turned out of doors and punished for falling sick, we should then make the "leaders of the ton" abandon all foolish notions of *delicacy*. There should be no invalids by privilege. Even nations would be jealous about their character for health: "there would be a war," as brother Jonathan says, if the "English constitution" were declared *ricketty*; while our neighbours on the north would grow deucedly touchy upon the subject of a favourite little malady, which the partiality of national taste now claims as indigenous.

It has been remarked that theorists are apt to look upon things through the medium of habitual speculations: now I am continually meeting with instances where this legal-medicine appears to be already in operation;—for instance, our hospitals, lazarettos, and mad-houses—what are they, "mutato nomine," but prisons? I never went

the rounds with a physician or surgeon but I imagined that I was on a circuit "oyer et terminer." To be sure one misses the trumpeting and tom-foolery; but the house-officers and nurses are like gaolers and turnkeys; the principal medical personages seem judges; there are always others who examine, and cross-question, and record; there is the same confusion and evasion on the part of the delinquents; and, in the end, quite as much execution done. One may stroll any morning from a police-office to a dispensary and find the scene but little changed. Both the magistrate and the doctor sit ready to receive *cases*, and patients and offenders are "pulled up" in the same manner; then there is the same "fear and trembling," and an equal aversion to public exposure. Indeed the two things are really so jumbled and intermixed that law and physic very often fight about the possession of a man's body—as may be particularly noticed in the case of criminal maniacs. Many remedies, too, are allowed to act morally as well as physically, or, as a vulgar phrase expresses it, to "cut two ways." Cold bathing is useful in checking fevers, and a walk through a horse-pond is an established specific for certain little irregularities in morals; flogging is good in cases of sluggishness, and the "Old Bailey" term for the application of this rubifacient at the cart's-tail, is "getting air and exercise." Transportation is nothing more than a removal to a milder climate; and as, in London, there are some complaints where country air is beneficial, there are other cases of *constriction*, where going "over the water" is advised. The Greeks, who were clever fellows, acted, no doubt, from a proper understanding of what I have been talking of, when they prescribed draughts of hemlock, and other *narcotics*, for the cure of felony; and the case of the *patient* Socrates not only bears testimony to the efficacy of the remedy, but celebrates the composure of countenance with which he gulped down a very nauseous potion. No one will affirm that people who fall down in fits and convulsions should not be *taken up*; nor that women who shew symptoms of pregnancy are not liable to be *confined*. Every traveller has found, on arriving at some sea-ports, that while our agent from the custom-house was scrutinizing his other baggage, the health-officer was employed in trying to detect, in his *trunk*, some latent contraband disease; and any article declared illicit by the laws of the country, whether French lace or Turkish fever, was apt to be *taken* from him.

But if I had no other ground to build upon, I would be satisfied with the tread-mill alone. Now was there ever an invention more *à propos*?—was there ever a contrivance better suited to those amphibious cases which I have mentioned? For "turn it which way you will"—send pickpockets who *secrete* improperly, or hypochondriacs, rheumatisms, or rogueries, offenders heavy laden with iniquity or with fat—still nothing can come amiss—all is grist that goes to this mill, which must have been invented to exemplify my notions, and which, therefore, in pure gratitude, I wish may be *in omne volubilis ævum*.

I am yours,

ΈΡΜΑΠΟΛΛΩΝ.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Elements of General and Pathological Anatomy, adapted to the present state of Knowledge in that Science. By DAVID CRAIGIE, M.D. Edinburgh, Adam Black; Longman and Co. London.

IN a late number we inserted notices of two very valuable works on descriptive anatomy: the one now before us is of a different nature, as it relates not to the relative situation of parts, but to their ultimate or minute structure and morbid alterations. The additions to our knowledge of morbid anatomy have been so extensive within the last few years, and the materials lie scattered in situations so numerous, and many so difficult of access, that a work intended like the present to collect all that is known on the morbid anatomy of different textures under one head, cannot fail to be very useful, and we have therefore thought it might prove acceptable to our readers to have a digest of its contents, more copious than we are usually in the habit of giving of the works which pass under our notice.

The arrangement adopted by Dr. Craigie is a modification of that of Bichât, in which he has availed himself of the labours of the most able commentators, especially Beclard. According to the views thus adopted, the following are the *Tissues* of which the organized solids of the human body are composed :—

"Filamentous or cellular tissue, including the ordinary cellular membrane and adipose membrane; artery, vein, with their minute communications, termed capillary vessels, and the erectile vessels; lymphatic vessel and gland; nerve, plexus, and ganglion; brain; muscle; white fibrous system, including ligament, periosteum, and fascia; yellow fibrous system, including the yellow ligaments, &c.; bone and tooth; gristle or cartilage; fibro-cartilage; skin; mucous membrane; serous membrane; synovial membrane; compound membranes, for instance the fibro-mucous and fibro-serous; and, lastly, the peculiar matter which forms the liver, the kidneys, the female breast, the testicle, and other organs termed glands."

Filamentous or Cellular Tissue.

It is not our intention to follow the author into the various details connected with the minute structure of the different tissues, and we shall only occasionally enter upon this part of the subject when we find any thing of particular novelty or interest, reserving as much space as we can afford for the morbid changes to which the parts are subject.

Dr. Craigie thinks the term *cellular* incorrect as applied to this structure, and states that the most distinct way of forming a just idea of the structure of the cellular tissue is to suppose a certain space of the body divided and intersected into an infinite multitude of minute spaces *(areolæ)*, by slender thready lines crossing each other. It is on this account that he prefers the name *filamentous* to cellular.

The diseases to which the filamentous tissue is liable, are inflammation, induration, hæmorrhage, serous infiltration, aërial distention, and new growths.

1. *a. Inflammation.*—Inflammation of this tissue, when subcutaneous and *circumscribed*, constitutes phlegmon; in other situations we seldom recognise it till it has passed on to suppuration. If this inflammation neither terminates by resolution, nor suppuration, the next most frequent result is the effusion of lymph and consequent agglutination of the parts. It is in this texture that the phenomena of *union by the first intention* principally occur.

b. Inflammation of the filamentous tissue is occasionally not circumscribed, but *diffused*, spreading along the membrane, or through its substance. This disease has been described by Kirkland, Willan, Thomson, Copland Hutchison, and Duncan. It also appears to be this disease, under a different name, in which such free incisions have recently been recommended by Mr. H. Earle and Mr. Lawrence.

c. Inflammation of this tissue may be *chronic*. When this is the case, little or no pain is felt, and the first intimation of the existence of disease is a collection of matter, consisting of flaky shreds floating in a thinnish, watery fluid. This constitutes the *cold abscess* of the older writers: it is the chronic abscess of modern surgeons.

2. *Hæmorrhage.*—This, except from external violence, is uncommon. It occurs, however, in purpura and scurvy. In the former, its extent is very limited; but in the latter, it is more considerable, being marked by the hard, livid tumors deep in the limbs, with which the disease (sea scurvy) is attended.

3. *Induration.*—This is the "skin bound" of Underwood and Burns. It has lately attracted considerable notice in France, Italy, and Germany, but is still imperfectly understood. It has been observed chiefly, if not exclusively, in infants, and very often immediately after their birth, generally affecting the legs.

"The soft parts become unusually firm, dense, and diffusely swelled, either continuously or in patches. The skin over these parts assumes a red, purple, or violet colour, which when pressed gives place to a yellow tint, with more or less depression. The same change is very generally remarked in the cheeks, the skin of which becomes quite immoveable; and it appears successively in the belly and chest, the integuments of which feel as stiff as a board. At the same time the surface, especially the extremities, are unusually cold; the pulse is quick and very small; the breathing is much constrained and panting; the infant ceases to cry, becomes

blue in the face, and seems to expire suffocated."

Death, for the most part, takes place within the first three days, but, in some cases, not till the end of as many weeks. The filamentous tissue is found to be dense and granular, like "collared brawn," and from the incisions there slowly oozes a reddish, serous exudation, which quickly coagulates. The adipose membrane seems to participate in disease almost as much as the cellular texture. All the organs in such children are imperfectly developed: thus the lungs are dense, and sink in water; the windpipe is small, and the alimentary canal short; the foramen ovale is often open; and the ductus arteriorus is said never to be closed. The nature of this complaint is not understood, but it appears to bear some relation to the fœtal state of existence.

Serous infiltration, *emphysema*, *vascular sarcoma* (Abernethy), *melanosis*, *tubercle*, and *cysts*, are enumerated among the diseases of this tissue, but there is nothing of sufficient importance for extraction in the remarks which are made upon them. The last-mentioned condition of the cellular texture mentioned by Dr. Craigie, is *degeneration*, a term which he acknowledges to be vague and indefinite, and which we think he would have judged better in omitting, as only one instance of the disease is alluded to (on the authority of Sandifort), and which appears to have resembled very closely the state above described, under the name of *induration*.

Adipose Tissue.

The existence of a separate and distinct adipose tissue was suspected by Malpighi, demonstrated by William Hunter, and described by Beclard. The distinguishing characters of this, as compared to the preceding tissue, are as follow:

1st, The vesicles of the adipose membrane are closed all round, and, unlike the cellular tissue, they cannot be generally penetrated by fluids which are made to enter them. The adipose matter, therefore, though fluid or semi-fluid in the living body, does not, like dropsical infiltration, obey the impulse of gravity. 2d, The adipose vesicles do not form, like cellular tissue, a continuous whole, but are simply in mutual contiguity. 3d, The anatomical situation of the adipose tissue is different from that of the filamentous tissue.

The morbid changes of this tissue are not well ascertained. It appears doubtful whether it be really subject to *inflammation*. The author states that he has seen inflammation of the adipose cushion of the kidney, the whole being converted into a soft, fœtid, shreddy mass, communicating, in consequence of sloughing, with the arch of the colon; and a similar instance is mentioned by Dr. Turner, in the Transactions of the College of Physicians.

Effusion of Blood is occasionally, though not frequently, met with in adipose tissue. It has been seen in land and sea-scurvy, and in fevers with petechiæ. Cleghorn also states that in the malignant fevers of Minorca he found extravasation of blood in the form of black patches in the adipose tissue between the mesentery, omentum, and colon.

Excessive Deposition is probably the most frequent disease affecting this part of the body, and one with an amusing account of which Mr. Wadd has recently favoured the public. In the work before us some of the most extraordinary examples of this nature on record are briefly alluded to. The average weight of the human body is about 160 pounds, yet instances have occurred in which, from the deposition of fat, the weight of the body has reached 500, and even 600 pounds. These great accumulations are more frequent in eunuchs and females than in males. The removal of the ovaries also increases the tendency to the disease. Some states of atmosphere appear to produce these accumulations very rapidly: thus, it is said, that during a fog of 24 hours, thrushes, wheat-ears, ortolans, and redbreasts, become so fat that they are unable to fly (Bichât.)

Extreme Diminution in the quantity of fat is yet more common than the preceding. Yet even in the most remarkable cases of emaciation there is generally some fat left in the orbits, round the heart and kidneys, in the colon, and in the omentum. According to Dr. Hunter, in some forms of dropsy, the fat is more completely absorbed than in any other disease.

Adipose Sarcoma consists in the deposition of firm fatty matter in cells: such a tumor is generally globular, and always surrounded by a thin capsule from condensed cellular tissue. It seems to consist "in a local hypertrophy of the part in which it is found:" it is

supplied with but few blood-vessels, and is easily "scooped," from its situation.

Steatoma is a fatty deposition in a cyst found in the cellular or adipose texture. It is generally soft and compressible, and conveys the idea of containing fluid. When cut into, its contents are semifluid, like honey, but with the properties of fat. The other forms of encysted tumor, as *atheroma* and *meliceris*, are regarded by the author as varieties of steatoma.

Melanosis is frequently seated in the adipose tissue,—even in the marrow of the bones. This formation is inorganic, and is probably a secretion. No vessels have ever been traced into it. "It is never deposited exactly in the site of organic fibres, but always between them, and very generally in the precise situation of the adipose particles." Laennec thought it was first deposited in a solid state, and afterwards became soft, but several facts render the accuracy of this idea very doubtful. In dissections performed by Dr. Cullen and Mr. Carsewell, the small tumors, which are supposed to be the *youngest*, were soft. The idea that it is deposited in a soft state, and afterwards becomes indurated, is certainly more plausible than the other.

Artery—Arterial Tissue.

The diseases of arteries belong either to the inner membrane exclusively, or to the proper arterial tissue, or to both.

Adhesive inflammation is common in the inner membrane, producing obliteration of the tube. It is on this property that the practice of tying arteries in wounds and aneurism depends. Inflammation of this part, however, may also occur, independent of mechanical causes: thus, according to Portal and Hodgson, the inner membrane of the aorta is sometimes inflamed in those labouring under inflammation of the thoracic viscera. The anatomical characters are a deep red colour of the membrane, with lymph in the cavity of the vessel. It is to the lymph thus effused becoming organized that the author attributes those fungous growths or granulations which are often found at the origin of the aorta, or attached to the valves of the heart. There is a red or crimson staining the inner membrane of large vessels, especially the aorta, mentioned by many pathologists as occurring in those who have had no symptoms of arterial disorder. The nature of this affection is not well known, but it must not be confounded with inflammation.

Chronic inflammation of the arteries is not uncommon in those who have long laboured under syphilitic affections, or been under the influence of mercury. The effects upon the different tissues vary: in the inner membrane we have fungous growths, thickening and opacity, or puckering; and, according to Dr. Craigie, chronic inflammation also gives rise to tubercular thickening, as well as to cartilaginous and calcareous degenerations.

Ossification has long been known as a disease to which arteries are liable. According to the best authorities (Bichat, Meckel, Scarpa, Hodgson) it takes place only in the inner membrane. Jourdan and Breschet, again, assert that the inner coat never is ossified, but that the calcareous deposit takes place in the cellular tissue connecting the inner with the proper coat. Be this as it may, this morbid appearance is first seen on the outer surface of the inner membrane, either in the form of little gritty points, which render the inside of the vessel rough, or else as insolated patches, which are smooth, and merely render the artery firmer and less yielding. These depositions seldom affect the whole circumference of the vessel, except in the lower extremities, where, according to Hodgson, they sometimes form distinct rings, with intermediate portions of sound artery. At first these calcareous portions are covered by the inner membrane, but this, after a time, gives way as the disease increases, so that a rough irregular surface is presented. Ossifications of the nature here alluded to, are most frequently met with in the arch of the aorta—in the coronary arteries and valves of the heart. Calcareous deposition may take place at any period of life, but is most common in advanced age. Baillie and Bichat restrict its occurrence as a *frequent* phenomenon to those above sixty. It is attended with much less danger in the old than in the young. The most common effect of this degeneration, when extensive, is chronic disease of the arterial tissue, ending in aneurism. In the extremities, the vessels are sometimes rendered so brittle as to crack when a ligature is applied, giving rise to ulceration and hæmorrhage. Mortification of the feet, too, is sometimes caused, in elderly persons, by os-

sification of the arteries of the lower extremities.

Atheromatous deposition is the term applied to a semifluid opaque matter. It is found between the inner and proper tunics, and, according to our author, is the result of a sort of suppuration. It generally has a portion of calcareous deposit in its centre, and may be traced through successive changes from pus to a concrete matter like cheese.

Steatomatous deposition.—This name is badly chosen, for the matter of which it is composed is not like fat, but bees'-wax. It appears in the form of small irregular patches on the surface of the proper coat; these gradually augment and coalesce with others, raising the outer coat, and simultaneously projecting internally, so that they diminish the calibre of the vessel. It is said to begin invariably at the bifurcations of arteries. "Thus," says Dr. Craigie, "I have seen this deposition confined to the point common to the common carotid, and its external and internal branches, and this in both sides in the same subject. I have seen it in another person at the same part of the carotids, and at the point common to the internal carotid and the sylvian artery. Lastly, in another instance I have found it affecting at once in the same subject the arch of the aorta, where it gives off the *innominata* and left subclavian artery; the descending aorta, where it gives off the cœliac and superior mesenteric, including the beginning of these vessels; and the cœliac, when it divides into its gastric, hepatic, and splenic branches."

If this morbid growth be not associated with calcareous deposit, it may exist to a considerable extent without producing ulceration, or any breach of continuity; but where there is simultaneous bony deposit, or where the vessel has been long and much distended, ulceration is apt to occur, terminating in partial or entire destruction of the arterial coats. According to Hodgson this laceration generally takes place in a transverse direction—that is, across the tube. Where this happens, fatal hæmorrhage may occur at the moment, or if not, aneurism, first by dilatation, and then by rupture.

Aneurism.—Without entering into the discussions concerning the origin of aneurism, we may state this to be either from rupture or dilatation, but that, in either case, there is eventually a breach of continuity, and this takes place in one of two ways: first, when the aneurism bursts into a serous membrane, the breach is the direct result of laceration; secondly, when it bursts into cavities lined with a mucous membrane, or through the skin, this is effected by sloughing and ulceration.

Aneurism is more apt to occur in certain parts of the body than in others, and in general this may be traced to the situation of the vessel, either as regards the susceptibility to disease on the part of its tunics, or its being more or less exposed to extensive motion. Thus the arch of the aorta and the flexures of the joints are by far the most common localities of aneurism. The disease is also much more frequent in men than women: thus Hodgson, out of sixty-three cases which he has described, met with only seven among females.

Wounds and their consequences.—An artery may be punctured, perforated, cut longitudinally, divided partially or entirely across, or torn completely asunder.

In the first three cases the blood which escapes is injected into the filamentous sheath, and coagulating, prevents further effusion from the vessel. In a few hours the edges of the wound inflame, and, pouring out lymph, are united by adhesion. In the case of small wounds, especially longitudinal, this union may be effected without obliteration of the canal. But when the wound is large or oblique, if the inflammation is sufficient to effect union and prevent further hæmorrhage, so much lymph is effused, that in general the opposite sides of the vessel adhere, and its canal is for some space obliterated. (Jones, Hodgson.)

In most cases, however, of longitudinal or oblique wounds, and in all cases of partial transverse wounds, the process is different. Supposing the external opening to be closed, which it sooner or later is, the blood from the wounded artery is extensively injected into the sheath, where its coagulation prevents further effusion. Though inflammation takes places, however, and lymph is effused, it is insufficient to unite permanently the divided edges. Either the wound is never thoroughly united, or at a period after its infliction, varying according to its

extent and direction, and according to the size of the artery and its distance from the heart, its edges are rent asunder by the incessant impulse. (Jones, Hodgson, Guthrie.) Blood continues from time to time to escape into the sheath, which it distends into a sac, and in which it is deposited in successive layers. In this manner is formed a pulsating tumor, which has been termed false, spurious, or *bastard aneurism* (Monro *Primus*.) If the injection is extensive, so as to cause a diffuse swelling, spreading to some distance along the limb, the disease is termed *diffuse aneurism*. If it is more limited, distends the sheath into a globular sac, and assumes the appearance of the usual aneurismal tumor, then it is termed *circumscribed aneurism*. This is the sort of aneurism which takes place when the brachial artery is opened, instead of the vein at the bend of the arm (William Cowper, Macgill, Monro *Primus*, &c.); and it is not uncommon in the temporal artery when that vessel has been opened to discharge blood for affections of the head. It may, however, succeed punctured wounds, especially sword-thrusts in any part of the body. In short, every cause which partially wounds or injures the side of an artery, as a sharp *spicula* of bone, may be followed by false aneurism. At the bend of the arm it is to be distinguished from aneurismal varix and varicose aneurism.

When an artery is cut right across, the vessel retracts with so much force that the connecting fibres of the filamentous sheath are always torn for some little distance. The vessel also contracts in an annular direction, so as to diminish its calibre. Where the artery is small, these two are between them sufficient to stop the bleeding, but where the vessel is large they are insufficient for the purpose, which is effected in a different manner. Blood is effused into the sheath, where it coagulates and exerts pressure on the vessel, while a plug is formed by the blood just within the mouth of the divided artery. When the hæmorrhage is checked by these means, time is afforded for inflammation to supervene, and the effusion of lymph produces a safer and more permanent suppression. The smaller the vessel, the greater proportion does the annular contraction bear to its size, and therefore the greater influence it has in arresting the bleeding; and in partial wounds of arteries of a certain size, as the radial, ulnar, or temporal, the entire transverse division of the vessel is often the speediest and simplest means of checking the flow of blood through it.

An attempt has been made to extend this principle to the larger vessels, and Dr. Kock, of Munich, has proposed to leave all arteries untied. The practice, however, is one pregnant with danger, and we refer to the example in a late number (Gazette, February 7th), in which this method was tried by Dr. Kock's son, under the eye of Graefe, from whose journal we copied the case. A man's thigh was amputated, the lips of the wound brought together, and a bandage applied, without putting a ligature upon the femoral artery. The patient had nearly bled to death, when the vessel was at length secured in the usual way.

Aneurismal Varix is where a communication has been established between an artery and vein. It may occur wherever such vessels lie in immediate proximity, but is most common from accident in phlebotomy. It does not appear to be a very serious injury—at least it has continued for a long period (according to Bell and Hunter twenty-five or thirty-five years) without much inconvenience.

Varicose Aneurism is where some space intervenes between the wound in the artery and vein, either from their not lying close together, or from the apertures not corresponding. In such a case the blood flows partly into the sheath, which becomes distended into a sac; and partly into the vein, which is morbidly dilated.

[To be continued.]

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND SURGICAL JOURNAL.

January, 1829.

ORIGINAL COMMUNICATIONS.

"I. *Essay on the Gradual Development of the Nervous System, from the Zoophyte to Man; read before the London Phrenological Society, Dec.* 1, 1828. By JOHN EPPS, M.D."

THIS is an essay describing the nervous system from its simplest up to its more complex forms, preceded by a few introductory remarks in favour

of phrenology, and illustrated by woodcuts. The arrangement of Carus is adopted, and liberal use made of his work. The essay is to be continued through successive numbers: it is too long for extraction, and from its elementary nature unfit for analysis.

"II. *Remarks on the 'Evidences against the System of Phrenology,* by Thos. Stone, Esq.'"

These remarks are continued from the preceding and into the following number. The article is, properly speaking, a review, though not placed under that head.

"III. *A case of enlarged Scrotum, treated with the Unguentum Iodinæ.* By Medico Chirurgus."

This paper is so short, that we shall extract it entire.

"G. S. student of medicine, æt. 21, a free liver, contracted in the month of May, 1828, a severe gonorrhœa, from which time until August very little care was taken to prevent its progress. During the latter stage, he suffered much from hæmaturia. One day in August, the patient having drank rather freely of wine, exercised himself at the game of skittles, which produced great swelling of the scrotum. Severe pain ensued, so severe, that from this cause, and also the size of the tumor (equal to a large fist), he was confined to bed. Dr. Epps having seen the tumor, ordered a dozen leeches to be applied, and rigid abstinence with rest. The pain having been subdued, Dr. Epps prescribed the ung. iodinæ, which was applied, and reduced the tumor to the size of a hazel nut. The ointment producing great irritation, was at this stage left off. The effect produced was very striking."

"IV. *Mode of Exhibition for Copaiba.* Communicated by a Correspondent."

The following is the formula recommended:—

"℞ Bals. Copaibæ f. ʒij.
Pulv. Acaciæ ʒij.
Sacchari ʒiij.
Liq. Potassæ f. ʒiss.
Spir. Myristicæ f. ʒj.
Aquæ f. ʒvi. ft. Mist.
Capiat cochlearia larga ij. ter die."

The efficacy of the copaiba is said to be much increased by the combination; but as it is apt to leave a caustic taste, the patient should be instructed to wash his mouth and fauces after taking it.

LONDON MEDICAL AND SURGICAL JOURNAL.

February 1829.

ORIGINAL COMMUNICATIONS.

"*Observations on the Pulse.* By F. Bailey, M.D."

Dr. Bailey, of Reading, is of opinion that M. Laennec has fallen into a serious error in stating "that the most experienced can derive from the pulse but a few indications and uncertain conjectures;" and he therefore hopes that his professional brethren will not be seduced from the path of safety "by this *ignis fatuus* of the French physician." Dr. B. does not enter into the subject farther than to protest against the accuracy of Laennec on this particular point.

"*Remarkable case of Stone.* By Garrett Dillon."

A gentleman who in early life had been free from disease, became affected with gravel as he advanced in years. He was sounded by several surgeons, and an operation proposed; but to this he declined to submit, and died, somewhat above 60 years of age.

On passing the common sound into the bladder after death, it struck at once against the stone, which was supposed by all to be very large, but which proved to be no bigger than a chesnut; the coats of the bladder were much thickened, and when they were divided, the stone was seen, as it were, imbedded in the substance of the bladder; but on more close inspection it proved to be situated in the ureter, with a small segment looking into the cavity of the bladder, in such a manner as to be exposed to the contact of any instrument introduced into it. Some difficulty was experienced in extracting the stone from its bed, even after the bladder had been opened. The author observes, "Had this patient submitted to the operation, the surgeon would have been placed in a most awkward situation, as he would have found it quite impossible to get hold of the stone with the forceps, or any other instrument used in surgery, though he would hardly pass any of them into the bladder without knock-

ing against it." The preparation is at the College of Surgeons.

"*Method of Stopping the Bleeding from Leech Bites.* By HENRY STORER."

For this purpose a piece of lunar caustic, brought to a fine point, is recommended—a method which is familiar to every one.

"*Case in which the symptoms of Angina Pectoris were present successfully treated by repeated Bleedings and a Seton.* By JOSHUA MANTELL, Esq. Surgeon, Norwich."

The above heading contains the principal facts of the case. The author regards the circumstance as proving that "the symptoms termed angina pectoris are not always the result of structural disease, but may (as in the present instance) occasionally arise from functional disorder." He attributes much of the benefit to the seton.

The Remarks on Mr. Stone's Evidences against Phrenology, and Dr. Epps's Essay on the Gradual Development of the Nervous System, are continued.

MEDICAL GAZETTE.

Saturday, February 21, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MR. WARBURTON'S BILL.

ON Thursday, the 12th instant, Mr. Warburton presented the following petition, on the subject of anatomy, from the members of the Westminster Medical Society to the House of Commons; and at the same time gave notice of his intention to bring in a bill to remove the difficulties at present attending the cultivation of this branch of science. The announcement was received with loud cries of hear! hear! and there is every reasonable prospect of the bill being carried. At the same time we would earnestly impress upon our brethren throughout the united kingdom, the expediency of transmitting petitions to both houses of parliament in favour of the measure. We have received letters and papers on the subject from various quarters, but cannot afford space for their insertion, as they all take the same general view of the question. We may mention, however, as particularly liberal and judicious, the conduct of the magistrates of Birmingham, who have transmitted the petition of the physicians and surgeons of that place, accompanied by one from themselves, in a similar strain. This is one of the best methods of attaining the desired object, and we trust the example will be followed in the other large towns. In these petitions there are several points which ought to be kept in mind; viz. the absolute necessity of anatomy as the only safe foundation for the practice of medicine and surgery; the disinterestedness of the present race of practitioners in endeavouring to remove the impediments to a monopoly of science, which could not fail to be advantageous to them; and the danger to which the lives of his Majesty's subjects are exposed, since the late dreadful events in Edinburgh have given such fearful instruction to every ruffian in the land as to the best means of perpetrating murder, and of at once avoiding detection, and insuring profit from the assassination even of the poorest individual. It would be of great importance for all those who have influence with the members of either house to make them as well acquainted as possible with the subject; for it was quite obvious, from what took place last session (we allude particularly to the Marquis of Lansdown's bill in the House of Lords), that the true bearings of the question were not understood.

One thing to which the interference

of the government ought to lead is limiting the number of anatomical teachers. It is not right that every one the moment he has ceased to attend lectures himself should be permitted forthwith to set up a "school;" and we believe much of the present embarrassment connected with anatomy has arisen from the unworthy arts of rivalry which have been adopted by some of the competitors for public favour. The example of France is constantly appealed to as the great object of imitation; and we are decidedly of opinion that it would be a very good thing—though marvellously contrary to the doctrine of those who always come over us with the superiority of our Gallic neighbours—if the jurisdiction exercised over those who profess to teach the healing art was the first part of the system to be copied.

"*To the Honourable the Commons, &c.*

"The Petition of the undersigned Physicians, Surgeons, and Students of Medicine, Members of the Westminster Medical Society,

"Humbly showeth, That, by the Report of the Select Committee of your Honourable House, appointed to inquire into the manner of obtaining subjects for dissection in the schools of anatomy, and the laws affecting the persons employed in obtaining and dissecting of bodies, bearing date the 22d day of July, 1828, the said Select Committee report, that the bodies of persons executed for murder are the only subjects which can legally be anatomised; and that the possession of a body for the purpose of dissection, obtained in any other manner, renders the possessor liable to an indictment for a misdemeanor; and the said Committee further report, that such a state of the law is, in their opinion, injurious to students, teachers, and practitioners, in every department of medical and surgical science, and highly prejudicial to the public interest.

"Your petitioners therefore humbly pray your Honourable House, that the existing laws, which direct the bodies of murderers to be anatomised, and which make the possession of a body for the purpose of dissection, obtained in any other manner, a misdemeanor, may be repealed. And that your Honourable House may be pleased to pass an enactment, enabling the governors of workhouses, and the directors of other public institutions, to dispose of, for the purpose of dissection, the bodies of those dying in workhouses or public institutions, such bodies not having been claimed within a limited time by any relative, or otherwise, as to your Honourable House may seem meet.

"And your petitioners will ever pray."

ST. GEORGE'S HOSPITAL.

Mr. Cæsar Hawkins has been unanimously elected to fill the office of surgeon, rendered vacant by the lamented death of Mr. Rose.

PAR NOBILE FRATRUM.

We some time ago compared a worthy contemporary of ours to Cobbett, and suggested him as a fit coadjutor for that respectable and consistent writer. The hint seems not to have been lost on these kindred spirits, who have recently been playing, in a very amusing way, at the game of "Tickle me, and I'll tickle you." *Par exemple:*—

"In one or two recent numbers of the Political Register, Mr. Cobbett has taken occasion to speak of the Lancet in such terms of approbation as he is not much in the habit of applying to contemporary journalists, and such as it is gratifying to us to reflect that we are believed to deserve, by a writer whose powerful talents, if not universally acknowledged, are universally *felt*, and, perhaps, most felt where they are least acknowledged. It has been said, that one of the best tests of merit is the praise of those who are themselves the objects of general approbation. For our own parts, we had much rather receive the praise of a man who has been as much vituperated as Mr. Cobbett has been by some of his contemporaries—who is as able as Mr. Cobbett has ever

shewn himself to give his enemies ten blows for one, a species of tactics wherein *we* may also take to ourselves the credit of possessing some small skill, and who, by reason of constant exercise in the task of inflicting chastisement on his opponents, has become slow and cautious in dispensing his approbation."—*Lancet*, Feb. 14.

HUNTERIAN ORATION.

The theatre of the College of Surgeons was crowded last Saturday, to hear the Hunterian Oration, delivered by Mr. Vincent. Unfortunately that gentleman spoke in so low a tone as to be imperfectly heard, and we cannot venture, therefore, to estimate minutely the merits of the oration. It is difficult to give much interest to a discourse of this nature, which occurs annually, and Mr. Vincent seemed to feel this, as he entered less than usual into biographical detail, and more into matters of science generally.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 14, 1829.

Cæsar Hawkins, Esq. in the Chair.

The President announced that Dr. Gregory, who was to have laid before the Society some observations on the blood, had been suddenly called out of town; but that he believed another gentleman had been good enough, in this emergency, to undertake the opening of the discussion, by the relation of an interesting case which had occurred in his practice.

Mr. North then rose, and described the following interesting case, our account of which is taken, partly from what fell from the first speaker, and partly from particulars elicited in the course of the discussion. He stated that in the course of the present season, he had been sent for to attend a young lady about 19, labouring under catarrhal symptoms, which had come on with fits of sneezing, dull pain and weight over the brow, but without any considerable constitutional disturbance, or any other feature in the complaint indicating danger, or indeed any unusual degree of severity in the attack, which seemed limited to the Schneiderian membrane. After a few days, however, the pain became more severe, and was concentrated over the right frontal sinus; the patient grew restless; the appetite was lost, and there was some thirst, with occasional but irregular and temporary acceleration of the pulse and heat of skin. Some tension and puffiness were now observable over the brow, but especially towards the right side, and as these in two days had made considerable progress, and were attended with an obscure sense of fluctuation, Mr. Guthrie was called into consultation, and, with his concurrence, an opening was made at the most prominent part of the tumefaction, namely, a little above the situation of the right frontal sinus. From this opening a considerable quantity of highly offensive matter was discharged, and for some days afterwards the wound continued to exude pus, which gradually diminished in quantity and improved in quality; but the symptoms continued without alleviation. The patient had pain in the head, which, however, was neither constant nor described as very severe—it never was such as to draw forth moaning, or any other form of complaint; she was restless, had occasional fits of chilliness, almost amounting to rigor, followed by re-action, during which the pulse would rise to 120. She had difficulty of swallowing, and was much troubled with flatus; she also complained of pain in different parts of the abdomen, sometimes over the pubes, sometimes in the right hypochondrium, and seldom remaining more than a few hours in the same situation. Of these she complained much more than she did of the head. No inflammation or other mark of disease could be perceived about the throat, nor was there tumefaction or permanent tenderness in any part of the abdomen. The bowels acted on the administration of purgatives. About the middle of the second week from the commencement of the attack she complained of numbness of the right hand—this progressively increased, and within forty-eight hours the upper extremity had entirely lost the power of motion; and though sensation was diminished it

was so apparently to a comparatively small extent. The day after the paralytic affection had begun in the arm, it was also observed in the lower limb of the same side, which she could move with difficulty; but several days had elapsed before it deepened into complete paralysis. At the same time the above paralytic affections were making progress, the difficulty of swallowing continued to increase, and was now attended with an impediment in the articulation, and apparently with loss of memory—at first she seemed to forget the word she wished to use, but was able to give it utterance when pronounced aloud by any of the attendants. After a few days, however, she answered every question with the monosyllable "yes," imperfectly articulated; and her power of doing even this ceased, while perfect consciousness remained, as evinced by signs. Another phenomenon (which began to appear about the same time as the paralysis) was a dirty yellow suffusion of the skin generally, and of the conjunctiva. The symptom from which most distress seemed latterly to be experienced, was the difficulty of swallowing or relieving the fauces from a quantity of tenacious mucus, which at times interfered with respiration; but no change of a prominent nature, except the gradual increase of the symptoms, took place till about a week after the paralysis had begun, when, in the course of the day, the tongue, which had hitherto been moist and tolerably clean, became suddenly dry and black, while the body exhaled the cadaverous odour in a remarkable degree. She died in the following night.

On the supervention of the alarming symptoms he had called in the assistance of Dr. Macleod, and Dr. Nevenson had afterwards joined them in consultation. The post mortem examination was conducted by Mr. Arnott, who would describe the appearances which presented themselves.

Mr. Arnott remarked that the body was not much extenuated, but presented all over its surface that yellow hue to which Mr. North had alluded. There was no tumefaction in the neighbourhood of the wound in the forehead, which, indeed, was nearly healed. On turning down the scalp, the bone in the situation of the frontal sinuses was found to be denuded of its pericranium; its surface rough to the extent of about half a crown, and smeared over with a thin layer of purulent matter. On raising the calvarium, the first appearance which attracted attention was a large foul ulcer of the dura mater; this was triangular in shape, the base extending, in a transverse direction, a little above the orbits and apex, pointing backwards over the site of the longitudinal sinus. The base was about an inch and a half in breadth, and the other sides, which were nearly equal in length, were about an inch and a half. The surface of the ulcer was an ash colour, with a dark sloughy-looking spot as large as a sixpence at the apex. The inner surface of the skull-cap, corresponding with the ulcer, was of a dull white colour, and slightly roughened. The contrast in appearance with the surrounding parts rendered the figure and extent of the diseased portion of bone readily perceptible to the eye. On reflecting the dura-mater, the surface of the arachnoid membrane was found to be covered with a layer of lymph and purulent matter, the membrane itself being thickened and opaque. On slitting open the longitudinal sinus it was found to be filled with pus and coagulable lymph throughout its whole extent; nor did this appearance entirely cease at the division into the lateral sinuses. A small portion of bone was now removed over the root of the nose, when the frontal sinuses were found to be denuded, and contained purulent matter. The liver was examined and found to be perfectly healthy, as were the other abdominal viscera.

Mr. Arnott stated it as his opinion that the disease had commenced in the bone, and that the other parts had been secondarily affected. He thought that the occurrence of inflammation of the longitudinal sinus was of great interest, as connected with the other phenomena, especially the yellowness of the skin. A discussion ensued, which was kept up with great spirit till the expiration of the hour, but of which it would be impossible to give any detailed account without devoting to it much more space than we can afford. The principal speakers were Dr. J. Johnson, Dr. Ley, Mr. Hunt, Dr. Macleod, Dr. Copeland, Dr. Granville, and the two gentlemen by whom the case had been related. The general opinion was, that the disease had originated in the bone and spread to the contiguous parts. Dr. Granville, how-

ever, maintained that it was a primary inflammation of the meninges of the brain; and being asked to say whether appearances such as had been described were presented in the inflammatory affections of the brain in children, to which he alluded, he attributed their non-occurrence under such circumstances to the greater rapidity of their progress, by which the time requisite for such changes was not afforded.

A gentleman said, that in the account of the case a material circumstance had been omitted—namely, the treatment.

Mr. North said he had not thought it necessary to detail the treatment, because, in such cases, the chief interest was connected with the pathological phenomena; and, as the exact nature of the complaint had not been known during life, he feared the treatment had not been altogether so much *ad punctum* as it might have been.

Dr. Macleod protested against the admission that the treatment was not *ad punctum*. The remedies had been adapted to the indications which the symptoms afforded. The local abstraction of blood had been had recourse to, cold applications had been made to the head, the bowels had been purged, and mercury exhibited. Dr. Nevenson, when called in, had neither recommended the omission of any remedy which the patient was taking nor suggested the adoption of any thing new.

Towards the close of the evening, the discussion turned more particularly on the subject of inflammation of the veins, as connected with the yellow tinge of the skin. Mr. Arnott regarded it as altogether unconnected with the liver, and as depending upon some deterioration of the blood; but whether from the inflammatory products in the veins or not he could not venture to say. He had never seen any patient recover in whom it supervened. In answer to a question from Mr. North, he stated that not only the conjunctiva but even the ligaments about the joints were sometimes stained with it.

Dr. Johnson did not regard the yellowness of the skin as connected with the state of the veins at all, but as following great injuries of various kinds done to the system.

Dr. Copeland was familiar with the lurid state of the skin alluded to, and regarded it as a very unfavourable symptom. He had seen it from a variety of causes, particularly purulent collections in any of the internal viscera.

Mr. Henry Johnson stated, that in several cases at St. George's there had been purulent depôts in the liver and lungs, and yellowness of the skin, without any disease of the veins. He stated a case of traumatic gangrene in which they had been present, and yet the femoral vein, which was examined by Mr. Brodie, was perfectly healthy; a case of amputation, in which the vein was traced on the face of the stump, without any appearance of disease; and a case of injury of the head, in which the longitudinal sinus was found to be perfectly sound.

Mr. Arnott thought the cases interesting, but not sufficient to overthrow the idea of the pathological condition in question being connected with the veins: from the first case—that of traumatic gangrene, no satisfactory inference could be drawn, as it was impossible to trace the veins throughout, some being necessarily involved in the mortification. In the second case, the disease might have been in the saphena, for he had seen this inflamed, though the femoral vein was perfectly healthy. In the third it was not stated that the other veins of the brain—for instance, the longitudinal, after its bifurcation—were examined.

Mr. Johnson replied, that, in the case of gangrene, the most minute examination which could be instituted of the parts was made by Mr. Brodie himself, with reference to the question of inflammation of the veins. In the case of amputation, he thought the saphena had been examined as well as the femoral vein, but was not quite certain. In the case of injury of the head, the lateral sinuses were not examined.

MODE OF CONDUCTING MEDICAL DISCUSSIONS.

To the Editor of the London Medical Gazette.

Sir,

Permit me, through your valuable journal, to make a few remarks on the Westminster Medical Society. It appears to me that the practice of many members, of testifying their approbation, or, more particularly, their disapprobation, by making a noise, is, to say the least of it, quite "infra dignitatem,"

and, I would also say, not gentlemanlike. It rests, Sir, entirely with the president, who is the acknowledged organ of the Society for the evening, to interrupt any one who is speaking, and I have no doubt, from the superior manner in which the presidents conduct the meeting, that they will always, though with temperance and moderation, put a stop to any one who is digressing from the subject of discussion, or in any way infringing upon the rules of the Society.

It is, I repeat, a Society of *gentlemen* and of *professional men*, and it becomes them in every respect to act up to these honorable appellations, and not in their proceedings to assimilate themselves either to the partizans of a Hunt, or a Wakley. I cannot help thinking, Sir, that sometimes the discussion assumes rather too warm an aspect, and that too severe remarks are made. Cannot, I would ask, cannot we speak without bursts of passion?—cannot an argument be stated *suaviter in modo*, without losing the *fortiter in re*? Lastly, I would just hint, that those members who engage to bring on a paper any evening should not, unless positively necessitated, disappoint the Society: this has been the case to my knowledge three or four times within the last six or eight meetings.

Your useful reports will, I trust, be continued, as from their fair and temperate character, they tend decidedly to put a stop to all proceedings, either "contra leges," or "contra bonos mores."

Your obedient, humble servant,

X Y Z.

London, Feb. 16th, 1829.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

VAPOUR OF IODINE FOR THE CURE OF CONSUMPTION.

A LETTER from Dr. Berton was lately read before the Royal Society of Medicine, respecting the employment of the above-named medicinal agent in cases of tubercular consumption. This mode of using iodine appears to the author to have a double advantage—first, in not producing gastric irritation; and being also immediately applied to the diseased part, he produces the vapour by the application of sulphuric acid to the hydriodate of potash. Air loaded with this vapour does not excite the least irritation in the throat. M. Berton cites three cases in which this method was productive of good effects: in two of them the cough and expectoration were diminished, and the appetite improved; in the third, although the plan had not been long adopted, the relief was evident. M. Berton thinks that a greater number of facts are still required to enable us to pronounce an opinion as to the real value of this medicine.—*Journal Hebdomadaire.*

FEVER OF GIBRALTAR.

A letter from M. Louis was lately read at the sitting of the Royal Academy of Medicine in Paris. From this it appears that in his opinion the fever is really the true yellow fever of the Antilles. Ten subjects had been opened by the Commission; in none of them could the slightest trace of organic lesion be discovered; thus making a most marked difference between this disease and the fatal cases of fever usually met with in France. The epidemic, after having been stationary for a time, or rather perhaps diminished, resumed its activity: a dozen or fifteen cases were daily admitted into the hospital, of whom from five to eight died: some perished very quickly, that is, on the third or fourth day of the disease. After this the frequency of the disease gradually diminished, till it entirely subsided.—*Ibid.*

ABSENCE OF THE LOWER PORTION OF THE DURA MATER.

A female infant was born prematurely in a state of great weakness; it was with difficulty she was made to take the breast; one eye was smaller than the other. A few minutes after birth she was seized with convulsions, which increased in frequency and violence, so that she experienced 100 in 24 hours; in other respects she was like other infants. As she grew up, neither the sensibility nor the loco-motive powers were developed properly; she could neither hear nor see; but her taste was perfect. She lived to complete her 17th year, but had never been able to lift her hand to her head; was completely dumb, excepting that when hungry she would utter a very feeble cry. It ap-

pears that some signs of menstruation and puberty had made their appearance.

On opening the body there was observed in the head a distention of the vessels of the brain, and a small quantity of serum in the lateral ventricles; the dura mater, which lines the base of the cranium, and accompanies the nerves to their exit, was entirely wanting, but the nerves, &c. were perfectly sound; a semi-transparent thin membrane, very loose and irregularly disposed, appeared to be a substitute for the dura mater, but without fulfilling its functions; behind, the tentorium was almost entirely wanting, so that the cerebellum was obliged to support the whole weight of the brain.—*Ibid.*

TEST OF THE QUALITY OF SALTPETRE.

The goodness of saltpetre is measured by the angle at which light is refracted in passing through it. As the angle is less, the quality is better. This angle varies very considerably. An angle of five degrees is called *par*, and the variations from it are made up by increasing or diminishing, not the price, but the quantity; for every degree by which its angle of refraction exceeds five, one per cent. in weight is allowed, and *è converso*. The inferior sort contains common salt: it is tested at Apothecaries' Hall, and the several refractions denoting the quality are marked upon the bags.

INFLAMMATION OF THE VEINS OF THE UTERUS AFTER PARTURITION.

M. Dance, in a memoir just published on Uterine Phlebitis, has related from his own observation, and from the works of Andral and Louis, eleven cases of fatal inflammation of the veins of the uterus, with the appearances which were witnessed on dissection. This most dangerous form of uterine inflammation was observed to commence most frequently a few days after delivery, with rigors, general uneasiness, suppression of the lochia, and pain and sense of weight in the hypogastrium. The size and sensibility of the uterus gradually increased, the expression of the countenance became greatly altered, and prostration of strength, with delirium, and other symptoms of typhoid fever, rapidly succeeded, and destroyed the patients. This disease was observed in several cases to be complicated, with extensive disorganization in remote organs of the body. In three cases severe pulmonary symptoms occurred, and on dissection purulent deposits were found in the substance of the lungs, with pleuritis and effusion into the sac of the pleura.

In another case an inflammatory swelling suddenly formed around one of the joints. The veins of the uterus were in most of these cases found inflamed, and in a state of suppuration, and the substance of the uterus had become preternaturally soft, and of a dark colour. In two, the peritoneal surface of the uterus was covered with lymph.—*Archives Générales de Médicine, December* 1828.

NYMPHOMANIA.

Professor D'Outrepont relates a case of nymphomania in *Siebold's Journal für Geburtshulfe*, which would seem to shew that it is not always safe to advise marriage in affections of this nature: in the instance in question the disease was much aggravated by sexual connexion and by pregnancy; the patient dying in a state of fatuity at the age of twenty-seven.

M. Ozaman, a physician at Lyons, has published a case of the same complaint, which he cured by applying to the parts a solution of nitrate of silver, in the proportion of four grains to an ounce. A slight eschar was produced, by which the morbid sensibility was diminished, and the application being repeated twice a-day, very speedily cured the disease.

LIGATURE OF THE SAPHENA AT THE ANKLE AND KNEE ON BOTH SIDES.

A man 37 years of age, of good constitution, had suffered from the age of seventeen, from a varicose state of the veins of the lower extremities. Cold baths and other remedies were tried without benefit, when, in 1823, some of the veins burst, and the blood spouted out as in phlebotomy. It was, however, the internal saphenic vein of the right side which was principally affected, and which formed a rounded tumor at the groin: it was also very large in the leg, where it had produced a varicose ulcer. M. Dupuytren was of opinion that it was necessary to tie the saphena at the ankle and above the knee, and practised these operations by

which the varices of the leg were cured, and the tumor in the groin gradually disappeared. This occurred five years ago, and the veins of the side operated upon continue in their natural condition, but the opposite limb had become affected with the disease, and there was even the same kind of tumor in the groin. The following operation was practised:—An incision was made in the skin, at the inner part of the thigh, 4 inches above the condyle of the femur. This incision was not made directly upon the vein; the skin which covered it was pulled to one side, and divided parallel to the axis of the vein, and by setting the parts free again, the incision was brought over the vessel. A ligature was then applied and drawn tight, without causing any pain, and the same thing done about an inch above the inner ankle. Both healed immediately. —*Lancette Française.*

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Cases of Spurious Apoplexy.

The title given to the cases which are about to be related will, perhaps, excite surprise, and possibly even a smile, but some name must be given to them, and as the symptoms resembled those of apoplexy, while neither the apparent cause, nor the termination, were those of that complaint, the designation chosen may not be considered altogether inapt. The cases are related on account of their completely anomalous character.

Two Irish labourers, engaged in working on the new London Bridge, were brought to the hospital, at noon, Jan. 14th, both in a state of complete coma. As the symptoms differed a little in the two cases, we shall relate each separately.

Case I.—C. D. (Henry's ward,) a healthy man, aged 25, was brought in completely insensible. His pulse was full and labouring, and about 50. The breathing was stertorous. The skin had a profuse, warm perspiration. The pupils were contracted, and insensible to light. He was put to bed, and soon afterwards the head became very hot, and the face much flushed.

V. S. ad ℥ xx. Ænema, Ol. Terebenth.

After the bleeding, the pulse became quicker, harder, and more distinct. The stertorous sound in respiration ceased, but there was still a peculiar sound, arising from the lips being closely pressed together, while the cheeks from want of action in the buccinators flapped loosely backward and forward with each expiration and inspiration.

On the supposition that he had taken poison, the stomach pump was next employed. A brownish fluid, very much resembling porter, was obtained, and was set aside in order to be analyzed.

At the end of two hours the insensibility continued unaltered. The breathing was as above. The feet in the first instance, and afterwards the hands, had become very cold, and the whole surface (with the exception of the head, which continued hot, and was bathed in a profuse perspiration,) had sunk below the natural standard of temperature. The pulse had also become much weaker.

It was now determined to give stimulants, and therefore brandy and sp. ammon. co. were administered. A marked change in the patient's condition followed this alteration in the treatment. He became violently agitated, tossing his arms about, rolling from side to side, and apparently making efforts to get out of bed: so violent was he at one time that two or three strong men were necessary to keep him in bed.

While thus agitated he moaned loudly, and appeared to attempt to articulate something: the countenance at the same time changed much. He opened his eyes, and stared around him with a marked expression of suffering, and an appearance also of some consciousness; and that some return of consciousness had taken place was plain from the circumstance that when called to loudly by his christian name, and asked whether he was in pain, he answered, "Ye—e—s;" and when asked, where? mumbled out something which sounded very like "my head." At this time the face became still more flushed, the pulse rose considerably, and the feet and hands became warm.

He continued in this state of agitation more than two hours, and then suddenly became quiet and rational. He continued so for some time, and then fell asleep. He awoke in order to have a stool, walked without support to the closet, returned to his bed, and at 10 p. m. he was sleeping easily and quietly, with a pulse of 100 in the minute, his respiration natural, and his surface comfortably warm and perspirable.

The next day he was quite well, and in a few days he left the hospital.

Case II.—M. S. (Isaac's ward,) plethoric and short-necked, aged 21, was brought to the hospital at the same time with the former.

There was complete insensibility and loss of power over the voluntary muscles. The pulse was full, and labouring, and below 40. The surface was covered with a copious, warm perspiration, and the breathing was loudly stertorous. When the eyelids were

raised, so as to admit the light to the retina, the pupils at first dilated a little, and then slowly contracted.

V. S. ad ℥ xvi. Ænema, Ol. Ricini.

The pulse became quicker and harder. In about two hours, the pulse being still very strong, with no abatement of the other symptoms, the patient was cupped between the shoulders to ℥xx. Zinci sulphi. ℈ij. were also given as an emetic, and Ol. Crot. Tig. gtt. iij. to produce a powerful action on the bowels.

After the second bleeding the pulse decidedly fell, becoming both weaker and slower. The breathing ceased to have any unnatural sound, and the skin, particularly of the extremities, became cold. The head, however, continued hot, and a copious vapour of perspiration arose from it.

At the termination of four hours the head had lost its superabundant wamrth. The extremities were cold, and the pulse 44, feeble, and slightly irregular. The coma continued.

Neither the emetic nor the purgative had acted in the slightest degree. The good effect of the stimulus had by this time been observed in the other patient, and it was determined to try it on this. Independently of any analogy between the cases, it was plain that stimulants were loudly called for. Two tablespoonfuls of brandy caused the pulse to rise ten beats in the minute.

Shortly afterwards, the stomach was emptied by means of the pump.

The brandy was repeated, and the patient very soon recovered, without having been agitated in the way in which the other was. At 10 P.M. he was perfectly sensible; the pulse was 90, weak and irregular in force; the breathing easy; and he complained of nothing but slight pain in the head. The bowels had been well opened. On the following day this patient also had completely recovered, and in a few days he was discharged.

It was observed, in both the above cases, that the lips, especially the lower, were, on the evening of the first day, and for a day or two following, much swollen and redder than natural.

The treatment of the above cases was necessarily, to a considerable degree, empirical; for the histories of the mode of seizure at first obtained were so various and contradictory that they could not be sufficiently depended upon to furnish any indication of the mode of cure to be employed. The honour of the success must be divided among a number, as, at one time, nearly all the medical and surgical staff of the hospital were around the two patients, watching with the most intense interest the symptoms as they evolved themselves, and suggesting such therapeutic means as they thought likely to be serviceable. The first suspicion was that the affection was apoplectic; but this was rendered exceedingly improbable by the information that the two men working together were attacked precisely in the same way, and nearly at the same moment. Next, as it was ascertained that the individuals had drunk some porter immediately before their seizure, poison was suspected, and the treatment was mainly conducted on that supposition. Even now, although the fullest inquiry has been made, the cause, and consequently the nature, of the affection is a subject of conjecture.

The following account, obtained from the elder of the two sufferers, is the most consistent one yet given, and agrees, on the whole, with that of the other, and of the bystanders.

These two men, with a number of others, were at work on the new London bridge. It was the duty of the sufferers to turn the wheel of a crane which had a winch at each end of the axle. After taking a good breakfast, they both went to work at 7 A.M., and continued at the winch constantly until half-past 11 A.M. Some warm porter, *with ginger coarsely powdered mixed with it*, was then brought to them, and, according to the account of this individual, two vessels were filled, and handed *to him and his comrade first*. On this point, however, the evidence varied—some of the other workmen, who certainly drank of the same porter, stoutly maintaining that the two men who were attacked did not drink first. But it is plain that if any trick had been played off upon the two winchmen, by putting some narcotic into the measures from which they drank, it was for the interest of those concerned in the plot to deny that they (*i. e.* the winchmen) had drunk first.

But to return to the man's story. Soon after they had drank (each about a pint), he observed that his companion began to look (as he expressed it) "foolish," and as if he were about to faint. The men who were around saw this, and caught him in time to prevent his falling. He himself continued to work for twenty minutes from the time that he had taken the porter, but then he found his senses fail him, and he would have fallen if he had not been supported by his companions. He remembered that they carried him towards the shore, but he became quite unconscious before he had gone many yards.

The fluid obtained from the stomach of each was carefully analysed by Dr. Burton, but no trace of any poison could be detected. The keeper of the tap and his servant had been examined as to their knowledge of any design against the two men, but they deny it *in toto*; and, in short, the only certain clue to the explanation of these cases is that furnished by the symptoms and the statements

of the patients themselves; but these are so general and undefined, that they will admit of various conjectures as to the cause. It might be some narcotic put into the vessels into which the beverage was poured, previous to being drunk by the sufferers; or the tap-keeper might by mistake have employed some deleterious substance instead of ginger, and this floating on the surface of the fluid, might be nearly, if not entirely, swallowed by those who drank the first portion. If it were a poison, which was it? It is well known that nux vomica is employed very commonly to destroy vermin, and a very inattentive person might mistake that for ginger; but a much larger quantity of nux vomica than could possibly be taken by these persons has been often taken as a medicine, without any marked effect; and the symptoms do not exactly resemble those of dogs poisoned by this substance, as related by writers on poisons. We know of no record of its effects on man in a sufficiently powerful dose.

It might be the effect of long-continued labour at the crane, the constant turning of the wheel producing that giddiness which rotation is often known to cause; but they would scarcely be attacked together, and that too immediately after drinking; and if turning a wheel could produce such effects, the hospitals would be deluged with "spurious apoplexy."

Nor is a third opinion at all more satisfactory, viz. that the quantity of porter taken was sufficient, in persons exhausted by long-continued labour, to produce complete intoxication; for complete it was, if it were intoxication at all.

These cases are given at some length, with the opinions, or rather conjectures, formed upon them by wiser persons than the writer of this report; and that not merely because they are important in a medical point of view, but because they might have been very interesting judicially. If, as was at one time expected, one or both of these men had died, and no more evidence than we now possess as to the cause of the symptoms had been elicited, the surgeon or physician who would have been called upon to instruct a jury as to the cause of death, might have been the means of convicting an innocent man, or might have caused a really guilty person to escape just punishment.

If any reader of the Medical Gazette knows of a similar case, or can offer a satisfactory explanation, he will oblige those who witnessed the above by detailing it. G.

ST. GEORGE'S HOSPITAL.

The patient whose case we detailed in our last is doing well. On the 7th and 8th, when our report ended, considerable apprehensions of inflammation of the femoral vein were entertained; but happily these have proved unfounded, or at least the symptoms which gave rise to them quickly passed away. In the course of the 9th, the pain in the groin, as well as the symptoms of general constitutional disturbance, had greatly moderated in severity; and on the 10th had almost disappeared. Rather violent nausea and vomiting of bilious matter succeeded, and harassed the patient for one or two days. This vomiting was looked on by some as the prelude to an attack of erysipelas, at present almost epidemic in the house; but hitherto this patient has escaped its influence. The stump, indeed, is doing remarkably well, having united for nearly the whole of its lower half, and presenting no angry appearance whatever. Many of the ligatures, it will be remembered, were applied to vessels deeply situated, and a degree of suppuration was therefore naturally to be expected, particularly when we consider how favourable this kind of stump must be to the lodgment and burrowing of matter. Accordingly, at the spot where it was expected a pouch has formed; but the pus collected gets a ready exit, and no bad consequences need be expected to result. Light compresses of lint are applied to the sides of the stump, in such a manner as to approximate, to a certain degree, the walls of the abscess, and every precaution is adopted to obviate the gravitation of the matter.

If any thing particular occurs, we shall make it known to our readers.

Ligature for Nævi—Failure of Vaccination.

A child in arms, apparently some three months old, was brought to Mr. Brodie, at his visit of Friday, the 13th, with two nævi on the scalp. One, about the size of a nut, was situated on the left side, a little anterior to the coronal suture; the other, rather larger, was placed further back, and over the median line, apparently at or near the fontanella. The first presented a sort of superficial scab, the traces of vaccination unsuccessfully applied by Dr. Locock; the other bore no such mark.

The child was transferred to the operating theatre, and the following proceeding was adopted by Mr. Brodie:—

A hare-lip pin was passed transversely through, or, more properly speaking, *under* the base of the larger nævus, so that either end of the pin projected beyond the margin of the tumor, for a quarter of an inch or more on each side. The pin being held in this position, a straight needle, armed with a double ligature, was then passed under the base of the nævus, and under the pin, which it crossed exactly at a right angle. The needle was drawn through and cut from the ligatures, which were allowed to remain. The two silk threads were next separated, the one drawn to one side, the other to the

other, and each tied tightly under each extremity of the hare-lip pin, the point of which had been withdrawn. The ligatures being thus firmly drawn, just as they are in the operation for piles, constricted and strangled the base of the nævus. The ligatures were once or twice twisted round and round under the hare-lip pin, in order that the constriction might be perfect, when, after the pin had been included (to prevent its slipping) in one of the knots, the ends were cut close. The same proceeding was adopted with the smaller nævus, and the infant consigned to its mother, who carried it home. The pain was, of course, severe, but the child did not seem to suffer in any extraordinary degree.

Mr. Brodie, in the course of some observations to the pupils, stated the mode in which he is accustomed to treat with success the maculæ, or spots on children, arising from enlargement of the minuter vessels, without tumor. Selecting the largest of these little vessels, he punctures it with a lancet, and gently touches the puncture with the caustic potash scraped into as fine a point as possible. Vinegar is immediately applied to stop the penetrating action of the alkaline caustic, and prevent the formation of a scar; which, indeed, would be full as bad as the disease. These cases, Mr. Brodie observed, seldom came under treatment except in the higher ranks, where personal appearance forms such a paramount object of attention.

We mentioned, in the course of this report, that erysipelas is at present epidemic in the house. In our next we shall detail some interesting cases of it.

Injury of the Kidney.

W. Giles, æt. 46, was admitted Jan. 26th, under the care of Mr. Cæsar Hawkins.—Under the impression created by a dream that he was going to be *Burked*, as the phrase goes, he had thrown himself from the height of two pair of stairs upon a skylight, which intercepted his fall, and probably saved his life. He had received a severe blow upon the loins, (on which are the scars of two lumbar abscesses,) which rendered him unable to move from pain, though without producing paralysis or loss of sensation. He was ordered to be cupped to the amount of 12 ounces, and to take 5 gr. of calomel and antimonial powder, followed by some senna draught, and to apply spirit lotion.

29th.—The pain seems to be almost confined to the situation of the right kidney, where there is great tenderness and violent pain, which comes on at intervals only, but extends from this part through the groin, *i. e.* in the course of the ureter to the bladder. He makes water with great difficulty, and only in the erect posture, but not more frequently than usual. The urine is secreted in its usual quantity, but is loaded with a copious deposit of red sand, which completely stains the vessels and renders the water quite turbid, and is highly acid; no blood is, however, mixed with the urine. There is no fever or general disturbance; so it was clear that the blow had deranged the functions of the right kidney, and thence affected the other urinary organs. To be again cupped to 10 ounces, which was repeated on the 31st.

Feb. 3d.—He can turn himself with a little more facility, and has less pain. A blister to be applied to the right side of the loins.

℞ Infus. Rosæ, ℥iss. Magn. Sulph. 3ss.
Træ. Cinchonæ, 3j. M. bis die sumend.

7th.—From this time the urine began to become less turbid, the pain diminished, and he could make water more easily, the difficulty having, at one time, been so great as to require the employment of the catheter.

13th.—Urine quite clear, and it produces no change upon litmus paper. He can now lie on the affected side, and move without much pain, and little tenderness remains in the loins. Ordered another blister.

GUY'S HOSPITAL.

Difficult Case of Lithotomy.

Noble Freeman, a delicate boy, 11 years old, admitted under Mr. Key, January 28. Had a severe attack of pain in the region of the kidney when in his seventh year, the subsidence of which was immediately followed by symptoms of stone in the bladder, and these have continued with more or less urgency to the present time. He now suffers extremely from pain about the pubes, so that he is generally seen in a position of peculiar constraint, and with a countenance expressive of pain: at the periods of micturition, as well as on any violent exercise, it amounts to the severest agony. His urine has not been bloody, but it contains mucus. On sounding him, Mr. Key at once struck the stone, which he judged to be of a very large size. The patient himself says, that when he makes water he can feel a large and hard tumor in the perineum. He was ordered to take every night tinct. hyoscyam. gtt. xx. liquor. potass. gtt. xv. notwithstanding the use of which his sufferings increased whilst in the house.

Feb. 17.—*The Operation.* Its first steps need not be detailed: they were not remarkable, excepting that the incisions were, perhaps, a little more freely made than usual. The size of the stone and its proximity to the neck of the bladder occasioned considerable difficulty in the division of the prostate: on carrying the knife forwards it was almost immediately impeded by striking the calculus, so that, not fairly entering the

bladder, it was not easy to make the necessary section of its neck. This, however, a little manual dexterity accomplished, by passing (as it appeared) the knife in a lateral direction. On the introduction of the forceps, the size and place of the stone occasioned fresh obstacles; neither the blade of the instrument nor the finger could, without force, be insinuated between the stone and the bladder, which was firmly contracted around it. When, at length, the stone was grasped by the forceps, it appeared much too large to be withdrawn by the opening, and Mr. Key, without releasing it from the instrument, cautiously enlarged the incision;—still, however, the calculus was too large to pass through it; but being soft and friable, it soon broke under the pressure of the forceps, and many fragments were extracted, leaving behind them larger pieces, which, owing to the firm contraction of the bladder, and the almost convulsive struggles of the patient, could not be removed. Mr. Key, therefore, gave the boy fifteen drops of laudanum, and proceeded to inject warm water freely into the bladder. This produced the effect, not only of mechanically distending the cavity, but also of causing the muscular coat to relax;—syringeful after syringeful was thrown in, each making way for the more free introduction of the forceps and the removal of portions of the calculus, until at length, by the alternate use of the syringe and the forceps, the whole was removed. The operation lasted above half an hour.

Some of the fragments were equal in size to a walnut; their aggregate bulk could not be ascertained, owing to their minute division, but they went far towards filling a good sized saucer. The nucleus Mr. Key thought was oxalate of lime, and the laminæ around it the fusible calculus and the triple phosphate.

The patient was put to bed, and ordered to take syrup. papav. ℥ss.

Nine P.M.—He was found in a very comfortable state, free from pain, had slept, urine passed freely by the wound. Pulse 125.

Feb. 17.—He has had a good night, no pain or tenderness, is perfectly cheerful, and has not a single bad symptom.

The case described above was one of great difficulty, and the operation necessarily very tedious; but to meet with such is occasionally the lot of every surgeon of extensive practice. It cannot therefore detract one iota from the well-earned reputation of Mr. Key as a lithotomist; but let the reader reflect what would have been the consequence had this case occurred to Mr. B. Cooper! It will be remembered that he performed the last operation of lithotomy at this hospital; and if it had been his turn to operate in the instance we have just related instead of the former occasion, it would have given apparent confirmation to the libel against him, as no one would have believed that he really had been so unlucky as to meet with two difficult cases in succession. Such is the dangerous power of the press when not under the control of principle.

BOOKS RECEIVED FOR REVIEW.

A New System of Treating the Human Teeth; explaining the Causes which lead to their Decay, and the most approved Methods of preserving them, &c. &c. By J. Patterson Clark, M.A. Dentist.

An Oration delivered before the Medico-Botanical Society, by John Frost, F.R.S. Edin. &c.

A Manual for the Use of Students preparing for Examination at Apothecaries' Hall. By John Steggall, M.D. &c. &c.

Illustrations of the Diseases of the Breast. By Sir Astley Cooper, Bart. F.R.S. &c. &c. In Two Parts. Part I.

LITERARY ANNOUNCEMENTS.

Preparing for Publication, the Study of Medicine. Third Edition. By John Mason Good, M.D. F.R.S. F.R.S.L. Containing all the Author's final Corrections and Improvements; together with much additional modern Information on Physiology, Practice, Pathology, and the Nature of Diseases in general. By Samuel Cooper, Surgeon to the King's Bench and Fleet Prison; Surgeon to the Forces; Author of the Dictionary of Practical Surgery, &c.

Dr. T. Forster has just published, in 8vo. Illustrations of the Atmospherical Origin of Epidemic Disorders of Health, and of its Relation to the Predisponent Constitutional Causes, and of the two-fold Means of Prevention, Mitigation, and Cure, by Change of Air and Diet, Regularity, and Simple Medicines, with Popular Rules for observing Fasting and Abstinence.

NOTICES.

The communications of "Mr. Wallace,"—"Mr. Green,"—"Mr. Spark,"—"Mr. Hingeston,"—"Æsculapius,"—"Chirurgus,"—"A Subscriber,"—and "A Lithotomist," have been received.

If "Chirurgus" will take the trouble to look again at Mr. Darby's case, he will find that 224 ounces of blood were abstracted in seven days; which, divided by 32, gives *seven* as the number of quarts.

We cannot insert the letter of "A Subscriber:" to do so, would only be keeping up a useless controversy, in which he, by writing anonymously, has the advantage.

The note of "A Country Practitioner" shall be attended to.

"J. P." is respectfully informed that we cannot publish cases not verified by the name of the narrator.

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SATURDAY, FEBRUARY 28, 1829.

ON EXTIRPATION OF DISEASED OVARIA.

By Dr. Hopfer, of Biberbach.

The observations in the Medicinisch-Chirurgische Zeitung, for February 1827, on extirpation of diseased ovaria, translated from the English of Lizars, induces me to communicate to the profession the history of three cases in which this operation was performed by the late lamented Dr. Chrysmar, and at which I was present.

Being called, in 1819, to Allgau, as Medical Superintendant in the upper district of Swabia, I there, in the course of my official duties and private practice, became acquainted with Dr Chrysmar, who enjoyed great reputation in all that country, and in the adjacent parts of Austria and Bavaria, as a distinguished operator and practitioner. Previous to my acquaintance with him, he had twice performed the operation of extirpating a diseased ovarium, and in one of these instances with success. To him, therefore, belongs the merit of being the first to perform this important and dangerous operation. Having repeatedly seen him operate with great dexterity, skill, and intrepidity, I was naturally desirous of witnessing the removal of a diseased ovary; and in the course of three years the opportunity of doing so presented itself twice.

Case I.—A peasant's wife, in Leupolz, 47 years of age, came to Wangen to consult me, about her strange condition, as she termed it. At first sight I thought her pregnant; but she quickly undeceived me on this head, and gave the following history. At the age of 21 she married, and in her 23d year bore her first child; to which seven others succeeded in the course of 18 years. Until the sixth, her labours were natural, but this required to be completed with the forceps. In her 41st year she was pregnant for the last time; and although her delivery was easy, yet her recovery was not favourable, as she was confined to bed for five weeks, during which she laboured under a good deal of abdominal irritation. From this time, without any decided pain, she experienced a sensation of uneasiness and dragging in the left hypochondrium. The menses ceased in her 44th year; and her abdomen becoming tumid, this, along with some other symptoms, led her to suspect she was pregnant; but twelve months elapsing, and the feeling of weight, and the distention in the left flank increasing, the idea of pregnancy was banished from her mind.

At the commencement of her 46th year, she was, in appearance, as large as a woman at the full period of her pregnancy. The left side of the abdomen felt hard; and on compression, a solid tumor, of irregular surface, and somewhat moveable, was discovered in this situation; fluctuation was also perceived in the abdominal cavity. She became emaciated, lost her appetite and sleep, had attacks of feverishness towards night, and frequent fits of vomiting. Of the country surgeons and irregular practitioners whom she consulted, one said she was dropsical, another tympanitic, and a third that she was hysterical. Finally, she applied to a physician, who, considering the case as one of extra-uterine fœtation, and, as such, more properly the province of a surgeon, advised her to consult one. She now applied to me, and having re-

cognised a great enlargement of the left ovarium, I proposed that Dr. Chrysmar should be consulted. Accordingly we met; and Dr. Chrysmar having examined the parts, "et per vaginam et per anum" (by which last an irregular tumor, the size of a child's head, was found descending into the pelvis), declared the case to be one of diseased ovary, complicated with ascites.

The prognosis was very unfavourable; but being informed that an operation presented the only, though a very doubtful means of relief, she determined upon submitting to it; which, at the expressed wish of the patient, Dr. C. undertook to perform. On the 16th May, 1819, with a temperature at six degrees Reaumur, the operation was performed in my presence, and that of three surgeons now living. The external incision extended from the ensiform cartilage, passing on the left side of the umbilicus to the pubes. On puncturing the peritoneum, about three inches above the navel, about a gallon of a yellowish green serum was discharged, and received in a vessel. On carrying the incision downwards, the intestine and omentum protruded; and being carefully enveloped in a towel, wrung out of warm water, were supported by an assistant. In this way the operator was enabled to examine the tumor on every side; and to his surprise found it extensively adherent to the descending and transverse arch of the colon, to the great arch of the stomach, and to the inner surface of the peritoneum. These adhesions were separated, partly by the fingers, partly with the handle of the knife; and the peduncle itself, proceeding from the broad ligament of the uterus, divided, and tied with two ligatures. The quantity of blood lost was inconsiderable; and this proceeded from the branches of the epigastric artery, two of which were secured by ligature.

The operation, from the length of time occupied in separating the adhesions, lasted rather more than twenty minutes. The patient bore it well, with the exception of some transitory fits of syncope. In dressing the wound, the ends of the ligatures attached to the peduncle were left hanging out at the lower part of it.

Being placed in bed, the patient soon afterwards fell asleep: this lasted scarcely twenty minutes, when it was interrupted by hiccup. The pulse became frequent, with great anxiety and oppression at stomach, followed by repeated vomiting, of a bitter greenish matter, for three hours. An emulsion of nitre and opium produced no abatement of the symptoms. The hiccup increased, with occasional fits of syncope, under which she seemed to be sinking. The extremities became cold, and the pulse frequent and tremulous: small doses of musk and opium relieved the irritability of stomach, occasioned, no doubt, by the separation of the adhesions of the tumor to its greater curvature; but the patient expired 36 hours after the operation.

The diseased ovarium weighed seven pounds and a half; its surface was irregular and knotty; its section presented in some places a cartilaginous and fibrous texture, with intermediate excavations, filled with a greenish offensive sanies. In other parts the tumor had a lardaceous consistence and colour; and one of the cavities was remarkable in being filled wilh a greyish pultaceous mass, having more indurated, almost osseous portions of various sizes interspersed.

On examining the body, a considerable quantity of a thin puriform fluid escaped from the wound, and a larger quantity of this was found in the cavity of the pelvis. The omentum and intestines, the latter of which were adherent in the vicinity of the wound, were discoloured and covered with a layer of coagulable lymph. The peritoneum, where the ovary had been separated, had a sphacelated appearance. On the great curvature of the stomach, and descending part of the colon, there were a number of reddish and gangrenous spots, over which was exuded a layer of coagulable lymph. The peduncle of the extirpated ovary, and the broad ligament of the uterus below the ligature, and the uterus itself, were healthy. The right ovary was of its natural size.

Case II.—A. B. 38 years of age, was a healthy young woman, and married at the age of 25, and in the course of seven years bore five children. After her confinement with the last but one of these, she was attacked with inflammatory fever, suppression of the lochiæ, and symptoms of metritis. Considerable anxiety was felt for her life; but by proper remedial measures she recovered, (apparently completely), in the course

of six weeks. From this time, however, she was seldom entirely free from a sense of dull pain in the hypochondrium, but which she paid little attention to, more especially as the recurrence of the menstrual discharge was attended with relief; and as, on her again becoming pregnant, it almost entirely disappeared. During her pregnancy, and for a year and a half afterwards, she enjoyed good health; a dull pain in the left side being only felt at the accession of the menstrual periods. About this time, however, she observed that the left side was somewhat larger than the other, and on compressing it firmly a small tumor was felt in the left iliac region. Somewhat uneasy at this, she consulted a physician, who, without entering into any explanation of the nature of her complaint, recommended a visit to some neighbouring sulphureous baths. From a three weeks' employment of these she appeared to derive benefit; the uneasiness in the side ceased; the tumefaction diminished; and the swelling could scarcely be recognized on close examination. She now returned home, but the improvement was of short duration; the menstrual discharge became irregular, not appearing but at intervals of eight or ten weeks; the pains and tumefaction of the side returned, the latter gradually occupying the whole of the abdomen. She lost her appetite and strength; she had frequent attacks of shivering, succeeded by heat; and the general tumefaction of the abdomen and tumor in the left side continued to increase.

In this way two years elapsed without any other means being resorted to but aperients to relieve the bowels. At the end of this time the distention of the belly was very great, with evident fluctuation; the breathing was oppressed, and there was general œdema of the inferior extremities. Professional assistance was resorted to; and under antiphlogistic treatment, combined with the use of mercury, the secretion of urine became augmented; the action of the bowels more regular; the abdomen softer; the swelling in the left side less tense and painful; and she improved likewise in health and spirits. Satisfied with this benefit, she now abandoned the use of medicine, trusting the completion of the cure to nature; but in a short time all the symptoms became aggravated, and the tumor in the left side, with its irregularities, previously only recognizable to the touch, now became visible to the eye.

She now applied to Dr. Chrysmar, who upon a careful examination of the case, informed her that medicine would not avail; adding, that the only possible remedy was by an operation, which he had already executed three times, and once with success; without, however, holding out either to the patient or her friends a promise of success, but rather pointing out its attendant dangers. Undetermined, she returned home, but in a few days wrote to say that she had made up her mind to have the operation performed, and would shortly come to Isny to have it done. Accordingly, in June 1820, it was undertaken, in the presence of Dr. Bannwarth and three neighbouring surgeons. The temperature was between fifteen and eighteen degrees Reaumur.

The patient being placed on a low but firm table, covered with a mattress, and her head properly supported, Dr. Chrysmar made an incision in the course of the linea alba, commencing a little below the ensiform cartilage, and terminating at the pubes. This divided the skin and cellular substance down to the muscles, and another between the recti exposed the peritoneum, which was opened with great caution a little above the navel. The fore-finger of the left hand being introduced into this, the wound was enlarged upwards and downwards, to the extent of that in the integuments. Whilst this was effecting, the intestines protruded, and attempts were at first made to restrain them by the hands of an assistant dipped in oil, or at least until the enlargement of the aperture of the peritoneum was completed, when they protruded so completely that it became necessary to envelop them in a wet warm napkin. Their motions, and the violent pulsations of the abdominal aorta, filled the assisting surgeons with fear and pity; but the undaunted operator proceeded to examine the tumor, which exceeded in size that of a child's head, and was only adherent posteriorly to the pelvis. Being held up by an assistant, Dr. C. carefully separated its adhesions to the peritoneum and entrance of the pelvis, and a double ligature being then thrown round its attachment to the broad liga-

ment, it was completely detached and removed. There was no adhesion to the uterus, which, as well as the right ovary, appeared healthy.

The intestines, which, during this period (about five or six minutes), had been kept carefully covered up, were now returned into the abdomen; the wound carefully united by ligatures—those upon the root of the swelling hanging out at the lower part of it. The operation lasted about a quarter of an hour, and was borne with great firmness by the patient, who was immediately afterwards placed in bed, covered with a light covering, and two table-spoonfuls of an emulsion with nitre given every two hours. As a slight shivering, with hiccup, came on some hours afterwards, five or six drops of laudanum were given at intervals. The diet consisted of barley water, and *eau sucrée* for drink. She had a tolerably good night, and had three hours sleep towards morning. The pulse was soft, and (at midnight it was 100) the skin moist, and the urine not high coloured. In this way three or four days passed over, and with the exception of a slight degree of fever, without any great disturbance of the system. As the hiccup abated, the laudanum was omitted, evacuations from the bowels were procured by means of emollient clysters, and the wound was not dressed until the sixth day. Healthy suppuration took place; the ligatures separated in due time; granulations formed, and the wound healed so quickly, that the patient went home quite well at the end of six weeks.

The tumor weighed eight pounds, had a knotted appearance, and bluish colour, and its section presented a fibrous texture, with cavities containing some matter like honey, others a greenish sour-smelling fluid.

It is to be remarked that this patient subsequently became again pregnant.

Case III.—The subject of this was a single woman, of Scheidech, in Bavaria, 38 years of age, of feeble constitution, small stature, with a hump back and deformed pelvis, which were attributed to rickets in childhood. At the period of puberty she laboured under chlorosis for a year and a half, but at the age of 18 the menses appeared, and continued regular for more than two years. In her twenty-first year she had a nervous fever, and from this time her health became impaired. The menstrual discharge became irregular, the functions of the liver disordered, accompanied with some fulness in the region of that organ, and pain on pressure. The remedial means which were resorted to procured some relief; but in the course of time, in addition, the abdomen generally became swollen, with œdema of the lower extremities: various diuretics were resorted to, but with partial benefit. In her thirty-second year a large irregular tumor, the size of a child's head, was discovered in the left iliac region, which yielded to the pressure of the hand, seemed to float in the surrounding fluid (the patient labouring under ascites). She was now tapped, and two gallons of fluid, of gelatinous consistence and yellowish colour, evacuated with partial and temporary relief.

In 1820 the patient applied to me. On examination of the distended abdomen, I readily distinguished an enlargement of the right lobe of the liver, with fluid collected in the cavity of the peritoneum. The uneven hard tumor in the left side, which was moveable above and behind, but not at its lower part, and about the size of the head of a child of four or five years old, appeared to me a diseased condition of the left ovary, and I therefore advised her to go to Isny, and consult with Dr. Chrysmar.

In a fortnight afterwards Dr. C. wrote me that he had carefully examined this patient, and ascertained that the tumor was a diseased ovary. The operation, he considered, as affording the only chance of cure, but in a subject like this, diseased and deformed from infancy, the issue must be most uncertain; and he added, that if the patient made up her mind to have it done, he would only perform it with the sanction of the Bavarian district physician, Dr. W. of Weiler, and my assistance. We counselled the patient to deliberate carefully, to consult several practitioners on the subject, and if she resolved upon submitting to it, to fix the time herself for its performance.

In three weeks I received a letter from the clergyman of the place, informing me that the patient had determined upon having the operation performed, naming also a day in Au-

gust for it. It was accordingly executed by Dr. Chrysmar, in the presence of Dr. W., myself, and three assistants, the temperature of the apartment being 18 Reaumur.

The external incisions were made in the manner already described. On cutting through the peritoneum about three quarts of fluid of a greenish yellow colour and nauseous smell were evacuated. An assistant kept the protruding intestines aside with a napkin dipped in warm water, in order to afford room to the operator to get at the diseased ovary. This had a bluish appearance, and was covered with varicose vessels. Its only adhesions were towards the projection of the sacrum, and these were divided with the scalpel. The division of the four-inch thick pedicle was effected after the application of a double ligature to it. The wound being carefully closed and dressed, the patient, who was greatly exhausted, was put to bed. Soon afterwards she fell into a state of syncope, which lasted for eight minutes, and this continued to recur at intervals for thirty-six hours, when death, preceded by convulsions, closed the scene.

On examination of the body the larger and small intestines, with the omentum, were found greatly inflamed, and the peritoneum, towards the promontory of the sacrum, was covered with a coating of lymph. A quantity of offensive fluid was found in the pelvis. On the lower part of the colon were several gangrenous spots. The uterus was of the natural size. The right ovary was twice as large as natural. The mesenteric glands were enlarged and indurated. The right lobe of the liver was crowded with tubercles. The extirpated tumor weighed six pounds and a half, and on being divided, presented a lardaceous texture, with numerous fibrous cysts filled with a brownish stuff, like size. Probably the long duration of the disease, with the morbid state of the liver, and the debilitated condition of the patient, contributed to the rapidly unfavourable issue of the operation in this case, which in other respects was not attended with any extraordinary occurrences.

Gräefe and Walther's Journal.

AN ACCOUNT

OF A

CASE OF OSTEO-SARCOMA OF THE LEFT CLAVICLE,

In which Exsection of that Bone was successfully performed.

By Valentine Mott, M.D.

Professor of Surgery in Rutger's College, New York*.

William B. Yates, of Charleston, S. C. aged 19 years, of a plethoric habit, consulted me on the 26th of May last, respecting a tumor situated on the left clavicle.

He stated that on or about the 1st of Feb. 1828, he discovered a small tumor, as large as a pigeon's egg, very hard and immoveable, in the left clavicle; no pain whatever attended it, and the skin was of its natural colour. He can assign no cause to which it can be attributed; he had always enjoyed good health; he recollects, however, having sprained his arm a short time before he first observed the tumor, but does not ascribe it to that, as it might have existed previous to the accident, and unknown to him.

On examination, a conical tumor, about four inches in diameter at its base, and of an incompressible hardness, was found on the anterior portion of the clavicle, to which it was firmly attached; the apex of the tumor was covered with luxuriant fungous granulations, from which profuse bleedings from time to time took place. The rapid increase of the disease led him to request that some operation should be attempted, as he preferred to submit to a new and uncertain operation, rather than perish with the terrible disease that now threatened his existence.

On the 17th of June, between eleven and twelve o'clock A.M. he was placed upon a table, with his shoulders a little elevated, inclining to the left side. Assisted by Dr. Barrow, Dr. Proudfoot, and Dr. A. E. Hosack, in the presence of Drs. Hull, Storer, Leveridge, Pratt,

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* In our number for September 6th we inserted an original notice of this tremendous operation in a letter from Dr. Mott. We now lay before our readers the details of the case, condensed from the American Journal of the Medical Sciences.—Ed. G.

and a number of my pupils, the following operation was performed:—

An incision was commenced over the articulation of the clavicle, with the sternum, and carried, in a semicircular direction, as close to the fungous projections as the sound integuments would admit of, until it terminated on the top of the shoulder, near the junction of the clavicle with the acromium process of the scapula. This incision exposed the fibres of the pectoralis major, which was divided as near the tumor as possible; in accomplishing this, as well as the first incision, arteries sprung in every direction, and required ligatures. A number of large branches of veins under this muscle emitted blood freely, and required to be tied.

In conducting the incision through the pectoral muscle, towards the scapular extremity of the clavicle, care was taken to avoid the cephalic vein, as it passes between this and the deltoid muscle. A small portion of the latter muscle was detached from the clavicle, which readily allowed the vein to be drawn outward towards the shoulder.

On attempting to pass the fore-finger under the vein and deltoid to the lower edge of the clavicle, it was found impracticable, as the hard osseous part of the tumor extended beyond this point, and was completely in contact with the coracoid process of the scapula.

Finding it impossible, from the size of the tumor, and its proximity to the coracoid process, to get under the clavicle in this direction, an incision was made from the outer edge of the external jugular vein, over the tumor, to the top of the shoulder. After dividing the skin, platysma myoides, and a portion of the trapezius muscle, a sound part of the clavicle was laid bare at a point nearer the acromion than a line with the coracoid process; a steel director, very much curved, was now cautiously passed under the bone from above, which, from the firm bony state of the tumor at this part, had a considerable obliquity outwards. Great care was taken to keep the instrument in close contact with the under surface of the bone. The depth of the bone from the surface rendered it somewhat difficult to accomplish this safely. An eyed-probe, similarly curved, conveyed along the groove of the director a chain saw, which, when moved a little, showed that nothing intervened between it and the bone; the clavicle was then readily sawed through.

The dissection was now continued along the under surface of the tumor, below the pectoralis major; here a number of very large arteries and veins required tying. The first rib being next exposed under the sternal extremity of the clavicle, the costo-clavicular, or rhomboid ligament, was divided, and the joint opened from the lower part. This gave considerable mobility to the diseased mass, and encouraged us to believe that its complete removal would be practicable.

By means of a double hook and elevator, with the assistance of our strong and very broad spatulas, properly curved, we were enabled to elevate a little the sawed end of the clavicle. After loosening the parts about it, by keeping close to the tumor, we wished to discover the subclavis muscle, as it is inserted in the bone about this situation; but it could not be seen, as it was incorporated with the diseased mass. Had this muscle been found, the separation of the tumor would have been much less difficult and tedious, as by keeping above it, the subclavian vein is of course protected. The origin of this muscle, from the cartilage of the first rib, was seen and divided, but it was almost immediately obliterated in the tumor.

Continuing the removal of the tumor at the upper and outer part, the omo-hyoideus was found lying under it, which we exposed from where it passes under the mastoid muscle, to near its origin from the superior costa of the scapula. In separating the tumor from the cellular and fatty structure, between the omo-hyoid muscle and the subclavian vessels, a number of large arteries were divided, which bled freely, and particularly a large branch from the inferior thyroidal.

The anterior part of the upper incision was now made from the sternal end of the clavicle, and carried over the tumor, until it met the other at the external jugular vein. After cutting through the platysma myoides, this vein was carefully separated from the surrounding parts, and two fine ligatures passed beneath it, and tied a short distance from each other; the vein was then cut between the ligatures.

The clavicular part of the sterno-

cleido-mastoideus was next divided, about three inches above the clavicle, in the direction of this incision. The deep-seated fascia of the neck being now exposed, the mastoid muscle, and the diseased mass, were very cautiously separated from it, until the anterior scalenus was exposed.

The subclavian vein, from the edge of the scalenus anticus to the coracoid process, was so firmly adherent to the tumor, as to lead me at one moment to believe that the coats of the vein were so intimately involved in the diseased structure, as to render the complete removal of the morbid part utterly impracticable. By the most cautious proceeding, however, alternately with the handle and blade of the knife, we finally succeeded in detaching the tumor, without the least injury to the vein. This part of the operation was attended with peculiar danger and difficulty. At every cut either an artery or vein would spring, and deluge the parts until secured by ligatures. Besides several large veins, the external jugular was so situated in the midst of the bony mass, as to require two more ligatures in this place, near to the subclavian, and it was again divided in the interspace. Near the sternal end of the clavicle, a large artery and vein required tying: they were considered as branches of the inferior thyroidal artery and vein.

From having cut through the clavicular portion of the mastoideus muscle, obliquely upwards and outwards a little above the tumor, we were enabled, by turning this down, and keeping close to the fascia profunda, to detach the tumor from over the situation of the thoracic duct and junction of the internal jugular and left subclavian, without the least injury to these important parts.

To reach the lower part of the tumor as it extended upon the thorax, it was necessary to separate the pectoralis major in a line with the fourth rib, and to make a transverse incision two inches in length through the integuments and muscle at about its centre. The incision upon the neck extended from the sterno-clavicular junction, in a semicircular direction, to within an inch of the thyroid cartilage and base of the lower jaw, and two inches from the lobe of the ear, and terminated near the junction of the clavicle and scapula.

The fungous and bleeding character of the apex of the tumor implied that it was freely supplied with vessels. The discharge of blood was so free at every step of the operation, that about *forty ligatures* were applied. It was estimated that the patient lost from sixteen to twenty ounces of blood.

All the parts now presenting a healthy appearance, the ligatures were cut close to the knots, and the cavity of the wound filled with lint. Long strips of adhesive plaister were applied, to prevent the edges of this extensive wound from further retracting; a light compress, a single-headed roller loosely applied round the chest and shoulders, completed the dressing.

He was placed in bed upon his back, inclining a little to the right side, with the head considerably elevated, whilst the left shoulder and arm were supported by a pillow.

Two of my pupils remained in the room with him night and day for the first week. To their unwearied attentions I am indebted for the following report of his symptoms:—

June 17th, 1828, 7 o'clock, P.M.—Feels comfortable, except being nauseated by the wine and water given him during the operation, which he says generally produces this effect upon him. Some re-action is indicated. Between 7 and 8 P.M. took two cups of gruel, and has since vomited a little. 9, P.M. pulse 110; skin moist and cool. He feels tolerably comfortable, and is much gratified that the operation has been performed. Took a little mint tea, which was grateful to him. 12, P.M. has had a short repose; drank some mint tea, and feels quite comfortable; pulse 128; thirst considerable.

June 18th.—3, A.M. has had a comfortable sleep, during which there was considerable hæmorrhage from the wound; pulse 120, hard and full. 8, A.M. took a cup of tea, ate a piece of toast, with a few strawberries; feels better than previous to the operation; pulse 124. 12, P.M. has slept during two hours, and is now in a comfortable sleep; pulse 130; skin moist and warm.

June 22d, 9 A.M.—Has had small evacuations from the bowels; slept well and comfortably; pulse 108; the dressings were removed, except a small pledget of lint at the bottom of the wound, over which an emollient poultice was applied.

June 26th, 9 A.M.—Pulse 95; slept well during the night; patient expressed

a desire to eat; gave him some chicken broth.

June 28th, 9 A.M.—Took some strawberries, toast and tea; takes ℥viij. of the infusion of cinchona through the day.

July 2d.—Permitted him to eat meat; pulse natural; wound continues to fill up rapidly with healthy granulations; continues to take the cinchona ℥viij. per diem.

July 4th.—Wound has a healthy appearance, cicatrization has commenced; seven ligatures were removed; dressed it with lint, over which a compress was applied.

July 14th.—The ligatures remaining are very few; wound contracted astonishingly; nearly filled with very florid and healthy granulations. Walked down stairs to dinner yesterday and to-day without the slightest inconvenience.

He continued to improve in general health, and the wound gradually filled up, until the middle of August, when he left the city on an excursion of pleasure to the springs at Saratoga. He returned in September in better health than he had ever enjoyed.

The tumor is about the size of a man's doubled fists, or of a circumference just to allow me to grasp it with my fingers fully extended. It consists of a bony cup, incompressibly hard at all parts, except superiorly and inferiorly to a small extent. From an opening of an elliptical shape at the upper part, protruded a bleeding fungus of the size and shape of half a hen's egg. At the under surface, as it lay upon the great subclavian vessels, the bony character is less manifest; the structure about the centre particularly appearing to be cartilaginous or semi-osseous. This bony enlargement occupies the clavicle from the sternal articulation to within half an inch perhaps of the acromial extremity. From the motion which can be given to each end of the clavicle, the natural structure of the bone seems to be entirely destroyed.

This operation far surpassed in tediousness, difficulty, and danger, any thing which I have ever witnessed or performed. It is impossible for any description which we are capable of giving, to convey an accurate idea of its formidable nature. The attachment of the morbid mass to the important structure of the neck and shoulder of *the left side*, and to so great an extent, is sufficient to indicate its magnitude and difficulty.

The extensive nature of this operation led us to take the precaution of securing the external jugular with a double ligature, and dividing it between them. Though in operating upon the neck we have several times cut these veins without any unpleasant consequences, we however think we have witnessed almost fatal effects from the division of a large vein, and the admission of air into the circulation.

The case of Baron Dupuytren's, in which a young woman suddenly died under an operation, from the division of a large vein in the neck, whilst he was engaged in removing a tumor, contributed with my own experience to make me take the precaution of previously tying the vein in this operation.

In an attempt which I made to remove the parotid gland in an enlarged and scirrhous state, the facial vein, where it passes over the base of the lower jaw, was opened in dissecting the integuments from the tumor, in the early stage of the operation, before a single artery was tied. At the instant this vessel was opened, the attention of all present was arrested by the gurgling noise of air passing into some small opening. The breathing of the patient immediately became difficult and laborious, the heart beat violently and irregularly, his features were distorted, and convulsions of the whole body soon followed to so great an extent as to make it impossible to keep him on the table. He lay upon the floor in this condition for near half an hour, as all supposed in *articulo mortis*. As the convulsions gradually left him, his mouth was permanently distorted, and complete hemiplegia was found to have ensued. An hour and more elapsed before he could articulate, and it was nearly a whole day before he recovered the use of his arm and leg. From a belief that these effects arose from the admission of air into the blood-vessels, which was not doubted by any person present, I instantly called to mind a set of experiments which I made some twenty years since upon dogs, by blowing air into the circulation, by inserting a blow-pipe into a large superficial vein upon the thigh, and was forcibly struck with the similarity of result.

To the extraordinary composure of mind which our patient manifested, is

to be attributed in a great measure his undisturbed and speedy recovery. No adverse symptoms of a general or local nature took place to interrupt the process of granulation in the wound. The immense chasm which was left, and such important parts as have been described, only covered with lint, necessarily occasioned me great solicitude, until I saw suppuration fully established, and the great vessels covered by granulations.

No difficulty attended keeping his shoulder in a proper position by the use of the common apparatus for fractured clavicle. With this he walked about without any inconvenience, after four weeks elapsed, and two months from the time of the operation he was able to discontinue the sling; and by means of an apparatus contrived by Mr. James Kent, a most ingenious and inventive artist, to supply the want of clavicle, he was so fitted as to have his shoulder in its proper position, at the same time that the full motion of his arm was preserved.

New York, Sept. 24, 1828,
25, Park-Place.

HISTORY
OF A
CASE OF INFLAMMATION OF THE LEFT SPERMATIC VEIN, AND SINUSES OF THE UTERUS,
With the Appearances on Dissection.

By Robert Lee, M.D. &c.
Physician to the British Lying-in-Hospital.

Sept. 21st, 1827.—Mrs. Somerville, æt. 40, was delivered of her seventh child on the 18th inst., after a natural labour of three hours duration. Yesterday afternoon she was attacked with a severe rigor, which was speedily followed by acute pain in the hypogastrium and loins, suppression of the lochia, nausea, urgent thirst, and increased heat of skin. In the evening she was delirious, and slightly comatose.

She is now roused with difficulty, and makes no complaint but of pain in the left iliac region. The abdomen is unusually distended, but neither hard nor tense, and pressure produces no uneasiness except between the left ileum and umbilicus. The uterus can still be felt, above the brim of the pelvis, large and hard, and very painful on pressure. The milk and lochial discharge are suppressed. The countenance is pale and anxious; respiration hurried; pulse 130, weak and intermitting; tongue white and moist; bowels have been opened by castor oil.

A vein was opened in the arm, but only ℥x. of blood could be procured. Twenty leeches were applied to the hypogastrium, and calomel and antimonial powder were administered every four hours.

During the 22d the stupor continued to increase, the abdomen was much more distended and painful, the respiration more hurried and laborious, and the pulse extremely quick, feeble, and intermitting. She became completely comatose in the evening, and died on the morning of the 23d.

Dissection. — The intestines were slightly distended with gas, but there was no trace of inflammation on any part of their peritoneal surface, and no fluid effused into the sac of the peritoneum. On turning aside the intestines, the left spermatic vein, from the uterus to its junction with the left emulgent vein, was seen distended to nearly the size of the vena cava itself. The cellular membrane surrounding it was highly vascular, and adhered closely to its external coat. On laying open the vein, a dark coloured, firm coagulum of blood filled it throughout its whole course, but did not adhere to its internal surface, except near its termination, where it was lined with a layer of lymph. The coats of the vein were thicker and firmer than usual, and the internal membrane was of a bright scarlet colour, as was that lining the veins of the uterus, near the fundus on the left side, the part to which the placenta had been attached. The substance of the uterus in this situation was of a dark livid colour, remarkably soft in its texture, and easily torn with the fingers. The corresponding ovary and fallopian tube were also very soft, and of a dark red colour, and shreds of coagulable lymph adhered loosely to their surface. The left renal vein was in the same state as the spermatic, and the substance of the left kidney was soft and vascular. In other respects the abdominal viscera were in a healthy state, and nothing un-

usual was perceived in those of the thorax. The brain was not examined.

The preceding case, with four others of a similarly malignant character, came under my observation in the two last weeks of September, 1827. As all the individuals so attacked had been attended during labour by the same midwife, and as no example of any febrile or inflammatory complaint of a serious nature occurred among the other patients of the extensive institution under my charge, during the period above mentioned, I was led to conclude that the disease was propagated by contagion.

Inflammation of the veins of the uterus, after parturition, has been described by several pathologists*; but the circumstance of the inflammation extending along the continuous membrane of these and the spermatic and renal veins, to the vena cava, has scarcely been noticed†, although it would not appear to be an uncommon occurrence. Dr. D. Davis possesses a preparation, exhibiting the left spermatic and renal veins obstructed with coagulable lymph, which he informed me was taken from a patient who died of puerperal fever a few days after delivery.

Dr. Carsewell, to whom I mentioned the case of Mrs. Somerville, recollects having seen in Paris similar examples of inflammation of the spermatic veins in patients who had fallen victims to puerperal peritonitis. He informed me also, that he had occasionally found in the spermatic veins of females advanced in life, concretions and disorganizations of various kinds, obviously the products of inflammation at some remote antecedent periods.

1st October, 1828.

The preceding case of inflammation of the uterine and spermatic veins was communicated by Dr. Lee to Mr. Arnott, and was read before the Medico-Chirurgical Society in October last, along with Mr. A.'s valuable paper on the remote consequences of inflamed veins.

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* Dr. J. Clarke's Practical Essays on Pregnancy, &c. pages 63, 72.

† Mr. Wilson, in the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, vol. iii. page 65.

RESTORATION OF THE URETHRA.

To the Editor of the London Medical Gazette.

SIR,

IF, in your opinion, the subjoined case has not lost its interest by the length of time that has elapsed, I shall be obliged by its insertion in your valuable columns, as it bears much analogy to two cases in your number of the 16th Jan. from Mr. Mayo,

Your obedient servant,

J. GREEN.

40, Great Marlborough Street.

In 1813 I was sent for to the assistance of a medical friend, in the neighbourhood of Colebrookdale, whose patient, a boy, aged about 11, had fallen down a coal-pit, upwards of 30 fathoms deep. His fall had been broken by his catching at the descending rope as he fell, but he came with great force with his legs astride the iron handle of the basket* at the bottom of the pit. When I saw the boy, two days had intervened from the time of the accident: he was then in a high state of fever; there was great distention and extreme tenderness of the belly, and he had not been able to pass any urine. The perineum was much swollen, inflamed, and extremely painful. He had been bled, and this operation was now repeated to the extent of 16 ounces. I immediately made an incision in the linea alba, midway between the umbilicus and pubes, and pushed forward a trochar into the bladder. The urine immediately flowed, and previous to its evacuation I introduced through the cannula a flexible œsophagus tube, to ensure a constant draining from the bladder. Fomentations and poultices were kept constantly applied to the perineum, and some purgative medicines were given. The boy was left comparatively comfortable, every care was taken of him, but the inflammation of the perineum increased, and terminated in gangrene, which ultimately sloughed off.

During this process the flexible tube was by accident withdrawn; it was, however, reintroduced, but not without some difficulty: although it became ex-

* The term given to the wooden machine by which the coals are sent up the pit, one of which is usually at the top unloading, whilst the other is being filled at the bottom.

ceedingly flaccid, it answered the purpose of a constant drain for the urine very well. The introduction of a catheter *per urethram*, or the administration of a clyster, previous to the sloughing, had been quite precluded by the state of the parts. On the slough coming away, an immense gap was the consequence, for with it the whole of the scrotum, great part of the perineum, corpora spongiosa, and nearly three inches of the urethra, were separated, together with a portion of the prostate. The testicles were left hanging bare, while the vesical opening of the urethra, the remaining portion of the prostate, the ureters, the fundus of the bladder, and about four inches of the anterior portion of the rectum, were exposed, and but little of the anterior part of the sphincter ani was left. Here was a fine opportunity of attempting to establish a reproduction of the urethra, as suggested by Charles Bell. The boy was young, and in excellent health, save the effects of the accident. As soon as the parts were a little clean, a catheter was introduced at the glans penis, and carried forwards, and again introduced into the vesical portion of the urethra in the prostate (from which the urine could be seen issuing) into the bladder. The flexible tube in the abdomen was now withdrawn, and considerable hopes of the boy's recovery were entertained. This immense hollow rapidly became filled with granulations, which gradually spread over the catheter, which being frequently a little withdrawn, turned, and replaced, an artificial passage was soon established. After this, nothing more than general means were resorted to, or required, as the patient continued to go on improving, and got well much sooner than could have been reasonably anticipated, from the great destruction of parts. I knew him for several years afterwards well in bodily health: he had no venereal power, little or no influence in restraining his urine, and but little control over his feculent evacuations.

PAINFUL SUBCUTANEOUS TUMOR.

To the Editor of the London Medical Gazette.

Sir,

As no case similar to the following is yet recorded in the pages of the Gazette, perhaps you may deem it worthy of insertion.

Sarah Simms, aged 36, admitted into the North Staffordshire Infirmary, October 21, 1828: is a strong hearty woman, in good health, but complains of a small tumor in the back of the thigh, which has existed from her childhood, but attracted no particular attention till within the last six or seven years, about which period it became (without any apparent cause) slightly enlarged, and occasionally painful; the latter symptom progressively increasing in severity, frequency, and duration, to the present time, when it is absolutely insupportable. The tumor, which is situated near the inner edge of the semitendinosus, is visible enough, though rather deeply embedded in the subjacent adipose tissue: it is moveable, and evidently encysted, but in no respect remarkable, except as the seat of such acute and protracted pain. There is no discoloration of the surrounding skin, though the patient declares it occasionally looks "sanguine," or of rather a blue appearance; but it is exquisitely tender, and especially so after the pain has been more than usually severe, when the slightest touch from her clothes, or even a current of air assailing it, gives perfect torture. The pain is described as an obscure but intense aching, commencing in, and for the most part confined to, the structure of the morbid growth, yet sometimes accompanied by acute dartings into the leg and thigh. She has commonly three or four attacks of pain daily, varying in intensity, and lasting from one to four hours; the paroxysm being at its height about an hour from its commencement, when she describes her sufferings as of the most agonizing kind. She declares "she knows what pain is," (and as she has brought forth three children, and suffered two attacks of rheumatic fever, besides participating a full share of the other "ills that flesh is heir to," I presume we may take her word for the fact,) but that all her former pains, individually or indeed collectively, amount not to a fraction of her unceasing torment from this tumor.

She expressed her readiness to undergo any thing that might be recommended, and as the scalpel appeared so obvious and efficacious a remedy, I had no hesitation in urging its speedy application, and the following morning the

tumor was extirpated. It was found of the size of a small marble, closely enveloped by a thin capsule of cellular membrane; it had a white appearance, and a firm though slightly elastic texture, with an attachment at both its superior and inferior part to a white cord-like substance of the thickness of packthread, evidently a nervous filament; which substance, I conceive, composes the structure of the whole tumor. The patient experienced an immediate and permanent cessation of pain, and was discharged in a few days, the wound healing by the first intention.

JAMES SPARK.

Newcastle, Staffordshire,
Feb. 10, 1829.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Illustrations of the Diseases of the Breast; by Sir ASTLEY COOPER, Bart. F.R.S. Serjeant Surgeon to His Majesty; Consulting Surgeon of Guy's Hospital; Lecturer on Anatomy and Surgery, &c. &c. &c. In Two Parts. Part I. London. Longman & Co. 1829.

THIS work is divided into two parts, the first treating of diseases which are not malignant, the second of those which are. The former only has yet appeared.

Sir Astley begins by some observations on the advantages of examining morbid structures in facilitating both the diagnosis and treatment of disease. The complaints affecting the female breast are numerous, and apt to be confounded, by the uninformed surgeon, under the general name of cancer, whereas some are merely the effect of acute inflammation, others of chronic; some "are chronic, accompanied by specific action," and yet others are "specific and malignant." The great importance to the patient, as well as to the surgeon, that he should be able to distinguish these, is too obvious to require illustration.

The diseases of the female breast are divided by Sir Astley Cooper into three classes:

1. Those which are the product of common inflammation, either acute or chronic.
2. Those arising from peculiar or specific action, but which are not malignant, nor contaminating other structures.
3. Those which are malignant and specific in their local actions, and also connected with a peculiar and unhealthy state of the general system.

The author defines his meaning by the term malignant to be "a local diseased action, which not only affects the parts in which it is originally situated, but contaminates those in its neighbourhood: it is produced by a morbid state of constitution, and is frequently accompanied by similar disease in other, and even remote parts of the body."

To the first of these divisions belong the milk abscess and indolent abscess from chronic inflammation, and also the lacteal tumor, in which the inflammation produces obstruction in one of the lactiferous tubes, causing a milky swelling. To the second class belong hydatids, the chronic mammary tumor, the ossific, the adipose, large and pendulous breast, the scrofulous, the irritable breast, and ecchymosis. To the third class belong the scirrhous and fungous tubercle.

Effects of Common Inflammation.—Acute inflammation of the breast differs little from the same action in any other part: it is adhesive in the first stage, suppurative in the second, and ulcerative in the third. The dense membrane in which the gland is enveloped, by preventing ready distention, renders this disease one of very acute suffering. The process of suppuration, and the formation of a natural opening, requires from ten days to three weeks. The principal cause of this affection is the determination of blood which takes place to the bosom when the infant is applied with it; to which may be added, the frequent exposure of the part, and the exertions of the child in sucking. Another circumstance producing it is, delaying to put the child to the breast soon enough after birth, by which the bosom is allowed to remain too long distended.

A lotion of one ounce spirit of wine to four of water, or of liq. plumbi dilutus, to the part, and purging, are recommended in the first instance, but if suppuration come on, fomentations and poultices are to be used precisely as

in other phlegmonous inflammations. Opium, with liq. acet. ammoniæ, may be administered if the pain be very acute. To the question whether the abscess ought to be opened, Sir Astley gives the following reply: — "If the abscess be quick in its progress, if it be placed on the anterior surface of the breast, and if the sufferings which it occasions are not excessively severe, it is best to leave them to their natural course, rather than to employ the lancet for the discharge of the matter." But if, on the contrary, the abscess in its commencement be very deeply placed —if its progress be tedious—if the local sufferings be excessively severe—if there be a high degree of irritative fever, and the patient suffer from profuse perspiration, and want of rest, much time is saved, and a great diminution of suffering produced, by discharging the matter by the lancet.

"Still it is wrong to penetrate with the lancet through a thick covering of the abscess, as the opening does not succeed in establishing a free discharge of matter; for the aperture closes by adhesion, the accumulation of matter proceeds, and ulceration will still continue: on this account, the opening should be made where the matter is most superficial, and the fluctuation is distinct, and it should be in size proportioned to its depth."

A considerable degree of induration sometimes remains after these abscesses, and as morbid action will occasionally spring up at a distant period in the swelling, it is desirable to dissipate it as speedily as possible; for which purpose the author recommends the emplast. ammoniaci, c. hydrarg. or rubbing the part with the ointment of iodine. The child, as a general rule, ought to be kept at the breast as long as the mother's sufferings will admit of it, and after this the milk be drawn off by the patient herself through a glass tube. The pump bruises the breast, and ought not to be used.

The author thinks "the best application to the sore nipple is a solution of borax in water," and that washing with strong brine before delivery will frequently prevent the parts from afterwards becoming irritated.

Sometimes an abscess is very slowly formed, without constitutional symptoms, and without redness or pain of the part, owing to which circumstances its nature is apt to be mistaken. In some instances these have been looked upon as malignant tumors, requiring extirpation, and our author has seen the operation begun, and in its progress the knife accidentally enter the abscess, by which its nature was discovered. In the treatment of such cases, Plummer's pill at night, with bark and soda, or infusion of gentian with soda and rhubarb during the day, are recommended, and the plaister before mentioned, or a solution of muriate of ammonia, locally. When suppuration is established, the abscess is to be opened and poulticed, while the system is supported by generous diet and tonics.

Lacteal or Lactiferous Swelling.—In this the patient applies with a swelling of the breast, unpreceded by symptoms of abscess, but which distinctly fluctuates, and is accompanied by sense of great distention, especially when the child begins to suck. The swelling is confined to one portion of the breast, viz. from the nipple towards the circumference. The cutaneous veins are enlarged, but the surface is not discoloured. If it be punctured, milk is discharged. The treatment recommended is weaning the child, in which case a simple puncture suffices for the cure. But if the child be not weaned a large opening must be made, and the milk allowed to escape, until the secretion ceases. The disease resembles ranula, except in the fluid secreted.

Hydatid disease of the Breast.—There are four species of this disease, one only of which is malignant.

The first species consists of simple bags, containing serous fluid. The breast swells gradually, and sometimes to a great extent, with little or no pain, and this goes on for months, and even years. At first the breast feels solid, as in simple chronic enlargement, but at length fluctuation is discovered at one point, and after this the swelling increases more rapidly, the fluctuation soon being perceived in several situations. In time ulceration takes place at one point, and a watery fluid is discharged; after which the aperture heals, and the fluid does not re-accumulate for a long time. There is very little general or local suffering, and it is only from the idea of it being, or becoming, a cancer, that females would think of submitting to an operation.

The glands in the axilla remain entirely unaffected, or if any one has swollen, it subsides when the tumor is removed.

When the tumor is examined, the following are the appearances:—"The interstices of the glandular structure itself, and the tendinous and cellular tissue connecting it, are in a great measure filled with fibrous matter, poured out by a peculiar species of chronic inflammation; but in some of the interstices a bag is formed, into which a serous or glary, or sometimes a mucous fluid is secreted, according to the degree of inflammation attending it; and this fluid, from its viscidity, and from the solid effusion which surrounds it, as well as from the cyst being a perfect bag, cannot escape into the surrounding tissues; but by its quantity, its pressure, and by the gradual yielding of the bag, it becomes of very considerable size; and vast numbers of these cysts are found to occupy each part of the breast, producing and supporting a continued but slow irritation, and occasioning an effusion of fibrous matter, by which the breast forms an immense tumor, consisting of solid and fluid matter. Within these bags of fluid, hydatids, hanging by small stalks, but some, which from their appearance I supposed to be simple cells before I opened them, instead of being entirely hollow, had a cellular tissue within them, in which a fluid was collected; which, although it produced the appearance of cells, or hydatids, on the outside, within assumed the character of anasarcous swellings." The size of these cells varies from that of a pin's head to a musket-ball.

In this disease no local applications are of use, and no constitutional treatment is required: but when the tumor becomes of an inconvenient size, it must be removed. Sometimes, if there be only one bag, it may be punctured, as in several of the cases related by our author. This was done without it filling again.

In a case particularly described, the breast was enlarged and hardened by the effusion of lymph: it contained several bags of serum, in each of which there hung a cluster of little bodies, like polypi, supported by a small stalk.

The third species of hydatid is globular, producing within it a multitude of bags similar to itself. This is the kind of hydatid most frequently met with in the liver. Sir Astley regards them as distinct animals. The diagnosis of this form of the disease is stated to be "its central fluctuation, its solid circumference, and the absence of tenderness upon pressure." The treatment consists in making an incision into the bag, emptying it, and applying a poultice. If it re-accumulates, a seton may be passed through it. The disease is free from danger.

Chronic mammary tumor generally occurs in females between the ages of 17 and 30, though our author has, in rare instances, met with it at a later period. The constitution of the individual is generally healthy, and it appears to result from a "sympathetic influence of the uterus."

This swelling grows from the surface of the breast rather than its interior: it is very moveable, accompanied with little pain, and is not generally tender to the touch. It grows slowly, and seldom exceeds from one to four ounces in weight: it has, however, been known to attain the weight of a pound, or even more. It has nothing malignant in its nature. Upon minute examination it is found to be lobulated, and, on dissection, exhibits a bag of the same kind of fibro-tendinous structure as that which envelops the heart; and by maceration conveys the idea of an additional quantity of mammary gland having been formed, but without lactiferous ducts.

The treatment consists in attending to the secretions, especially the menstrual; and where they are irregular or deficient, promoting them by alteratives, purgatives, steel, &c. Locally, the emplast. ammoniac. c. hydr. and the iodine ointment, are advised, unless there be heat or pain in the swelling, in which case, evaporating lotions and poultices are to be preferred.

These swellings, however, are little under the control of surgical remedies. They are both formed and dispersed very slowly, and when this last takes place, it is generally "from the cessation of that uterine excitement by which they have been produced." The attendant, however, is warranted in relieving the mind of his patient by assuring her that the disease is not malignant nor dangerous to life; that it does not absolutely require operation, but that, if she be determined to have it removed, the removal is very simple and the disease not liable to return. Single wo-

men (says our author) who have this species of tumor, enquire of the surgeon if they may marry; and my reply to this query is, that the swelling, so far from forbidding marriage, seldom fails to disappear under the first pregnancy, and the suckling which succeeds it. But it is right that the future husband be informed of the complaint, and then he will be anxious that an opinion should be had on the subject. I knew a lady who had one of these swellings, and who was engaged to be married, and she candidly told her future husband of her misfortune. A surgeon was consulted, who said—"Marriage will be your best cure; the tumor will not resist pregnancy, and the process of nursing the child at your bosom:" and so it happened, for the tumor disappeared, not in the pregnancy, but in the suckling.

Cartilaginous and Ossific Tumor.—In some forms of inflammation of the breast, gelatine may be effused; and this becoming vascular, assumes the appearance of cartilage, which it still farther resembles by becoming the nidus of bony deposit. In the only case of this kind detailed, the pain was very severe, and there was great heat of the part. The tumor was excessively hard, and resisted every means attempted for its dispersion. After its removal, the larger portion was found to be cartilage, and the remainder bone.

Adipose Tumor.—Sir Astley Cooper has twice removed tumors of this nature: one of them was thirty-two inches in circumference and ten inches and a half in length, weighing 14 pounds 10 ounces.

Large Pendulous Breast.—This is well described in a letter from Mr. Jones, of Haverfordwest, to the author:—

"I am induced to request your advice in the case of Miss ——, who about three years ago was first affected with an enlargement of the left mamma, which continued increasing; and the right breast then began also to enlarge, until they attained their present dimensions. She is now fifteen years of age, and of good general health: the catamenia appeared about twelve months ago. I was requested to see her last winter, in company with Mr. Gregory, of Milford, and she has taken various emenagogue medicines and gentle laxatives; and she was enjoined regular exercise and sea-bathing. The catamenia returned at three or four regular intervals, at which time the mammæ considerably decreased in size; but since May last, the periods have been very distant, and the discharge is very small in quantity.

"The mammæ are now of extraordinary dimensions. The circumference of the left is twenty-three inches and a half, that of the right is twenty-two inches, and they are pendant like a pear, as the neck is comparatively narrow. I cannot perceive any tumor, either in the breast or in the axilla. The skin feels and appears to be natural. Her appetite is good, and the bowels are kept regular by occasional doses of neutral salts. She suffers no pain whatever in either mamma, but she does not appear so lively as girls of her age, but indeed, on the contrary, is heavy and dull. In other respects there is nothing peculiar in this young lady's case."

This kind of case requires a suspensory bandage, and the exhibition of medicines calculated to promote menstruation, such as steel and aloes.

Scrofulous Swellings.—These sometimes, though rarely, form in young women who have enlargement of the cervical glands. In most cases, the disease is confined to a single tumor in one breast. They are unattended with pain, circumscribed, very smooth, indolent, and varying with the state of the constitution—that is, they diminish as it improves, and *vice versâ*. They are unattended with danger, do not require operation, and are best treated with the general remedies employed in scrofula.

Irritable Tumor.—The breast sometimes forms an irritable tumor without any distinct swelling, but one or more lobes of the glandular structure becomes exquisitely painful. If handled, the pain will continue for hours, and sometimes extends to the shoulder, axilla, and even down to the fingers. It also affects the side of the body, extending to the hip. There is sometimes an alternation of heat and cold in the part, and at others the pain resembles neuralgia. Sometimes only a small part of the breast suffers, sometimes the whole, and occasionally both are affected. The disease may last for months, or years, but has no tendency to become malignant. Besides this irritable state of the whole or a certain

portion of the breast, a tumor sometimes of circumscribed nature is found, having the general characters above described.

"Upon dissection, they are found to be composed of a solid and semi-transparent substance, with fibres interwoven in it, but without any regular distribution; and I have not been able to trace any large filament of a nerve into them. They seem to be productions of the cellular membrane of the part, rather than of the glandular structure; and they are therefore met with in the cellular membrane of other parts of the body, accompanied with similar painful sensations."

The exquisite tenderness to the slightest touch, and the pain succeeding examination, distinguish this tumor from every other.

The treatment consists in lessening irritability generally, and blunting local sensation, while attention is paid to the menstruation. The first indication is fulfilled by means of calomel and opium, or conium, with occasional laxatives; after which the author recommends the following pill twice or three times a day.

℞ Extracti Conii,
Papaveris, a. a. gr. ij.
Stramonii, e. Sem. gr. ss.
M. fiat Pilula.

Locally, a plaister formed of equal parts of soap cerate and extract of belladonna, or a poultice with a solution of belladonna and bread, is stated to afford most relief. Oil-silk or hare-skin to be worn over the breast.

Ecchymosis of the Breast.—This consists in a bruised appearance of the bosom at each period of menstruation, with much pain and tenderness. It is most frequent in girls under twenty-two; is preceded by severe pain in the arm and breast; a large spot of ecchymosis appears a few days before menstruation, and generally disappears the week after it is over. It depends upon sympathy with the uterus, and is unattended with any danger. Tonics generally, and the liq. acet. ammoniæ, with spirits of wine (in the proportion of five to one) locally, are recommended.

We have thus given a tolerably faithful account of the text in this volume, the chief interest of which, however, depends upon the plates, of which there are nine, and very beautifully executed. Of this number, no fewer than six are devoted to the illustration of the hydatid tumors; two are delineations of the chronic mammary, and one of the irritable tumor. Of the other diseases described there are no plates. We must also allude to the price of the work, which is extremely moderate; indeed it is obvious that the author has made considerable pecuniary sacrifice, as it is almost impossible that the sale should repay the expense of the engravings.

ANALYSES OF BRITISH MEDICAL JOURNALS.

GLASGOW MEDICAL JOURNAL.

February 1829.

"I. *A Sketch of the Natural Cure of Diseases.* By WILLIAM MACKENZIE, Lecturer on the Eye in the University of Glasgow, and one of the Surgeons of the Glasgow Eye Infirmary."

THE object of this paper is to ascertain what are the natural processes by which diseases are removed?

In answer to this it is remarked, that in some cases the cure of disease is so prompt that we are unable to detect the process by which this is effected: thus pain ceases—spasm relaxes; and where the cure is thus simple, the author regards it as the mere "*cessation*" of disease.

Another mode by which disease undergoes a natural cure, is "*revolution of the functions*;" an illustration of which is afforded by intoxication. When a person has swallowed a large quantity of spirits, the force of the circulation is at first increased; but this is soon followed by languor, stupor, and tendency to apoplexy. The mode adopted to remove these effects is principally that of excretion by the kidneys, skin, and lungs; through which various channels the alcohol is eliminated from the blood. As this is the method by which nature relieves herself from one poison, it is probable that she adopts the same means with regard to others. Mr. Mackenzie particularly specifies the "poison of fever," which he thinks is thrown off in this manner; and he takes the opportunity of expressing a decided opinion in favour of the *medicine expectante* in the treatment of that disease.

The third natural mode of curing dis-

ease is effected by "*revolutions of time.*" That several healthy functions, as well as diseased actions, are periodic, is obvious; but the cause of this has not been explained. "Whether or not (says he) these phenomena of health and of disease actually arise from diurnal, lunar, and annual mutations of the earth and its satellite affecting the living body, I shall not pretend to decide." Regarding the circumstance, however, merely as a matter of fact, it becomes of use to the practitioner both as respects his prognosis and as enabling him to take advantage of the remissions for the administration of his remedies.

The fourth curative effort for the cure of disease, is called by our author "*natural surgery.*" Illustrations of this are afforded by the closure of divided blood-vessels, union by the first intention, granulation and absorption; the phenomena attending which are severally enumerated.

The fifth mode adopted by nature, is removing one complaint by producing another, or "*converting one disease into another.*" This is a plan frequently imitated in the practice of medicine. Thus we excite diarrhœa to cure dropsy. But these conversions of disease may be either *sanative* or *insanative.* The example we have just given exemplifies the former, while dropsy being converted into diabetes (a change witnessed by our author) is an instance of the latter. Sir George Gibbes has carried his ideas on the conversion of disease so far as to maintain that one disease is always necessary to the cure of another, and that no disease occurs but such as is curative either in its effects or in its tendency; an idea which has been refuted by Dr. Pring, in his Principles of Pathology.

In conclusion, Mr. Mackenzie states his conviction that the natural cure of disease is too little studied, while "perpetual and busy interference" is too much encouraged.

"II. *An Account of two Cases of Insensibility of the Eye to certain of the Rays of Colour.* By Hugh Colquhoun, M.D."

These cases are detailed at some length, and are merely instances of peculiar idiosyncracy in the individuals. The first is related by the gentleman in whose person it occurred, and the following short extract will sufficiently illustrate the nature of the affection:—

"I cannot perceive a bit of red sealing-wax, if thrown down upon the grass, nor a bit of scarlet cloth hung upon a hedge, till I am almost near enough the latter to touch it, although in one instance, which I particularly remember, this was so conspicuous to ten or twelve other persons as to be distinctly visible to them a mile off. I once gathered some lichen, as a great curiosity, from the roof of a fishing-house, situated on the estate of a friend. This lichen appearing to me of a bright scarlet, from the circumstance of its seeming to be of the same colour as the roof of the house, which was composed of fancifully shaped tiles: in reality, the lichen was of a bright green, and the tiles of an unusually brilliant red. Upon another occasion, when in a party of foreigners, I happened to mention my inability to distinguish the difference between pale blue and crimson: a lady who used rouge, left the room, and soon after returned, having supplied its place with a coating of blue pigment, I believe Prussian blue, and although the effect appeared monstrous to every one present, except myself, I remained totally unconscious of the change which had been made till it was explained to me."

The subject of the second case divides all colours into the "light and the dark shades;" being capable of distinguishing intermediate degrees very imperfectly, and his discrimination even of primary colours being defective.

"III. *Case of Extensive Suppuration and Death, succeeding the Prick of a Pin; with Remarks.* By David Cunninghame."

A woman pricked her finger with a pin. She applied poultices, but continued to get worse till the third day, when she consulted Mr. Cunninghame. An incision was made down to the bone; this, after a time, discharged some thin unhealthy pus. The absorbents inflamed; the first phalanx of the finger felt "benumbed," and the bone was found to be in "a semi-dissolved state." Another incision was made over the second phalanx. The parts sphacelated, the glands in the axilla swelled, and on the seventeenth day fluctuation was perceived over the

superior angle of the scapula. Counter openings were made, stimulating injections, tonics, opiates, &c. were used without avail, and she died on the thirty-eighth day from the receipt of the injury, and eighteenth from the opening of the abscess. Mr. Cunninghame is of opinion that irritation is chiefly communicated through the nerves exciting an unhealthy action in the system generally, or in the seat of injury; and that the predisposition to this condition may be hereditary, or the result of disease or of mode of life, and that it may exist as well in the apparently robust as in the weak.

"IV. *Observations on the Management of Fractures of the Thigh Bone.* By James S. Candlish."

The author recommends the plan of Desault, with a few modifications, and gives the result of his experience in 110 cases of fracture which fell under his own immediate management. All plans of simple extension, he observes, though they may preserve the length of the limb, guard very imperfectly against lateral displacement. In Desault's apparatus, the extending force is applied to the foot—a part far from the seat of injury; the counter-extension acts upon the tuber-ischii, and is prevented either from passing on the groin or acting as a ligature: in fact, the whole limb is subjected to uniform pressure, which prevents alike swelling and muscular action. The author thinks that the bent position is to be preferred in but very few cases, and that in these the knee and leg ought to be kept decidedly above the level of the pelvis. Mr. Candlish thinks it is a mistake to consider this position as easier to the patient, and states that, with Desault's apparatus applied, he has known individuals moved about without any inconvenience. He is of opinion that the apparatus of Mr. Amesbury, though superior to some others, is yet liable to various objections; that the attachment to the pelvis is insufficient; and he also disapproves of the padding, to the adaptation of which Mr. A. trusts a good deal. He regards the risk of stiffness of the joints, following fractures, as overrated; weakness of the knee he has found to be a more common evil, and to occur more frequently where the limb has been kept in the bent than in the straight position. An account of Desault's apparatus is to be found in Cooper's Surgical Dictionary, and no inconsiderable advantage attending it, is its extreme simplicity, so that any one, with a knife and a little deal, can make the splints; the necessary holes and notches may be made with a red-hot poker; and old linen will afford bandages, and a folded sheet splint-cloth and pillows.

The author gives some directions for the application of the apparatus, and concludes with a few observations in answer to the objections which have been urged against it.

"V. *An Essay on Iritis.* By the late George Cunninghame Monteath, M.D."

This is a well-written didactic essay, in which the author describes the different degrees in the severity of iritis at considerable length, and afterwards points out the diagnosis between this and other inflammatory affections of the eye with which it is apt to be confounded.

Among these he particularly speaks of the ophthalmitis interna idiopathica, which appears to commence in the vascular layer of the retina, called tunica vasculosa. The appearance of the iris, in this disease, is much the same as in iritis, and the pain in the head is still more insufferable; but the most characteristic symptoms are, 1st, that vision, and even sense of light, are destroyed early in the disease, before the pupil is closed; and 2d, that even when all sensation of external light is gone, the oscillations of the blood-vessels of the retina frequently excite a very painful sensation of fiery visions in the eye.

In corneitis, on carefully examining the cornea, minute blood-vessels will be found ramifying on it; while it is much more dim in corneitis than in iritis.

But the disease most resembling iritis is inflammation of the capsule of the aqueous humour. In this the zone of inflammation exists on the sclerotica at its connexion with the cornea; the vision is also affected, and the iris may be discoloured; but the anterior chamber, and the whole internal surface of the cornea, become semi-opaque, and present a mottled appearance.

After having spoken of the disease and its treatment generally, Dr. Monteath goes on to consider the different species of iritis, under the names of traumatic, catarrhal-rheumatic, and venereal.

The first, as the name implies, is the result of direct local injury, and is most commonly produced in operations on the eye. It commences sometimes within two hours after the injury, and may occur at any time from the first to the twelfth day, being occasionally ushered in by rigor and vomiting. The cornea is more affected in this than in the other varieties of iritis, while the changes of colour of the iris itself are frequently less visible. With respect to its terminations they are those common in the severer forms of iritis, from other causes, except, perhaps, that pus in the anterior chamber is more frequently met with. In the treatment of traumatic iritis the remedies must be employed with the utmost vigour. It is seldom removed in less than three weeks.

The second variety, or catarrhal-rheumatic, is described as the most common in Glasgow, and is said invariably to originate with one or other of the diseases from which its name is taken. The conjunctiva is much affected, so as frequently to mask the inflammation of the sclerotic, where the disease is of catarrhal origin; while in the purely rheumatic, there is often but little conjunctivitis. This is the form of iritis which occurs during or after the exhibition of mercury; and this remedy is regarded by Dr. Monteath as often more injurious than beneficial in the treatment, unless the patient be confined to his room. It is true, he says, that the symptoms in many cases yield as soon as the mouth is affected; but on the first exposure to cold, although this may be very slight, disease is apt to recur with redoubled violence, and to run a protracted course. For these reasons he avoids the exhibition of mercury among the poor, and often even among the rich, trusting to bloodletting, opium, and purgatives; belladonna freely applied locally, and a band of flannel round the head, with several folds of linen over the eye, to guard against the effects of atmospheric changes. Though the disease be obstinate, yet the author has found the effusion of lymph to be slower and less copious than in either of the other varieties.

In the venereal iritis the skin or throat is for the most part simultaneously affected. The attack generally commences in one eye, and the other soon participates in the disease, if proper remedies be not speedily adopted. One of the most remarkable appearances is that of small pustules on the anterior surface of the iris. They may be only one or two in number, or may surround the entire pupil. The pain in the eyebrow and head is more strictly nocturnal, and is sometimes very severe. The author differs from those who put their whole faith in mercury for the cure of this species, having seen the disease run on to hypopion, notwithstanding the full action of that medicine; while the destructive process was at once arrested by a full bleeding, and a blister on the hind-head.

"VI. *On the Use of Ergot of Rye in Parturition.*"

This is a review of a work on difficult cases of parturition, and the use of the ergot of rye, by Mr. Michell; and, therefore, not coming within the scope of our analyses.

"VII. *Extirpation of an Enlarged Tonsil.* By William Auchincloss, M.D. one of the Surgeons to the Glasgow Royal Infirmary, &c."

A man, aged 39, had the left tonsil so much enlarged as to occupy completely the posterior fauces; a growth which it had attained in the course of 18 months. It was resolved, therefore, to extirpate it, and the operation is thus described:—

"Having previously taken hold of its middle with a pair of double-hooked forceps, by which means it could be pulled a little to the opposite side by my assistant, I introduced the bistoury to its lower part, along my forefinger, with which I depressed the tongue, and cut from below two-thirds up, on a line with the edge of the anterior pillar of the velum. I then withdrew the knife, and taking hold of the forceps, completed the section from above downwards. Scarcely any bleeding ensued. During that day he was ordered to gargle his throat frequently with a strong

solution of alum. On the 10th, the cut surface was freely rubbed over with lunar caustic; and by the seventh day from the operation, the whole had cicatrized. I have seen him three times since. He is perfectly well.

"The part of the tumor removed measured three inches by fully an inch and half in its lesser diameter. On cutting it open, it presented a variety of structure. It was dense, and firmly organized around its circumference; but towards the centre it was in some parts fibrous, and in others of a spongy appearance, made up of a number of small cysts. In some was contained a fluid somewhat resembling putrid blood, and in others a gelatinous semi-organized matter. A small quantity of fluid, similar to pus in appearance, had escaped during the operation. Its base along the cut surface was soft, and in every other respect seemed free of disease."

The inferences drawn from this case, in connexion with others mentioned by Bertrandi, Dupuytren, &c., are, that hæmorrhage is not to be dreaded in excision of the tonsil; and that however much this may be enlarged, or however suspicious in appearance, it does not necessarily follow that the disease is malignant.

"VIII. *Case of Amputation of the Lower Jaw.* By A. D. Anderson, M.D."

A woman, who in 1823, at the age of 37, had suffered disease of the antrum, which appeared to have been radically cured by removing a fungous tumor, and applying the actual cautery, began last April to complain of tooth-ache in the *lower* jaw. On examination, one of the grinders was perceived to be loose; it was soon afterwards extracted, and from its site a fungus arose. By the 23d of October the disease had much increased, and presented the following appearances:—

"A firm spongy tumor occupied the left side of the inferior maxillary bone, from the symphisis backwards to the angle. It pervaded the whole thickness of the bone, projecting below it towards the neck, where several small glands were felt enlarged. She complained much of a thin fœtid fluid which oozed constantly from the mouth; and hæmorrhage had occurred repeatedly to such an extent as to induce syncope. The grinders which remained on this side were carious, and the whole of the incisor teeth loose. The tumor was occasionally affected with gnawing pain, which extended to the head. The countenance was sallow, and the left side of the face considerably disfigured by what appeared to be exostosis of the superior maxillary bone in the situation of the former operation on the antrum. The pulse was 110 and small, appetite bad, and strength much reduced.

An operation having been resolved upon, it was performed in the following manner:—

"The ascending plate of the bone was felt to be sound beyond the tumor, and the operation was commenced with the intention of applying the saw a little above the angle on the left side, and at the canine tooth on the right side, by which it was expected that the whole of the diseased structure should be removed. Having seated her on a chair, I began by extracting the right canine tooth; but in doing this, the socket yielded so as to excite a fear that it was unsound, and I determined to include also the two anterior molares. The first incision extended from the angle of the mouth to the lobe of the left ear. The knife was carried through the masseter muscle, which was speedily detached from the bone, and the whole substance of the cheek being dissected from the anterior surface of the tumor, and from the chin, was turned downwards on the neck. A small straight saw, rounded off at the point, was now applied immediately posterior to the second grinder on the right side. When the bone had been about half divided in this way, it was snapped across with the forceps recommended by Mr. Liston. The same process was practised above the angle on the left side, and the bone, having the tumor attached to it, was then removed. Here I expected to have finished the operation; but on examining the interior section of the bone, it was discovered that, notwithstanding the apparent soundness of its outer shell, its medullary cavity was filled with the same fungous growth with that which had protruded on the left side. A further exposure of the jaw, therefore, became necessary, and this was effected by detaching the cheek as far as the

right angle, without any new external incision.

"It now became obvious, that although there was no fungous protrusion on this side, there was even more extensive disease than on the opposite, and the necessity for extirpating the whole was a duty equally unexpected and imperative.

"The previous removal of the bone on the left permitted so much retraction of the cheek on the right side, that I at first attempted to complete the operation at the joint, from within the mouth; and in this I believe I could have succeeded, having no occasion here to apply the saw; but expedition became a most important object, and I therefore divided the cheek as on the left side, from the angle of the mouth as far *dextrad* as the masseter muscle. Having detached this muscle from the bone, I experienced some of the difficulty described by others in separating the insertion of the temporal muscle from the coronoid process. In effecting this, and endeavouring to open the joint anteriorly, by depressing the divided end of the bone, it broke across at the neck, immediately below the articular process. I proceeded to divide the pterygoidæi, and other muscles, towards the pharynx and mouth, by carrying the knife forwards in close contact with the inner surface of the bone, until the whole was removed. Having accomplished this, and finding that the fracture below the condyloid process had proceeded from diseased softening, I laid hold of the small portion that remained with a pair of tooth forceps. Along these I carried the scalpel, with which the capsular ligament of the joint was opened, and the head of the bone extracted. The whole of the lower jaw was thus removed, except that portion of the ascending plate, with its processes, measuring an inch and a half, which remained above the application of the saw on the left side. This, on examination, was found to be the only sound part, and even here the nerve was afterwards discovered by the microscope to be more pulpy than usual. The bony structure was quite destroyed where the tumor had protruded on the left side. Throughout the whole of the right side, even to the joint, the bone was uniformly enlarged, and contained the same spongy substance as had been observed at the first section with the saw; no part, therefore, was unnecessarily removed."

About a pound of blood was lost, but only two ligatures were required. The wound, which had a "hideous aspect," was speedily closed by hare-lip needles at the angles of the mouth, stitches, and and plaister; dossils of lint were placed under the tongue, and the whole supported by compresses and bandages. There was at first great distress from vomiting of the blood she had swallowed, and obstruction about the larynx, probably from some degree of reversion of the tongue. She had 50 drops of laudanum in a little brandy and water administered through a tube, after which the symptoms subsided. On the third day the dressings were removed, when union was found to have taken place throughout the whole wound, except a quarter of an inch over the sawed edge of the bone on the left side. On the fifth day this also was healed to a point, and she was able to get out of bed and take her food with a spoon. On the eleventh day she complained of her mouth being rather sore, which was attributed to some calomel which had been administered. On the thirteenth day she was found to have complained the night before of pain at the upper part of the sternum; but she had slept tolerably well. The skin was now getting cold and the pulse feeble, and notwithstanding the application of stimulants, she gradually sank, and died at eight in the evening.

"A section being made through the anterior half of the antrum, that cavity was discovered to be of nearly three times its natural size, and contained about an ounce of transparent yellow fluid. It had no communication with the mouth, and it was lined with a firm, smooth, and shining membrane. The anterior and upper walls were nearly an inch thick, and the exostosis here was so soft as to be easily cut with the knife. Towards the palate it was thin, and almost quite cartilaginous.

"About eight ounces of sero-purulent effusion were found in the upper part of the right side of the thorax."

Dr. Anderson regards the following states of the antrum as requiring surgical operation, viz. acute inflammation ending in suppuration or the deposition of a quantity of inspissated mucus; chronic inflammation with thickening of mucous membrane, and polypus or fun-

gus; "regenerating fungus;" and fungus hæmatodes. Graefe is said first to have practised the exarticulation of the jaw; but Dr. Cusack is equally entitled to the merit of originality, having been ignorant of the operation of Graefe when he performed his (see Dublin Hospital Reports). In the case above narrated a larger portion of the jaw was removed than, we believe, was ever done before.

"IX. *Report of Cases treated in the Surgical Wards of the Glasgow Royal Infirmary.* By G. M. MACLACHLAN, M.D. lately one of the Surgeons to that Institution."

The principal of these cases have already appeared in this Journal as original Hospital Reports, see vol. ii. pages 698, &c.

MEDICAL GAZETTE.

Saturday, February 28, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

PROFESSIONAL PUFFS.

Cùm pateris sapiens emendatusque vocari,
Respondesne tuo, dic sodes, nomine?
HOR. EP. 16.

SOME blockhead has been writing a set of what he calls "Professional Sketches," but which might with much more propriety be called Professional Puffs, in the New Monthly Magazine. Like many other "sketches," they bear no resemblance in the world to the originals, and, indeed, but for their respective headings, no mortal would ever find out for whom they were intended. Our attention was directed to this subject some time ago by a correspondent, but we were in hopes the Editor of the publication alluded to would have had the good taste to decline the insertion of any more such trash: in this, however, we have been disappointed, and as the work in which they continue to appear gives to these productions an importance which their own intrinsic worthlessness could never have obtained for them, we think it right to express our disapprobation of a system of puffing, alike discreditable to the profession at large, and impertinent towards those who are made the objects of such fulsome adulation.

The writer began with Mr. Abernethy, who is roundly declared to be "the most celebrated follower of Galen in Europe, Asia, Africa, or America," and, indeed, so much commendation is bestowed on this veteran that we began to doubt whether any terms of eulogy could, by possibility, be left for those who were to follow; but we wronged the talents of this modern Plutarch, who applauds to the very echo all of whom he speaks. Thus Mr. Abernethy is one of the greatest men in the world, and Mr. Charles Bell is one of the greatest men in the world, and Dr. Armstrong is one of the greatest men in the world, and Mr. Brodie is one of the greatest men in the world; nay, if these Sketches be continued much longer, the number of great men at present flourishing in London will exceed those of all past times, and of all countries!

One of the first important circumstances we learn is, that anterior to the time of Mr. Abernethy all the surgeons in England were mere quacks, without any rational views of disease, and without any science or method in their treatment. "He was the first man," says our author, "who was bold enough to discard that patchwork system with which surgery had hitherto been disgraced. His enlarged views of nature's operations, both in health and in disease, enabled him to discover the uncertainty of all those empirical plans which marked the practice of his brethren, *old and young, eminent or obscure.*" Not the least remarkable part of this "eventful

history" is the method which Mr. Abernethy is represented as having adopted to raise himself to distinction. Was this done by great attention to his profession, or by the laborious acquirement of operative dexterity? Quite the reverse; for, we are told, that he most carefully avoided the reproach of either of these two qualifications. "Most of our popular surgeons (again we quote our enlightened author) have risen to eminence not altogether by their talent but by extreme attention, and by skill in operating—*two qualifications most assiduously shunned by Mr. Abernethy.*" Thus it appears that this distinguished individual raised himself, not merely by the neglect, but by studiously avoiding two of those qualifications which have heretofore been looked upon as the most legitimate as well as the surest foundation a young surgeon could establish for future success. But it is not merely of Mr. Abernethy's mind that this accomplished writer presents us with a sketch—we have also his countenance; of which we are told that his "light grey eyes" seem as if "they could pierce through the depths and intricacies of science," and that his forehead (God save the mark!) has afforded Spurzheim "many a luxurious feast;" notwithstanding "a scowl" which frequently sits upon his brow.

Various scenes, evidently drawn from the imagination of the writer, are detailed with as much gravity and minuteness as if they had actually occurred: in these it is impossible for any thing to exceed the stupid vulgarity attributed to Mr. Abernethy, except the display of these qualifications made by the narrator.

The sketch of Mr. Bell opens in a manner somewhat different, and affords a specimen of what the author obviously regards as very fine writing. "This gentleman," says he, "holds a high rank among modern physiologists, and is one of the most talented men in the profession. His eager, industrious, untiring, and grasping spirit, contemning the dogmata of the schools, has marked out a path for its own high energies to traverse, and erecting on that path the standard of independence, he has worshipped the 'lord of the lion's heart and eagle's eye,' with an ardour and a devotion which have been productive of numerous benefits to science, and which have placed him, the worshipper, on a lofty pedestal of pre-eminence." What the exact meaning of Mr. Charles Bell worshipping the "lord of the lion's heart and eagle's eye" may be, we leave it for our readers to determine; but we must be allowed to say, that to place him prematurely upon a "pedestal," and that a "lofty" one, and to leave him to get down from this elevation as best he may, is the very height of cruelty.

We are favoured, *inter alia*, with a sketch of Mr. Bell's theory of the nerves, and the manner in which this is done affords an amusing specimen of the physiological knowledge of the writer. He appears to us never to have read any thing about the nerves except in the works of Mr. Bell, and taking all he finds there for original, he actually describes the great sympathetic as if it had been discovered by the distinguished physiologist of whom he speaks. Nay, he looks upon this discovery as perfectly explaining the connexion between mind and matter. "From the course and distribution," says he, "of this very important nerve, we are *now* enabled to account for that extensive and extraordinary sympathy which exists between parts so remote from each other, and apparently unconnected either by a reciprocity of function or otherwise. *Above all it will shew us the influence which the mind has over the body.*" Nor is this all; "there is another provision, unconnected with the nerves, which will strike the attentive

observer very forcibly, and which Mr. Charles Bell has demonstrated in his accustomed felicitous and clear manner." Will the reader believe that what is thus spoken of as an integral part of Mr. Bell's theory, and in describing which the writer before us says he has given "almost his own (Mr. Bell's) words," is the division of functions into voluntary and involuntary? as an illustration of which, we are told, *on the authority of Mr. Bell*, that "though we may close the eye, or the ear, or the nose, and so shut out the senses which these organs supply," yet "we cannot thus suspend the motion of the heart or of the lungs, or of the curious apparatus by which the important function of respiration is performed!"

While the writer, in his ignorance, has thus attributed to Mr. Bell discoveries to which that gentleman never laid claim, he has omitted to describe in any intelligible manner those brilliant views of the nervous system which have obtained for their author the high rank he holds among the physiologists of the present day; a rank which ought to have saved him the mortification of so contemptible a panegyric.

The next article to which we shall refer is that of which Dr. Armstrong is the chief subject. In it he is stated to be the only physician, since "poor Dr. Baillie's" time, who is worthy to succeed that excellent and learned man—the only physician who behaves with proper consideration to general practitioners, and so on—and that, like many other deserving characters, he has been persecuted and oppressed by the College of Physicians—that, like Dr. Edward Harrison (by which similitude Dr. Armstrong must feel flattered), he has been opposed by that learned body, simply from envy of his pre-eminent talents.

Of the alleged insufficiency of Dr. Armstrong's original examination, and his consequent rejection in the first instance by the censors, (whose impartiality and even honesty are thus impugned) we cannot, of course, say any thing; the censors who were concerned in this transaction are, we presume, able to defend themselves. Our business is rather with the profession and the public, than with the College. We would, therefore, wish to inquire whether Mr. Campbell, or whoever else is the editor of the Magazine in question, is so well acquainted with all the leading physicians of the day as to feel satisfied that he does none of them injustice by stating that Dr. Armstrong, almost alone among them, is learned and skilful, and disinterested; or, if the editor disclaims such acquaintance with the profession, has he ascertained that the person who has undertaken to supply him with these characters of medical men, is himself learned and enlightened, and so pre-eminent in professional acquirements as to be capable of measuring the knowledge or estimating the talents of his brethren—and not an obscure and pettifogging individual, anxious to win the favour of those whom he thus bespatters with his adulations? Be this as it may, we must say, that in the course of our critical labours we never had occasion to peruse a more nauseous or abject piece of flattery than that bestowed upon Dr. Armstrong by this anonymous sycophant.

Whether the compliments incidentally paid to Dr. Harrison be merited, is too delicate a point for us to decide; but as to the account given of his dispute with the College of Physicians, it is false throughout. It is not true that Dr. Harrison was prosecuted because "he had not got an English diploma"—for an English diploma gives as little right to practise in London as does a Scotch, or any other; but he was prosecuted because he would not submit to

that examination, and take out that license which all who practise as Physicians in London, or within seven miles thereof, must do, if they would avoid acting in open violation of the laws of the realm. Neither is it true that the College wantonly interfered with Dr. Harrison. He has been in practice above eight years, and as they did not disturb him five years ago, when he had considerable business, it is not likely that any feelings of envy could have led them to prosecute him at the time they did. The truth is, it was his doing, not theirs—for he repeatedly dared them (and that too in the public papers) to interfere with him or with his practice—a challenge which they were compelled (evidently with reluctance) to accept; while he having once got them into Court, professed himself to be no physician, but what a contemporary more truly than elegantly terms a "spine-tinker," by which subterfuge he gained the verdict of the jury, and the contempt of all parties, whether favourable or unfavourable to the College of Physicians.

The last of these precious productions is the "sketch" of Mr. Brodie, which has this advantage over the others, that it is shorter; but short as it is, the author finds space for a little digression. Thus we are introduced to two classes of medical students—the first consisting of those who "follow those preliminary pursuits, which are necessarily disgusting and filthy," with an "ardour and *gusto*" of which indifferent persons can form no conception; and the second consisting of those who go through their studies "as a blind horse performs his diurnal revolutions in a mill." We next learn that "knowledge is power," and that some proceed "conquering and to conquer." This, however, the author remarks, "is somewhat too digressive;" an opinion in which our readers may possibly concur.

Connected with the subject of the present sketch, of course his experiments on poisons must needs be spoken of, and if Mr. Bell has to thank the author for attributing to him the discovery of the connecting link between mind and matter, so Mr. Brodie has no cause to be dissatisfied with his share of originality, for, by our author's account, it seems he has actually proved that "artificial respiration will support the circulation of the blood for many hours *after the heart has wholly ceased to beat*"!!—to which wonderful discovery, "not obtained without much and repeated labour"—and that of the fact that in suffocation death depends upon the circulation of black blood—Mr. Brodie's claims as a physiologist are represented as confined! This gentleman, we are told, is engaged in "actual practice, from an early hour in the morning till midnight," an assertion which, though it be *un peu fort*, is perhaps nearer the truth than most of those ventured upon by this hyperbolical writer; and we should not have noticed it but for the absurdity which immediately follows, viz. that Mr. Brodie takes so little interest "in the ordinary cases which are before him," that he can only keep his mind at a proper pitch for practice by having recourse "to some abstruse pursuit in physiology."

But if this writer has misunderstood the nature and scope of Mr. Brodie's physiological investigations, we apprehend he has no less mistaken his character in supposing he can be gratified by indiscriminate and adulatory praise. His reputation has its basis on somewhat better grounds than have been assigned by the author of the "sketch," and needs not the aid of meretricious flattery to support it.

The gentlemen who are the subjects of these sketches have great reason to complain of the Editor of the New Monthly Magazine, for admitting a set of articles in which they are held up

to the public gaze in such an indelicate manner, and exhibited through a medium which at once magnifies and distorts. That they themselves disapprove of and despise such a degrading system we are fully convinced; and to enable others to appreciate the discriminative powers of such writers as the present, we submit a paragraph from the "Clubs of London," a series of papers which, if we mistake not, was originally published in the same miscellany, and which, for aught we know, may have been written by the author of the puffs which we have felt ourselves called upon to deprecate.

"In this class also may be placed Rowland Stephenson, *the most respectable of bankers.* Never did a clearer head and a better heart meet together; nor does the heart wait, as it does in ordinary cases, a cold and calculating lesson from the head—but the most spontaneous and generous impulses of the one are ratified by the cool decisions of the other. 'Never,' as Hamlet says, 'were the blood and judgment so well commingled.'"

So much for literary gentlemen furnishing Magazines with papers concerning persons and things of which they are totally ignorant.

COLLEGE OF PHYSICIANS.

The second meeting of the season took place on Monday evening, and was numerously attended. An interesting paper by Dr. Holland, entitled "*Remarks on the Use of Sudorific Medicines,*" was read. The object of this paper is to draw attention to the principles upon which internal sudorific remedies are employed, and to suggest some observations calculated to render more explicit our views as to their nature and operation. After remarking on the great uncertainty of effect attending the use of this class of remedies, even in cases where natural sweating is a symptom habitually present in the progress of the disease, and upon the difficulty of discriminating as to the effects of different medicines of the class, Dr. H. proceeds to examine the principles upon which the use of sudorifics has chiefly been founded. A principal one appears to be the fact of the suspension of various morbid actions in sequel to natural sweating, as witnessed in the simple paroxysms of fever, in many of the phlegmasiæ, &c. Though this analogy is plausible, however, yet it is open to many doubts. Various considerations are stated by the author, justifying these doubts; and he infers that, in the present state of our knowledge, it is more correct in principle, and safer in practice, to consider the sweating stage, or critical sweat, as one in the series of changes constituting fever, than as the efficient cause of the subsidence of the paroxysm; rather as an index of the changes occurring in the vascular system, than as the agent in producing such changes. In reference to the same argument, he recites some of the many instances of natural perspiration, under states of disease, without relief, or often with aggravation of danger to the patient.

Various facts are subsequently given from medical history, attesting the comparatively unfrequent use of internal sudorifics by the Greek and Roman physicians, and their more extensive introduction into practice in the middle ages, and in connexion with the doctrines of the humoral pathology.

In the succeeding part of the paper, Dr. H. considers particular sudorific remedies upon the general principles before laid down; doubting altogether the efficacy of many medicines so classed; and attributing the probable influences of others, as of the antimonials, chiefly to their effect upon the circulation, and in diminishing febrile action. He considers that their employment in practice will generally be more successful in proportion as this principle is kept in view. He expresses his concurrence with the opinion of Freind as to the superior advantages of opium over most other diaphoretics; and makes some remarks on the diminished and less effectual use of opiates in modern practice.

After some further observations on blood-letting, diluents, &c. as affecting the action of the capillaries of the skin, Dr. H. concludes his paper by the following general deductions, as to the use of sudorifics:—1st, that it is for the most part more expedient in practice to have regard to the changes in

the vascular system producing diaphoresis, than to the action of sweating itself; 2dly, that the amount of perspiration is seldom a measure of the benefit obtained; and 3dly, that to make this a criterion, or primary object, is likely often to give a wrong bias to the treatment of disease.

Climate of the Azores.

The learned President read a letter from a correspondent, in which he spoke very favourably of the climate of the Azores for invalids, especially those labouring under consumption, a complaint which he stated to be very uncommon in these islands. The maximum temperature during the year is about 84, the minimum about 48 of Fahrenheit. The writer gave an account of some Hot Springs, from which baths are made, enjoying high repute; and of various Mineral Waters, some of which are chalybeate, others contain a large quantity of free carbonic acid, and yet others are merely saline.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, Feb. 24, 1829.

B. Travers, Esq. in the Chair.

A case of rupture of the uterus, by Mr. Neville, was read. The labour had proceeded so far that the child's ear could be felt by the hand introduced per vaginam: at this time, however, the woman felt something give way, and presently the fœtus was discovered under the integuments of the abdomen. It was followed by passing the hand through the rent in the uterus, the feet seized, and delivery effected. The woman recovered, and afterwards bore a child.

A short addition to Dr. Elliotson's paper on iron was read; after which Mr. Travers took leave of the Members as President. He alluded to the flourishing state of the Society as regarded their papers and transactions, and this, he observed, was the test by which their proceedings were estimated both at home and abroad. He complimented the Medical Secretary on his zeal and activity; and it is not going too far to say, that to the exertions of Mr. Travers, and those connected with him, is to be attributed the very great improvement in the Society which has taken place since he became President.

WESTMINSTER MEDICAL SOCIETY.

Feb. 21.

James Arnott, Esq. in the Chair.

Colchicum—Rheumatism.

Dr. Webster said, that in the absence of any more interesting subject he would be glad to learn the experience of the members as to the efficacy of colchicum, especially whether it maintained in their estimation the character it had enjoyed some years ago. For his own part he regarded it as applicable only to particular kinds of acute rheumatism, namely, that which was inflammatory. When patients were much relieved by warmth and perspiration, he found the colchicum of service, but not so if the perspiration was unattended by mitigation of the pain. He thought that colchicum was a contra-stimulant, and acted much in the same way as bleeding, frequently rendering this last altogether unnecessary. He advised its exhibition in doses not exceeding 25 or 30 minims, three times a-day, and had seen fatal consequences result in two cases from 3j. of the tincture every four hours, repeated only two or three times.

Dr. Milligan would not trust to colchicum alone, and to the exclusion of blood-letting. He apprehended that more frequent metastasis would be the result of such treatment. The colchicum appeared to him to be much enhanced in efficacy by combination with purgatives and diaphoretics.

Dr. Macleod's experience in rheumatism had not corresponded with that of Dr. Webster. That gentleman had made a general division of all cases of acute rheumatism into some which he called inflammatory, and others which they were to infer the Dr. thought non-inflammatory. Leaving the general treatment of rheumatism, and confining himself to the application of colchicum to this disease, Dr. M. thought the seat of the rheumatic attack the first point to be determined. Acute rheumatism, in one set of cases, attacked the limbs generally, as well the joints as the intermediate parts, producing diffused inflammation, with redness: this

was the most common form of acute rheumatism, or rheumatic fever, and in it, he thought, the efficacy of colchicum extremely problematical. But there was another variety in which the disease limited its effects to the synovial membranes and sheaths of tendons: this was attended with swelling, but which was limited by the power of being distended, possessed by the parts it attacked. Thus in the knee, the synovial membrane might be felt to contain fluid, and seen puffing up the integuments on each side of the patella. This form of rheumatism was much more closely allied to gout than the other, and the resemblance was still closer when the small joints, as very often happened, were affected. This variety of the disease was very apt to return again and again; and from the imperfect absorption of the fluid effused about the joints and tendons, frequently gave rise to distortion, as in cases of gout. The analogy of these diseases was still farther shewn by the occasional deposition of earthy matter; but there was this difference, that in the few cases where opportunities of examination had occurred, the deposit in rheumatism had appeared to be carbonate of lime, instead of urate of soda. He thought the pathological resemblance extended to the treatment; for as all admitted the efficacy of colchicum in gout, so, he thought, it was in this form of rheumatism that its utility was chiefly displayed. He thought its most general, as well as its most beneficial, visible operation, was upon the bowels. One of the bad effects sometimes resulting from it, even in small doses, and without any obvious cause, was considerable depression of the nervous system, requiring the exhibition of stimulants.

Dr. Milligan mentioned a case to shew that colchicum alone is insufficient to cure the form of rheumatism in which it was recommended by the last speaker. A patient of his, who had been subject to repeated attacks of rheumatism for several years, was some time ago seized with it in the ankle and great toe. Certain circumstances prevented him from having recourse to any active treatment except the administration of colchicum. At the end of three weeks he died, and was found to have had pericarditis, with effusion into the chest and abdomen.

Dr. Johnson had seen metastasis to the mucous membrane of the bowels; and in such a case the colchicum, in the doses mentioned by Dr. Webster, could not fail to prove injurious. He thought ℥xv. or xx. quite enough when it was to be repeated three times a-day, and continued; although, in acute gout, ʒj. might be given at night, two or three times in succession. We understood him to say that he thought colchicum a very useful remedy in inflammatory diseases generally, and in neuralgia.

Mr. Thomson begged to know of Dr. Macleod whether he employed local remedies in the rheumatic affections of the synovial membranes. He said he had formed a favourable opinion of colchicum, having seen it extensively used, especially in combination with magnesia.

Dr. Macleod, in answer, said that the application of leeches, followed by anodyne fomentations, afforded much relief in the synovial, but not in the diffuse rheumatism. He took the opportunity of observing that Dr. Milligan's case only proved that colchicum was not capable of curing pericarditis with hydrothorax and ascites—not, in his opinion, that it was inefficient in rheumatism.

Dr. Stewart asked how far the comparative value of different preparations of colchicum depended upon the proportion of veratrine they contained; and how it was that this last medicine had so entirely disappeared from practice?

Dr. Copland considered the distinctions of the disease which recently had been advanced, merely as a different mode of expressing what had long been stated by authors—namely, that the acute forms of rheumatism are most frequently met with in the limbs, aponeurotic expansions, and the large joints, particularly in the first attacks of the disease; and that it seldom invades the smaller joints and adjoining parts until after repeated seizures, and when the disease had assumed its most chronic form.

Dr. Copland next stated the results of his experience of the use of colchicum, first in the acute attacks of rheumatism, and secondly in its chronic forms. In the former he considered that moderate blood-letting should be practised in the first instance, although

he did not think it indispensable to the cure of the disease. He disapproved of the large depletions so frequently employed, for he believed that they rendered the affection more liable to become chronic, and endangered the occurrence of metastasis. Next to bloodletting, and even without resorting to it, he would recommend the use of full doses of calomel, combined with five or six grains of camphor and two or three of James's powder, in order to promote the discharge of biliary accumulations, and excite cutaneous transpiration. These remedies he considered should be repeated according to circumstances, and be followed by the exhibition of purgatives, which, in his opinion, are particularly requisite at the commencement of the treatment of rheumatism, in all its forms. Having by these means procured the evacuation of accumulated secretions, which are usually morbid, from the biliary organs and prima via, the colchicum would be found most decidedly beneficial, particularly when combined with full doses of camphor, the liquor ammoniæ acetatis, the spiritus ætheris nitrosus, or with saline aperients and magnesia.

In the chronic forms of rheumatism, he considered, also, that the use of purgatives, particularly those which promote the healthy secretions of the abdominal viscera, are first requisite; and that afterwards the colchicum is a most valuable remedy. In the chronic forms of the disease, or when inordinate action is subdued in the acute variety, he recommended the combination of colchicum with tonics, with bark, camphor, or ammonia.

In respect of the operation of colchicum, he considered this medicine as being not only a counter-stimulant, or sedative, as regards its operation on the sanguiferous system, and hence serviceable in all acute inflammations, but as exercising also a marked effect in subduing morbidly excited sensibility, and that, whilst the combination of it with stimulants or tonics counteracts its depressing influence, these substances do not destroy its property of allaying morbid sensibility. He also conceived that the colchicum may be taken into the current of the circulation, and there promote the secretions and excretions, influence the state of the nervous system, and it may possibly also change whatever of a morbid state of the circulating fluid itself may be present in rheumatism and gout.

Dr. C. remarked, that the combination of the preparations of colchicum with those of antimony or digitalis, increased very much its depressing influence on the system; that such combinations should only be ventured upon when very great excitement of the vascular system was present, and even then the effects of the medicines should be very narrowly watched, and the exhibition of them be soon discontinued. He considered half a drachm of any of the fluid preparations of it to be a full dose, and this should not, in his opinion, be given oftener than twice a day, unless in cases of much vascular excitement.

Mr. Bennett thought rheumatism depended on some change in the blood, as was partly shewn by the buffy coat so constantly present. He thought venesection highly injurious, having a decided tendency to give rise to affection of the heart. He mentioned a case in illustration, and expressed his belief that many of the cases of hypertrophy met with in Paris depended upon the prevalence of rheumatism, and its treatment by depletion.

Dr. Granville had suffered much from rheumatism, and had experienced great relief from colchicum. At the same time, probably owing to some peculiar idiosyncrasy, it had even in moderate doses produced symptoms of great depression, requiring the exhibition of stimulants. He mentioned that an individual, loaded with testimonials from eminent French practitioners, had arrived in town, who professed, by an external application, to cure almost all local pains. He was ready to *perform* gratuitously on any gentleman requiring his services, and he (Dr. G.) would communicate his address to any one who might wish to avail himself of the offer.

HUNTERIAN SOCIETY.

Dr. Babington in the Chair.

The ordinary business of the Society having been transacted, the Secretary proceeded to read a paper, by Dr. Hodgkin, "On Retroversion of the

Valves of the Aorta," being a continuation of a subject to which this gentleman has devoted great attention, and on which he had formerly submitted a paper to the Society. These papers we shall lay before our readers in another number.

An interesting conversation resulted.

Mr. Gopel had met with some examples of this form of disease. He could not coincide with Dr. Hodgkin in its originating from mechanical causes, but thought that inflammation excited and disposed the valves to yield to the pressure of the blood. He had usually observed a violent thrilling of the carotids.

Dr. Hodgkin admitted that an inflammatory condition might predispose to retroversion, but that this would not occur unless a stress were made on the valves. He was not acquainted with any characteristic symptoms. In his attempts at the diagnosis he regarded the exciting cause, the absence of the *bruit de scie* (which he had only observed in one instance), the tendency to syncope, and the effects of remedies, especially if the symptoms were aggravated by depletion, and more particularly by venesection. The tumultuous thrill of the carotids, mentioned by Mr. Gopel, he thought might be expected.

Mr. Lloyd doubted this being an independent disease. He rather thought the situation of the valves should be regarded as appertaining to a class of diseases at the root of the aorta. He pointed to the condition of the aorta in most of the preparations exhibited to the Society, as indicating inflammation, ulceration, or thickening; and the symptoms mentioned he thought must have been seen without retroversion. He also conceived that it was difficult to account for these retroversions from injury or emotion.

Mr. Key and other gentlemen took part in the discussion; but the principal time of the meeting having been occupied in the reading of the paper, and the time for adjournment having arrived, the President suggested the propriety of taking up the subject again at the next meeting.

LONDON MEDICAL SOCIETY.

From motives of delicacy we have abstained from reporting the proceedings of this Society, in consequence of certain measures before the Council.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Lithotomy.—Case of Noble Freeman, concluded.

Notwithstanding its promising appearance shortly after the operation (see Gazette, Feb. 21), this case terminated fatally on the sixth day. The first unfavourable symptom was tenderness of the abdomen, which appeared the second night, and was followed in the morning by nausea and bilious vomiting, with considerable depression of strength and spirits. In addition to the camomile fomentations, which had previously been used, twelve leeches were applied to the abdomen, fifteen grains of rhubarb and calomel were given, effervescing mixture as required by the state of the stomach, and an opiate at night.

During the next two days, Feb. 19 and 20, his condition was very fluctuating, the tenderness and sickness were sometimes absent, or nearly so, shortly afterwards returning with severity; the wound in perineo continued healthy, urine freely discharging, bowels open. The leeches were repeated each day, as freely as the boy's weak condition would allow, but the case was not one for bold treatment. There was never openly developed acute inflammation, but rather that slow, masked, and wandering form of it, attended by great diminution of power, which precluded active measures.

On the 21st the case became still less hopeful: the pulse, quick and feeble, the countenance sunk, and respiration peculiarly hurried (from which last symptom Mr. Key observed he had never seen a case recover), sufficiently marked his danger. Accordingly, with the exception of a temporary rally on the 22d, he continued to sink till the 23d, when he died. at 3 A.M.

As the patient's friends insisted on removing the body immediately, no inspection could be obtained. The probability is, that in addition to general weakness and irritability of system, there was in this boy a diseased state of kidney*. This is the more likely, as in all Mr. Key's numerous operations for stone, he never lost a case in which the viscera were sound.

ST. GEORGE'S HOSPITAL.

Urinary Abscess in the Perineum.

Adam Davis, æt. 58, admitted Jan. 27th, in the evening. He has had stricture for many years, and several surgeons have endeavoured, without success, to pass any in-

* An examination of the urine, by Dr. Bright, though it did not positively prove this, furnished, to say the least, very suspicious evidence.

strument into the bladder. A month ago a swelling began to form in the perineum, near the anus, which has gradually increased, but latterly with more rapidity. It at present distends the whole perineum, and extends on the left side to the front of the abdomen, the scrotum and penis being also considerably swollen. In the perineum, fluctuation is easily perceptible, while the scrotum and abdominal boundary of the abscess are hard and tense. He can make water tolerably well, but some usually dribbles away for some time afterwards. He has much constitutional disturbance, with a quick irritable pulse, and anxiety of countenance. Mr. Hawkins, who had called at the hospital to see another patient, made a free incision in the left side of the perineum, which gave exit to full three-quarters of a pint of urine and pus, with some shreds of sloughy cellular membrane. Some scarifications were also made, to relieve the tension of skin around the abscess. The fingers could be passed freely into an irregular cavity, which was crossed by portions of cellular membrane, which appeared to be in a sloughy state.

℞ Haust. Salin. Ammon. c. Tr. Opii ♏ v. 6tis horis. Linseed poultice and fomentation to the wound.

28th.—Very greatly relieved. Tongue moist and clean. Pulse much less frequent. Some urine comes by the wound, but the greater part passes through the urethra. The swelling of the scrotum and sides of the nates and perineum is much diminished.

Mr. Hawkins remarked the great difference between a case of the present kind and one of extravasation of urine, a very successful instance of which had recently occurred, under the care of Mr. Keate, the cause being the same in each, viz. irritation, and generally, ulceration of the urethra behind the stricture: in the one there being a sudden rupture of the urethra with a forcible propulsion of a large quantity of urine into the cellular membrane, which being in a healthy state, is easily lacerated, and allows the urine to pass upwards so as to distend the scrotum, and penis, and abdominal parietes: in the other a small quantity of urine only escaping from the urethra, or a small abscess taking place at the side of the urethra, and not containing urine till ulceration had produced a communication with the urethra, and the extension of the abscess being preceded by deposition of lymph into the surrounding textures, so as to form a boundary to the abscess: in the one the infiltration of urine being followed by the most severe constitutional disturbance, with extensive sloughing of the cellular membrane and skin, and by death in a short space of time, unless numerous and extensive incisions are made very early, to afford exit for the sloughs, and for the urine: in the other case the disease proceeding much more slowly, in the present instance a whole month, and only so far different from a common abscess as it contains urine mixed with the pus, and requires therefore a free incision low in the perineum, to allow the water to be discharged freely.

29th.—The interior of the abscess is granulating, and the swelling much lessened. Pulse 100, quiet, and rather weak.

℞ Haust. Cinch. Ammon. Carb. gr. iii. Tr. Opii ♏ v. M. fiat haust. ter die sd.

31st.—The bark having produced diarrhœa, and in consequence of this an increase of his debility, the quantity of laudanum was increased to ♏ x. in each dose, and he was ordered a pint of porter daily. An instrument being passed into the urethra, a hard cartilaginous stricture was found, which commenced about four inches down the canal.

Feb. 13th.—The abscess has now nearly closed, except at the wound itself, which is contracting quickly. Much less water passes through the wound, and his health is much improved. A small catgut bougie is passed every other day, which is admitted to a greater depth than could at first be done.

Wm. Grenyon, æt. 46, admitted Jan. 27, under the care of Mr. Hawkins, having in despondency inflicted a deep wound on the left side of the neck, from below the ear towards the front of the chin, the line of the wound being some way above the os hyoides. There had been hæmorrhage, according to report, to the amount of a quart, and on his admission he was very faint from loss of blood.

He remained perfectly composed and free from fever till Feb. 5th, having only complained of a little cough, which commenced on the 31st. The wound at this time was granulating, and perfectly healthy.

Feb. 5th.—He was seized with great difficulty of breathing and swallowing, totally lost his voice, had expectoration of large quantities of thick tenacious mucus, his pulse became extremely rapid, but small and weak, his countenance had an expression of intense anxiety, and the larynx was tumid and tender; he had all the symptoms, in short, of acute laryngitis, in a debilitated constitution.

Twelve leeches were immediately applied to the larynx, which was afterwards fomented, and he was directed to inhale the steam of warm water constantly, and he took 5 gr. of calomel and 1½ gr. of opium directly.

Under this treatment the symptoms soon subsided, so that the next day, Feb. 6th, his pulse was only 102, and perfectly quiet, and all difficulty of breathing had gone, though he was still unable to swallow with facility. Ordered to continue the medicine he had previously taken, saline mixture with paregoric, and to take some syrup for his cough.

Feb. 9.—He had a return of laryngitis in a slighter degree, which was again relieved by twelve leeches, and a repetition of the same medicine.

11.—Not much difficulty in breathing or swallowing, but some cough is always produced by deglutition, though not to the same degree as a few days since. He makes no complaint, except of the cough. There is no pain or tenderness of the throat, nor is there any pain in the chest, and he can inspire deeply and freely without any irritation of the lungs. Yet within the last three days he has become evidently much worse. His countenance is sallow, the features shrunk, with an expression of great anxiety; his breathing is hurried, and with a rattling noise from the expectoration, which is very copious, and has a small quantity of pus mixed with the mucus. His pulse is above 120, irritable and weak. Tongue clean, and generally moist. It was evident that he was sinking, and as Mr. Hawkins judged, from irritation spreading downwards from the larynx, and probably producing effusion into the lungs, for the small quantity of purulent secretion and the absence of pain did not lead him to expect phthisis, though the patient said he had been subject to a cough before his admission.

It is unnecessary to detail the remedies, which were principally directed to the relief of the irritation of the larynx and bronchial tubes, in the absence of any decisive evidence of what mischief was going on to account for the violence of the symptoms. The wound had in great measure filled up, and was quite healthy.

14.—Some slight tumefaction was observed just above the sternum, which led Mr. Hawkins to suspect that an abscess might have formed, and on pressing deeply on the right side of the trachea, it appeared as if some fluid could be made to project by the side of the left sterno-cleido-mastoideus muscle, but too indistinct for any one present to decide that this was the case. There was not the slightest pain or tenderness on pressure, nor did pressing this part produce any difficulty of breathing; and the trachea could easily be felt below the integuments, so that it was evident, if matter did exist, that it did not produce pressure on the trachea. Even this slight swelling was less distinct when the throat was examined the next day, during which he sunk gradually, and died in the afternoon.

Examination after death.—A considerable swelling was now perceptible in the forepart of the throat, in which the fluctuation of fluid was very evident, and, on dissection, several ounces of thick pus were found in front of the larynx and trachea, reaching from the os hyoides to the sternum, behind which the matter was in contact with the deep cervical fascia. The surface of the thyroid and cricoid cartilage and of the trachea, was quite exposed, the covering of the abscess being formed anteriorly by all the muscles below the os hyoides except the crico thyroideus, which remained at the bottom of the abscess. By the contraction of those muscles the abscess had been made to extend itself principally by the side of the trachea, under the sterno-cleido mastoidei muscles, and below the sternum towards the chest; and had thus been prevented from projecting in front of the trachea during life. The parts between the bottom of the wound and the commencement of the abscess were perfectly sound.

On opening the larynx, the soft parts between the epiglottis and the superior thyreo-arytænoid ligament, on each side, were very much thickened by the deposition of lymph beneath the mucous membrane, and a small ulcer was found at the mouth of the epiglottis. Just above this ligament, on the right side, a small opening led into a cavity completely surrounding the arytænoid cartilage, portions of which had exfoliated and were loose in the cavity, and nearly the whole of the cartilage was laid bare, the joint alone being healthy. The greater part of all the cartilages was converted into bone. The inner membrane of all the air tubes was highly turgid with vessels, and both lungs contained more mucus than usual, especially the right, the lower part of which was condensed and heavy, from the quantity which had been secreted, and a few flakes of recent lymph were on the surface of the pleura. The other viscera were healthy.

The disease in the larynx must, no doubt, have existed for some time before he inflicted the wound in the throat, as ossification and exfoliation are comparatively slow processes; but the coincidence with a wound in the neighbourhood is curious, and contributed to produce the obscurity in the progress of the symptoms. The wound may, perhaps, have accelerated the disease, though it was not likely to be the immediate cause of the abscess, from the healthy state of the granulations and the gradual filling up of the incision. The abscess being directly in contact with the membrane of the larynx and trachea, and the pus being in equal quantity on both sides of the larynx, or if any thing more copious on the right side, were sufficient, in Mr. Hawkins's opinion, to shew that it had been the consequence of the inflammatory condition of the inner membrane of the tube, and the irritation of the internal abscess round the right arytænoid catilage, from which the purulent expectoration had proceeded during life.

NOTICE.

We have received the paper of Mr. T.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MARCH 7, 1829.

ON RETROVERSION OF THE VALVES OF THE AORTA.

By Thomas Hodgkin, M.D.

Read before the Hunterian Society, Feb. 21, 1827.

9, New Broad-Street, 6–2, 1827.

My dear Friend,

Thou wilt probably recollect having pointed out to me, a few months ago, a particular state of the valves of the aorta, which, by admitting of their falling back towards the ventricle, unfits them for the performance of their function.

Though the derangements of the thoracic viscera had for some years been a peculiar object of my attention, the lesion in question was new to me; and it appears to have equally escaped the observation of those pathologists to whom we are the most indebted for the knowledge which we possess respecting the diseases of the heart. Corvisart, Laennec, Bertin, Rostan, Bouilland, and Andral, have none of them made any allusion to it. Since the first specimen was pointed out to me by thyself, I have had the good fortune to meet with two or three additional cases. In the deficiency of a better description, the following sketch may be found to possess some interest. If thou thinkest so, it is quite at thy service.

To avoid circumlocution, and in defect of a better name, I shall designate by the term retroversion of the valves that diseased state which allows of their dropping in towards the ventricle, instead of effectually closing the vessel against a reflux of the blood.

The valves in which this derangement has taken place, have their loose edge considerably stretched and lengthened: hence, when raised and applied to the sides of the vessel, instead of forming a straight or rather concave line, they form a curved one, with its convexity upwards. In some instances there is a manifest laceration of the edge. The structure of the valves is more or less thickened, and the appearance of the corpora Arantii is nearly lost. The point where the lip of the valve is connected with the side of the vessel seems to be the principal seat of mischief. It is at or near this spot that the laceration before mentioned, when present, is met with; and almost always the portion of the artery to which the valve is attached is thickened and drawn downwards, assuming the appearance of a fleshy column, and evincing that a considerable degree of traction has been exerted upon it. In no instance which I have met with are the three portions of the valve all equally deranged. Those which correspond with the origins of the coronary arteries are either principally or solely affected. A more or less diseased state of the artery has, almost without exception, concurred with retroversion of the valves. In some instances there has been merely a little unequal thickening, with disposition to earthy deposit; in others this derangement has been much more considerable, and accompanied with dilatation of the artery.

Having described the morbid appearance, I proceed to offer a few remarks on its nature and causes, and shall afterwards give one or two examples, with the hope that, when followed up by further investigation, the symptoms and the lesion may be so connected as to render its diagnosis tolerably easy.

The mere inspection of the parts would at once induce one to attribute the derangement to a mechanical cause. In what other manner can the laceration of the edge of the valve, or the elongation of the part of the artery to which it is attached, be accounted for? That such causes do at times act on this part, we have abundant proof, in the occasional sudden production of aneurism of the aorta from violent straining, forcible retention of the breath, &c. A force calculated to effect the dilatation of the first part of the aorta, if exerted through the medium of a fluid, as *e. g.* the blood, must, from its pressing equally on all sides, have also a tendency to send the valves backwards towards the heart. Though I am not aware that such an injury has hitherto been noticed by any author, as occurring in the aortic valves, examples are not wanting of partial ruptures having taken place in other parts of the heart, as a consequence of urgent straining. Corvisart has given three cases in which the carniæ columnæ, and tendons of the valves, were ruptured from this cause; and Laennec and Bertin have each added another *. A previously diseased state of the structure of the artery is probably an important condition as a predisposing cause; and its dilatation may also contribute to induce retroversion of the valves, precisely as Bichat explains the imperfect action of the valves of the veins.

The specimen No. 1422, in the collection at Guy's Hospital, the one in which retroversion of the valves was first observed by thyself, exhibits this derangement in a well-marked manner. It is now some years since it was taken from the subject, and I am not in possession of any of the symptoms which distinguished the case, except that the patient was anasarcous and had enlarged heart.

The next example occurred in a stout and vigorous man, about thirty years of age. He was admitted into Guy's Hospital on the 29th of March last, having severe affection *of the chest, under which he had been labouring for some time*. Blood had already been taken from him, but without relief, and after his admission the operation was again repeated, with no abatement of the urgency of his symptoms. He had great dyspnœa, with anxiety and palpitation. He died on the 2d of April.

I had scarcely seen this patient during life, and had not myself examined him with the stethoscope. The impulse communicated to the ear by the cylinder was reported to be remarkably strong, but I do not know that any *bruit de scie* was noticed*.

On examination, the aortic valves were found in the state which I have already described, and which an inspection of the preparation, No. 1423, will render perfectly intelligible. The heart itself was of large size, its cavities dilated, and its parietes thickened. There was a little fluid in the pericardium. The left side of the chest bore marks of recent pleuritic inflammation. A considerable portion of the lung was hepatized, and a small spot had suffered from pulmonic apoplexy. The right lung, though denser than natural, and containing much sero-sanguinolent fluid, was far more permeable to air than the left. The abdomen contained about two gal-

* Since this letter was written, I have noticed the following remark in Dr. Baillie's Morbid Anatomy: "There is a preparation in Mr. Hunter's Museum shewing one of the semilunar valves thickened and ruptured to a considerable extent. It is very rare that such an occurrence happens, and in this instance the rupture was so large, that I conceive it must have proved almost immediately fatal."

* Some months after this letter was written, I received further particulars respecting this case from my friend J. H. Pickford, of the Guards. He examined this patient's chest about an hour and a half before death, and inserted the following remarks in his note-book:—

"*Right side.*—Anteriorly and superiorly on the right side, the sound of the breathing gave an idea that the air was injected with great force, and had very great difficulty in insinuating itself into the substance of the lungs, as though they were compressed. The respiration became gradually less audible inferiorly, until it was quite lost.

"*Left side.*—Precisely similar results were obtained on the left side, except that the respiration was not audible below the third or fourth rib.

"*Heart.*—The impulse of the heart was not particularly feeble, but was considerably diffused; the sound very general over the whole of the left side, and nearly the whole of the right side of the chest, with the exception of the superior part. Each contraction appeared lengthened, accompanied with a purring, thrilling, or sawing kind of noise."

This examination having been made so short a time before death, it ought to afford no surprise that the impulse of the heart was not proportioned to the thickening of its parietes discovered after death. The great extent over which the sound was heard ought, in all probability, to be attributed to the indurated state of the lungs. The *bruit de scie* not having been noticed in two or three other cases of retroversion of the valves, may have been an accidental symptom of short duration. May it not have been produced by the partial coagulation of the blood, which there are various reasons for supposing to commence before death?

lons of clear, bright, yellow serum. The other appearances noted in this cavity were unimportant, and foreign to the subject before us.

I not long after met with another specimen of this affection, in examining the body of a patient of Dr. Cholmeley's. This individual came into the hospital on the 5th of April. His abdomen was distended with ascites, his lower extremities were very œdematous, and he was suffering under great difficulty of breathing. The chest was examined on the twenty-second. The right side afforded a dull sound, except quite at the upper part. Absence of respiration coincided with the dullness of sound. On the left, the chest was more resonant, and the respiration might be heard, accompanied by sonorous rattle. The action of the heart was irregular, the impulse tumultuous and strong, with little sound. Some of the contractions of the heart were lost at the wrist. The pulsations of the carotid arteries were strong, and attended with *bruit de scie*. A second examination, a few days later, afforded similar results, but the *bruit de scie* no longer accompanied the carotid pulsations. The patient died on the 31st.

There was a good deal of old pleuritic adhesion on the right side of the chest, which contained a considerable quantity of serum. The anterior and upper part of the lung was still permeable to air, but the major part was much compressed and condensed. The left lung generally admitted air, but, though crepitant, its texture was considerably firmer than is natural. The bronchi were filled with mucus, and their lining membrane was intensely red. The pericardium was generally and closely adherent to the heart, which was of nearly three times its natural size: both auricles were prodigiously dilated, and the edges of the tendinous curtains of the auriculo-ventricular valves were somewhat thickened. Both ventricles were dilated, but while this was the case, in but a slight degree, on the right side, it was remarkably so on the left, which was large enough to contain a moderate-sized fist. Its parietes were much thickened, but those of the right ventricle were little altered. On making a transverse section of the heart, at a sufficient distance from its apex to take off about an inch and a half from the left cavity, the right remained unopened. There was retroversion of two of the aortic valves, as may be seen in the specimen, No. 1424. The artery in this case was not dilated, and it deviated but little from the healthy state. There was a considerable quantity of serous effusion in the peritoneum, and a general increased degree of vascularity of the mucous membrane of the stomach and intestines.

Though I am perfectly aware that the two cases which I have just given are unavoidably defective in some important particulars, and especially in their early history, yet, in the absence of such as are more complete, something may perhaps be gleaned from them. In the first place we may observe, that, in common with other affections of the aortic valves, retroversion was attended with dilatation and thickening of the left ventricle, the symptoms of which were made known by the stethoscope; that the pulse at the wrist was not in proportion to the action of the heart; and that, like other organic affections of the heart, it was accompanied with great anxiety and much disturbance of the respiratory function.

In addition to these common symptoms, there was one of a negative character, which ought not to be overlooked. The absence of the *bruit de scie* accompanying the contractions of the ventricles, forms an important difference between the preceding cases and those in which the valvular disease consists in thickening and vegetations. Since the simple inspection of the diseased parts is sufficient to induce us to refer retroversion of the valves to a mechanical cause, we might naturally expect to find the history of the commencement of the attack in accordance with this view; and, instead of tracing the symptoms to rheumatic metastasis, or other forms of carditis, to hear that the attack had been sudden and consequent to exertion, and probably having little of an inflammatory character. A case, very accurately combining these circumstances, occurred to me last summer, in the person of one of my dispensary patients. Little if any relief was afforded by the abstraction of blood; and this circumstance rather tended to strengthen the opinion which I had formed, that the patient was labouring under retroversion of the valves. Much to my regret, I lost sight of this patient, who resided out

of the district in which we are accustomed to visit patients at their homes.

It is highly probable that the affection of the heart to which sawyers are liable, may, as thou hast aptly suspected, be found to consist in retroversion of the valves. The high column of blood which must press on the valves when the arms are raised, appears very likely to produce an effect of this kind.

On the 8th of last month I was called to see a young woman of about 28 years of age. She appeared to be naturally stout and strong. Her countenance was slightly livid, and expressive of considerable anxiety. She was labouring under dyspnœa, and great oppression of chest. Her respiration was attended with a constant moan, yet she assumed the horizontal posture with little inconvenience, and readily changed her position in bed. She had frequent cough, and rather copious expectoration of ropy mucus, intimately mixed with dingy blood, a kind of sputum often characteristic of disease of the heart. Her chest afforded a dull sound in the precordia; elsewhere it was resonant, but rather feebly so. The respiration was generally mucous or canorous. The impulse of the heart was strong, without any remarkable perversion of sound. The pulse was accelerated, but its strength was not in proportion to the action of the heart. The tongue was moist, and of pretty good appearance. The patient had considerable anasarca. She had not been well from the time of her last labour, which was a very difficult one, and left her subject to shortness of breath, and occasional fainting. Her recent urgent symptoms were of about three weeks' standing.

I ordered her to be bled to 12 ounces, but no relief ensued. The blood drawn exhibited not the slightest inflammatory appearance. She died very suddenly about 12 the same night, having spoken till within a very few minutes of her death.

The features of the preceding case induced me so strongly to suspect retroversion of the valves, that I felt no hesitation in expressing this opinion, prior to inspection, both to thyself and to my friend, Edward Cock, who was kind enough to assist me in the examination.

Old pleuritic adhesions existed on both sides of the chest. A small quantity of serum was effused. The lungs, though every where permeable to air, were denser than is natural, and somewhat œdematous. The bronchial membrane was of a diffused dull red. There was a little serous effusion in the pericardium. The heart was considerably enlarged, and its cavities dilated. The valves were all healthy, except those of the aorta, which were retroverted, and furnished the specimen No. 1425. The ascending aorta was considerably dilated, and its coats were thickened and uneven, from copious deposit of semicartilaginous and earthy matter. Bertin, with whom we shall probably agree in regarding this state of the artery as the result of inflammatory action, says that it is often brought on by the use of ardent spirits. The present case rather tends to support him in this statement, for the subject of it was reported to have taken largely of alcoholic liquors. Bertin's opinion is further borne out by the case of a sailor, whom I recently inspected. He had been in the habit of taking considerable quantities of arrack. The aorta in this man was much dilated, and very remarkably loaded with semicartilaginous and earthy matter; and led to his sudden death, by giving way, and forming a rent of nearly four inches in length.

Respecting the treatment to be adopted in cases of suspected retroversion of the valves, I can offer nothing which I can flatter myself would be interesting. From the nature of the derangement the line to be pursued can only be palliative and precautionary, and must principally consist in avoiding all strong effort or excitement, and especially in guarding against such causes as are likely to induce derangements of the respiratory organs, which are so prone to form fatal combination with this, as well as with many other affections of the heart.

In return for thy short and interesting observation, I have inflicted on thee a long letter, which it is high time that I should bring to a conclusion, by subscribing myself

Thine very truly,
THOMAS HODGKIN, M.D. &c.

To C. Aston Key, Esq.

Read before the Hunterian Society, Feb. 18, 1829.

MY DEAR FRIEND, C. A. KEY,

SINCE I addressed thee some months ago, on the subject of a particular mor-

bid appearance of the aortic valves, which we agreed to designate by the term *Retroversion*, fresh instances of the affection in question have fallen under my notice. Though some of the cases were never seen by myself during the life of the patients, and though with respect to others I am not in possession of all the particulars with which we could wish to be acquainted, I am, notwithstanding, induced to present them in the form of a supplement to the first letter, since, in their imperfect state, they still possess some degree of interest, as connected with an affection hitherto but little known. I feel it, however, the more incumbent upon me to relate them, from the circumstance of their having obliged me to modify the suggestions which I ventured to offer with respect to the diagnosis.

John Richardson a sailor, out of employ, and who had for some time been much exposed to cold and hunger, was admitted into Guy's Hospital, under the care of Dr. Bright, on the 28th—2, 1827. He had laboured under difficulty of breathing and occasional cough for about seven weeks, and at that time his dyspnœa and anxiety were great. He was unable to assume the horizontal posture, and found the greatest relief from his distress when standing by the aid of some support, and inclining himself a little forwards, and to the right. It was particularly observed that, notwithstanding his difficulty of breathing, he had no lividity of countenance. His respirations were 48 in a minute, and performed with effort. His pulse frequent, 130. The action of the heart was unaccompanied by the sawing sound, or *bruit de scie*. The tongue was natural, and the bowels were open. He had general anasarca, and his legs were increasingly œdematous, but this symptom had only been noticed about nine days. Cupping-glasses were applied, but they produced a temporary increase rather than mitigation of suffering; yet some relief appeared to be afforded by small bleedings. The blood drawn was buffed, but not cupped.

Inspection. — The body, which was still warm, was by no means emaciated. The œdema was great and general. The head and face were bloated and livid, presenting the appearance of a person who has been executed: even the ears were of a deep blue.

The head was not particularly examined.

There was very little adhesion of either pleura.

In the right cavity there appeared to be somewhat more than a quart of nearly clear, but rather sanguinolent serum. A very thin and delicate adventitious membrane had been formed. It was obviously very recent, but nearly transparent, and was capable of retaining the serous fluid. The lymphatics under the pleura covering the diaphragm were very distinct. The right lung bore no traces of having been compressed, a circumstance which indicated the very recent date of the effusion. The lung was free from adventitious deposit, and was very generally pervaded by air, which was not easily expressed from the lung, probably from the state of the bronchial tubes, which were deeply red, and contained a good deal of mucus. There was much less effusion into the left cavity of the chest. The lung was in the same state as the right.

In the pericardium there was about an ounce and a half of serous fluid, unmixed with coagulum.

The heart was of a large size. Both ventricles were very much dilated, the right extending quite as far as the left. The apex was remarkably blunt and rounded. The attachment of the edges of the semilunar valves was elongated and broad, forming a stout fleshy column, as in retroversion of the valves. They were, indeed, somewhat in this state, but the valves were more thickened and contracted than in the examples of this affection hitherto noticed. One of them presented an appearance as if half of its margin had been removed so as to produce a notch. There was considerable semicartilaginous thickening of the aorta above the valves, with but little, if any, dilatation. The other valves appeared quite healthy.

Abdomen. — The effusion into this cavity was considerable. The peritoneum appeared to be healthy. The mucous membrane of the stomach and intestines was generally of a diffused and deep red, which diminished towards the end of the ileum. In one part of the small intestines it was raised to a limited extent by emphysema. The direction of the spots in which this condition occurred, was influenced by the

valvulæ conniventes. The liver was of the nutmeg character, and loaded with blood. There was considerable œdema under the peritoneal coat of the gall-bladder, through which the serous fluid transuded on very slight pressure. The spleen was healthy, but extremely turgid with blood. The pancreas was of a livid colour. The kidneys were healthy, but loaded with blood.

Another example has recently been afforded in the case of our late friend, Dr. Cox.

This gentleman was about 28 years of age, not robust, but of a lively and energetic character. He had some years before his death occasionally indulged in rowing and other athletic exercises, in which he was accustomed to exert himself beyond his strength. He was a remarkably fast runner. Though he appeared to enjoy a fair state of health, he had for years at times remarked the undue palpitation of the heart, which induced him to say that he had some organic affection of that viscus. In the autumn of 1825 he accompanied Sir R. K. Porter to Caraccas, as private physician. What were his exertions while there, and what was the state of his health, is not known, but since his return he has said, that besides the palpitation, he also had a constant inordinate action of all the arteries of the body. He married in Caraccas, and after two years he returned to this country, by way of the United States. The symptoms before mentioned had in some degree increased. Shortly after an accidental transient mental excitement, he was seized with a fit having the character of syncope. From this time he continued a decided invalid, yet he was by no means confined to the house, and was too regardless of avoiding large and heated assemblies. The symptoms connected with the heart continued the most prominent. Besides the general and inordinately violent arterial action, which was very rapid and frequent, though perfectly regular, there was a remarkable thrill in the pulse, and the carotids were seen violently beating on both sides. The contractions of the ventricles were marked by strong impulse, and a constant *bruit de scie*, which presented this peculiarity, that it was double, attending the systole as well as the diastole, but not exciting the idea of being at all connected with the auricles. The chest was generally resonant; it was, however, thought to be rather less so in the region of the heart; but, this situation excepted, the left side was rather more resonant than the right. The respiration could be heard strongly over the whole chest. He had occasional cough, and had once or twice expectorated some blood. A considerable exacerbation took place about two weeks before his death. From the time of this attack the symptoms continued to become more urgent. His anxiety and dyspnœa were great, and truly distressing; his cough was frequent and dry; his restlessness and irritability were remarkable; and he was impatient of being covered. He constantly referred to the scrobiculus cordis as a principal seat of pain, and complained of uneasiness from flatulence. His countenance was neither flushed nor livid, but pale. The alvine secretions, till nearly or quite the last, were tolerably regular and natural. A short time before his death the stomach became irritable, and some vomiting took place: the mucus rejected was tinged with blood. During the last days the skin acquired an icteritious hue, and the lower extremities became œdematous. Notwithstanding the great excitement of the nervous system, the intellectual faculties continued unimpaired, with the exception of a few hours whilst under the effects of an opiate.

During his illness Dr. Cox had been seen by several medical friends, Drs. Babington, Cholmeley, Johnson, Clarke, Burne, and Hodgkin, M. Gosset, &c. &c. Cupping and blisters had been had recourse to, but they procured little, if any, relief. During the distressing anxiety which was present in the latter days, venesection was twice resorted to, but appeared to give no relief. The blood was firmly contracted, but scarcely exhibited the smallest trace of buff. Though excitement had always increased Dr. Cox's sufferings, neither depletion, whether by bleeding, blistering, or purging, nor low diet, afforded any advantage: opiates had never suited him, and when tried a few days before death, they produced, as already stated, excitement and increased distress, instead of a composing effect. Cold and air were the most grateful and the most effectual sedatives. Prussic acid was given in small doses a short time before death, and gave some relief.

Emaciation had advanced pretty ra-

pidly during the last few days, but was by no means extraordinary.

The body was opened, whilst still warm, at an early period after death.

The head was not opened.

On raising the sternum, the pericardium was observed to be more than usually visible: a complete round ligament of some inches in length extended from its anterior part to the inferior extremity of the sternum. There were only very partial and slight pleuritic adhesions, except at the summit of the right lung, where the attachment was strong. There were at least three pints of sanguinolent serum, pretty equally divided between the two sides of the chest. The substance of both lungs, though every where pervaded by air, was much more dense and fleshy than is natural: it was of a dull red colour, and perfectly free from any appearance or tubercles, except that in the right upper lobe, immediately under the adhesions already spoken of, there was a collection of cretaceous matter of about the size of a marble, inclosed in a cyst of condensed cellular membrane, beyond which the substance of the lung was of the same character as elsewhere. There was some serous effusion into the pericardium, perhaps about four or five ounces, but the membrane exhibited no marks either of old or recent inflammation. The heart was very considerably enlarged, chiefly from the hypertrophy and great dilatation of the left ventricle, which was blunted at its apex; and just where the point should have been, it was very thin. The right ventricle was very little enlarged, and its parietes were of their natural thickness. The auricles were both somewhat enlarged, and, as well as the ventricles, contained a good deal of blood and coagulum. The tricuspid and mitral valves, and the semilunar valves of the pulmonary artery, were healthy, but the aortic valves presented the following very remarkable appearance:—That valve which is situated immediately under the right coronary artery was not merely retroverted, but was stretched to upwards of an inch in length, and somewhat resembled the finger of a glove cut very obliquely: the pouch was of unequal thickness; its margin was uneven, and there were some spots or ulcerations in which the lining membrane of the valve was removed. The margin of the valve on one side was considerably drawn down from its point of attachment to the aorta, and separated for some distance from the attachment of the next valve. This second valve was slightly thickened, and its margin was uneven, exhibiting a tendency to retroversion, but it was not distended. The third valve was healthy. The coats of the aorta for about an inch and a half above the retroverted and distended valve, and against which it must have been carried during the systole of the heart, were considerably thickened, and presented an uneven surface. Elsewhere the artery appeared healthy, or at most there were only a very few small thinly scattered opaque points: it was not dilated. On the inner surface of the heart there were some irregular spots of opacity at the part where the diseased valve would have struck during the diastole.

There was but little serous effusion into the abdominal cavity. The peritoneum appeared healthy, with the exception of some old adhesions to the convex surface of the spleen. The mucous membrane of the stomach was thickened, corrugated, and of a deep red colour; that of the intestines, both small and large, appeared healthy, but was not free from venous congestion. The submucous cellular membrane was prodigiously infiltrated with clear serum.

The liver was of its natural size and figure, but was firmer than usual, and presented a minutely granular surface, from the slight elevation of the acini. The incised surface presented a mottled appearance, from the centres of the acini being of a deep livid colour, while externally they were much lighter, but strongly tinged with bile. The spleen was small, and its structure firm. The pancreas and kidneys offered nothing remarkable.

A specimen of greatly enlarged heart was sent some months ago to the museum of Guy's Hospital, by our zealous friend, C. Fagg, jun. of Hythe. The man from whom it was taken was about 40 years of age, and very muscular. For three years prior to his death he laboured under symptoms of angina pectoris; any violent exertion brought on dyspnœa, palpitation, and a tendency to syncope; and for some time before his death he had frequent attacks of violent pain in the sternum, in the region of the heart, and down the arm. During these attacks the dyspnœa was extreme; his pulse was remarkably

firm and bounding. Thirty-six hours before his death (which happened on the 14th of May) gangrene commenced in his feet. On examination, slight partial adhesions, in the form of thin loose cellular membrane, were found between the close and reflected portions of the pericardium; the heart was prodigiously enlarged, principally by the dilatation and thickening of the left ventricle; the coronary arteries were thickened, but not ossified; all the valves were healthy, except those of the aorta, which were thickened, presented an uneven margin, and admitted of retroversion; the aorta was much dilated, had a very irregular internal surface, and was loaded with copious bony deposit: see No. 1427 B. There was some serous effusion in the right side of the chest.

A specimen exhibiting the same derangement was presented to the museum by my friend Thomas Bevan, of Queen-street. It was taken from A. B. a patient under the care of Dr. Pierce and John Hooper. He was somewhat advanced beyond the middle period of life, and had been in the habit of indulging in spirituous liquors. His occupation did not appear to have been of a laborious description, nor could it be ascertained that he had engaged in athletic exercises. He had for several years been in an imperfect state of health, and appeared to be labouring under an affection of the chest. For a period of about eighteen months preceding his death, he was the subject of repeated and serious exacerbations, which rendered him incapable of exertion. He had urgent dyspnœa, with great anxiety and oppression of chest; and palpitations, accompanied by a sound which resembled the cooing of a dove (in all probability sonorous rattle, dependant on the state of the bronchial tubes). The pulse was at times very frequent, but not uniformly so; the carotids were at times seen strongly pulsating; the extremities were œdematous. Venesection aggravated rather than relieved his symptoms.

The heart was greatly enlarged, principally from the dilatation of the left ventricle, the parietes of which were rather thin; the auricles were likewise somewhat enlarged, but the right ventricle very little. The mitral and tricuspid valves, and those of the pulmonary artery, were nearly or quite healthy. The aortic valves afforded an example of retroversion. The valve principally affected was the one situated under the right coronary artery — it might be completely turned back towards the heart; the valve situated under the other coronary artery was similarly affected, but in a less degree; the third valve retained its natural position: all three were a little thickened. The aorta was considerably dilated; it was loaded with plates of bony matter, and its lining membrane had partially given way. The pericardium was healthy. See No. 1427 A.

In the next and last case which I have to bring forward, the retroversion was by no means considerable, and was obviously not the immediate cause of death, though it probably contributed to render more distressing and untractable the pneumonia by which the patient was carried off. It happened that I did not make this inspection myself, and I am indebted to our intelligent and zealous pupil, Ebenezer Smith, for the notes of the case, and the description of the appearances found after death.

John Boulton, a sailor, aged 45 years. In the latter end of Sept. he had inflammation on the left side of the chest, and when he came into the hospital, under the care of Dr. Bright, October 8th, 1828, it appeared chiefly to affect the right side. He was bled on account of this inflammation of the right lung to 108 ounces in seven days, his pulse continuing peculiarly sharp.

On October 30th his pulse was first observed to be irregular on his sitting up.

Nov. 10th, cannot lie on his right side; respirations from 25 to 30 per minute, increased in frequency by lying on his right side. He has no cough when lying on his left side, but constant hacking when on his right side.

During this month he lost about 54 ounces of blood, his pulse remaining very tense, though not very frequent. His left side was observed to be duller than the opposite. Both sides of the thorax were equally raised by the respiratory muscles. Auscultation gave the idea that the heart was enlarged; its action was violent, quick, and accompanied with some sound. The contraction of the auricle seemed somewhat obscured by that of the ventricle.

On January 12th his pulse became much altered in character, viz. 64 per

minute, irregular, and jerking, with a small beat, returning as it were upon the fuller one; sometimes there were two or three full and rather thrilling beats in succession; sometimes two or three smaller ones followed each other; but most frequently a large and small beat alternated with each other. He was bled to ℥xviij. (in totò ℥cviii.)

17.—Pulse much weaker, though very strong at the heart; his countenance is suffused and bloated, and his legs have swollen.

Died on the 18th.

Dissection.—The body was generally anasarcous, but in a slight degree; the legs discoloured as though from old ulcerations. The brain appeared healthy. On removing the sternum, the right lung was observed completely to fill its cavity, and to be firmly adherent to the costal pleura by remarkably strong adhesions; there was also some lymph on the surface of the pleura; the whole lung was carnified and engorged, not excepting one square inch. There was a recently-formed layer of fibrin or plastic lymph, of considerable thickness, in the fissure between two of the lobes; this portion of the pleura having, as is not unfrequently the case, escaped the old attack of inflammation which had given rise to the general adhesions between the pleura pulmonalis and costalis. In the left cavity of the chest there was about half a pint of yellow serum, and there were also strong adhesions; the lower lobe was as much carnified as the right lung; the upper lobe was generally very healthy, perhaps rather darker in colour than usual. The bronchi rather vascular. There were no adhesions of the pericardium; there was an opaque spot on the close portion, and more than a healthy quantity of serum in its cavity. The heart was very much enlarged, with moderate thickening of the parietes. The mitral valve was opaque; its edges and its tendinous cords, on one side, were much thickened; there were opaque spots on the lining membrane of the heart where this valve had flapped backwards. The aortic valves were much thickened; one corresponding to the one of the coronary arteries was slightly retroverted, its point of attachment drawn down towards the heart, and presenting some appearance of having been at one time lacerated. There was a patch of osseous matter, of about the size of a shilling, on the convex part of the arch of the aorta, at some little distance above the diseased valve. The aorta was a little dilated, and for a long way down there was a deposit beneath the lining membrane, rendering the coats more opaque than usual. The liver was large, and its surface was opaque, striated, and puckered.

The cases which I have just detailed, and in which the extremes of the affection were met with, will, I trust, when added to those detailed in my former letter, suffice to remove the doubts entertained by some gentlemen with respect to the existence of that particular derangement of the semi-lunar valves, to which we gave the name of retroversion.

The case of Dr. Cox, in whom the degree of retroversion was the most considerable that I have ever met with, proves, in opposition to the suspicion which I ventured to express in my former letter, that the absence or presence of the *bruit de scie*, or sawing sound in the contractions of the ventricles, is not to be regarded as forming the ground of distinction between retroversion and some other affections of these valves.

The further particulars respecting one of the cases which I related in my first letter, have the same tendency; but my friend J. H. Pickford is unwilling that I should insist very strongly on his evidence in this case, as at the time when it occurred his acquaintance with the stethoscope had but recently commenced.

It would still appear, that in the majority of instances there is no *bruit de scie* accompanying retroversion of the valves. The peculiar character of this sound in the case of Dr. Cox is well worthy of attention, as connected with some of the appearances noticed in the inspection. It was repeatedly observed to offer a double or spondaic character, the one part marking the systole and the other the diastole of the ventricle. The spots of partial thickening on the interior, both of the ventricle and of the aorta, and which had evidently been occasioned by the contact of the elongated and much retroverted valve, sufficiently prove that the blood on the left side had been subjected to two motions, the one progressive and the other retrograde, in both of which it might easily give rise to some sound as it passed the

elongated valve. The peculiar thrill which was observed in the pulse may, I conceive, be ascribed to the interruption of the progressive current which must have taken place whenever the elongated valve passed its more healthy fellows, as it was carried from the ventricle into the aorta. The partial thickening on the internal surface of the heart and vessels, in consequence of some unusual contact, is a morbid appearance which, so far as I am aware, has not been particularly pointed out by pathological anatomists, yet it does not appear to be a rare occurrence.

The last case of retroversion which I have described afforded a well marked example of this kind of thickening. I observed similar spots, in the form of granular elevations, on the inner surface both of the auricle and ventricle, in a patient of Dr. Back's, who died with considerable disease of the mitral valve, the cauliflower-shaped bony elevations along the thickened edge of which completely corresponded with the spots before mentioned.

One of the circumstances which I conceive must often contribute to obscure the diagnosis in cases of retroversion of the valves, is the difficulty of discovering the exciting cause, notwithstanding all the care which we may employ in collecting the history of the disease.

The nature of the derangement, as I have already remarked, clearly points to a mechanical cause, which, if full particulars could be obtained, would in all probability be found in some excessive muscular effort, or a sudden and violent mental emotion, by which the circulation had been as suddenly and forcibly disturbed.

Dr. Cox, as has been said, was often exposed to the consequence of efforts disproportioned to his strength; and several others of the individuals whose cases I have brought forward were, by the nature of their occupations, liable to similar causes of injury.

In the case of A. B., the patient of Dr. Pierce, the most careful inquiry did not lead to the discovery of any satisfactory cause of this kind.

Similar examples must doubtless from time to time present themselves to our notice, while we may daily see individuals who are with perfect impunity frequently subjecting themselves to some of the most violent of the exciting causes which I have enumerated. Nor ought this circumstance greatly to surprise us, since, in those cases of accidental injury which come more immediately under view, the mischief is often by no means proportioned to the violence applied. Much of the difference in the effect must doubtless be ascribed to the previous natural or acquired weakness of the affected part. Of the first we can know nothing, and the second, if known or suspected, would perhaps be more likely to mislead than to assist us in the diagnosis.

Another inference which some of the cases which I have collected in this and in my former letter would lead one to draw, is, that depletion seems to aggravate rather than to relieve the distress of the patient. The case of John Button may be thought strongly to oppose this remark; but it must be remembered that the retroversion in him was comparatively slight, and that the urgency of his case depended on very severe pleuro-pneumony. I am fully aware that large depletion, as well as digitalis, is often injurious in other cases of disease of the heart, as well as in that of which I am now speaking; yet, as there are affections of the heart, or large vessels, which are relieved and benefited by the pretty copious abstraction of blood, and by other depleting measures, it is well to keep the fact in mind, with the hope that future improvements in diagnosis may lead us to greater clearness in our mode of treatment.

Before I conclude, I shall take the liberty of adding, as a small semeiological contribution, a few remarks on the indication of valvular disease, and therefore not altogether foreign to the subject before us.

Of all the valvular diseases, the affections of the mitral are attended by the most characteristic symptoms. When these valves are sufficiently deranged to produce a disturbance of function, there is great irregularity of the pulse, which, if not always present, is at least observable whenever the circulation is disturbed by exercise or any other excitement. In affections of the aortic valves there is generally no irregularity or intermission of the pulse; nevertheless, intermissions are not very unfrequent.

The comparison of the pulse with the action of the heart itself is very essen-

tial, and tends to throw the clearest light on these affections. In derangements of the mitral valve, the beat of the heart cannot be better characterized than by the term tumultuous. It baffles all attempts to analyse its rhythm.

In affections of the aortic valves, on the contrary, the action of the heart is generally, if not always, regular; and even when intermissions are perceived at the wrist, the lost pulsations may be felt at the heart. In diseases of the aortic valves, auscultation often detects a prolonged and perverted sound, such as has been compared to the stroke of a saw, the puff of a pair of bellows, or the action of a rasp.

This distinction between the affections of the mitral and aortic valves I have found invariably confirmed by numerous cases. Such, indeed, might have been judged to be the case *à priori*. When the mitral valve is so diseased as to disturb its function, there are two orifices by which the ventricle may discharge its contents; and it must depend on the almost fortuitous varieties of the action of the valve, as well as on the degree of fulness of the auricle, which must be influenced by every cause capable of affecting the circulation, whether the contraction of the ventricle should propel the blood by its usual course through the semilunar valves into the aorta, or by a retrograde movement through the mitral valve into the auricle. The circumstances are very different in the case of disease of the aortic valves, the mitral remaining sound. Here the circulation is disturbed by no reflux from the ventricle, and every contraction must propel the blood through the aorta, although the force of the contraction may not be sufficiently great to render the impulse perceptible in the remote branches. These considerations, confirmed by experience, induce me to differ from Corvisart and some other authors who have treated of the diseases of the heart, and who regard irregularity of the pulse as peculiarly characteristic of disease of the aortic valves. I have never found myself deceived by the symptoms which I have described as indicative of disease of the mitral valves; and I am hence induced to place the derangements of this part amongst those internal affections which may be pronounced upon with the least uncertainty.

I am thine very truly,

THOMAS HODGKIN.

CASE OF

STRANGULATED SCROTAL HERNIA,

In which the Intestine was opened during operation, to obtain its return.

By ROBERT BROWN,

Member of the Royal College of Surgeons, &c.

IN the whole range of surgical practice, there are perhaps no cases alike commensurate in importance to the patient and practitioner as those of hernia, more especially to the former, as his existence is at all times in the utmost danger, and his welfare so much dependent on the skill and decision of the surgeon.

Surgeons who have witnessed a number of operations for strangulated hernia, must have observed that unexpected difficulties sometimes occur, in the removal of which each individual's judgment, unaided by published opinions, must be his guide. The annexed case furnishes an instance of this kind, in which a mode of treatment warranted by existing circumstances led to its adoption, and, as the issue shows, to the recovery of the patient.

A particular diseased condition of the protruded intestine has been assigned by systematic writers on hernia as the only cause which can require the gut to be opened; but Mr. Brookes constantly inculcated the opinion in his lectures, that where any difficulty exists in the accomplishment of the return of the hernia, in consequence of the presence of flatus, puncturing the intestine by means of a needle may be safely and advantageously practised. The means pursued in the accompanying case have not, so far I am aware, been either recommended or adopted; and the reason which induced me to have recourse to this novel practice was the impracticability of returning so large a portion of gut without first reducing the volume of the distending fluid, which frustrated our efforts to accomplish its return.

Many extraordinary instances, it is true, are on record, where recovery has taken place after very protracted periods of strangulation; I cannot, however, but persuade myself that if the necessity for operation is once manifest, the earlier it is resorted to the greater is the chance of success. In accordance with this belief, I strongly recommend, and invariably resort to the operation early. I therefore add my

feeble testimony to that of the experienced Hey, who declares that he has "oftentimes had occasion to regret having performed the operation too late, but never too soon."

The subjoined case, moreover, clearly shows the great liberty which the intestines will sometimes suffer to be taken with them, without the evil consequences usually apprehended ensuing; and will serve to encourage the surgeon not to abandon his patient without at least hazarding an attempt to overcome the opposing difficulties at reduction, by a similar measure to the one adopted in the following case.

Robert Metcalf, æt. 40, a day labourer, and a stout muscular man—subject to chronic bronchitis: has had scrotal hernia on the right side during the last six or seven years, for which he has worn a truss; it has, notwithstanding, frequently been down, and occasioned him very severe pain.

At seven o'clock on the morning of Dec. 23, 1827, the hernia again descended, and the pain he suffered from that time till two P.M. was indescribably great. At three P.M. I was desired to visit him. I found him writhing on the bed in the greatest agony. On examination I discovered a tumor of the scrotum, larger than a goose's egg, which, after a long attempt at taxis, I got reduced to a comparative small size; water effused into the sac was distinctly perceptible. Immediate V.S. was employed to fainting, but without benefit. Temperature of the body was the whole time but little increased, and he had had a few attempts to vomit. Pressure on the belly did not occasion much pain; but on the removal of the taxis he evidently suffered much more than he had done on former trials. One teaspoonful and a half of tinct. opii was given, and at six P.M. I found him easier; but all attempts at reduction proved unavailing, and worse than useless, from the agony and suffering which even slight pressure produced. A domestic enema was then given, and nothing save a surgical operation appeared to me likely to do any good.

At nine o'clock, having obtained the assistance of my friend Dr. Moore, I proceeded to operate. The hernia sac was large, and contained near three ounces of serum, and a coil of inflamed ileum nearly ten inches in length. The stricture of the external ring was divided upwards by Weiss's knife, probably to a greater extent than may be commonly deemed advisable; but our efforts did not enable us to return the gorged intestine until a puncture had been made, of about three lines in extent, in a longitudinal direction, through the thickened parietes of the gut, by a lancet, which gave exit to a large quantity of excrementitious fluid. All difficulty was now surmounted, and the operation was soon finished. The wound was dressed in the common way, and the patient put to bed. The pulse 88 and small; and the temperature of the body cool at the time we left the house.

24th, half-past nine A.M.—I find him quite cheerful, having passed a very easy, though a sleepless night. No pain either in the abdomen or in the inguinal region, except on coughing; pressure on the abdomen excites but little pain; pulse 132; tongue moist; complains of great thirst; no alvine evacuation since the operation.

℞ Magnes. Sulphatis ℥iv.
Tinct. Opii ℥ss.
Aquæ Menthæ Piper. Oj. Ft. mist. cujus sumat vinar. sing. horis donec alvus respond.

24th, three P.M.—Medicine has not yet operated, although six wine-glassfuls of the mixture have been taken; the last dose, however, was vomited. There is a little more tension of the belly, but he experiences no pain on pressure.

Mitt. sanguis ad animi deliq.

Fainting occurred after the escape of about ℥xxiv.

The mixture to be continued, and an enema of treacle, butter, and tepid water, to be thrown up every hour.

25th, half-past seven A.M.—The second enema remained about an hour, when it was returned and followed by repeated griping dejections during the night. Abdominal tension gone, and only slight pain is felt when firm pressure is made on the belly. In other respects as before.

The mixture to be taken every third hour.

Twelve A.M.—Free from pain, and is in most respects the same as yesterday. Bowels slow. On exposing the wound, the upper and lower part of it is filled with protruded omentum, which I con-

sidered it well not to interfere with, as no unpleasant symptoms called for interference.

Ten P.M.—Bowels have been moved frequently, evacuations scybalous; pulse good; temperature of the skin and abdominal uneasiness nearly the same as at my morning visit. Dressings removed, and more pressure applied over the protruded omentum.

Sum. Tinct. Opii gtt. 40.

27th, 10 A. M.—Complains of flatulency. Bowels very open. Pain of the belly diminishes. Wound looks well; lower part united. The pressure again applied over the protruded omentum.

Sum. Carbon. Magnes. 3ss. statim, et p. r. n.

6 P. M.—Complains of distention and borborygine of the bowels, and other symptoms of indigestion. Bowels continue open. Cough better, and pulse about 100.

28th, 10 A.M.—Has passed an easy night; pulse 98; integuments covering the right testicle much swollen, but free from pain. The neck of the protruded omentum was transfixed with a needle armed with a double ligature, and tied in the usual manner, and then covered with a compress of dry lint, and secured with adhesive plaister and bandages.

29th.—To-day he complains of a good deal of pain in the wound. In the night he endured much from flatulency and indigestion, which subsided with frequent eructations. Bowels quite open, and the fæces of a more natural appearance; pulse 100. The omentum has bled a little, and has assumed a more dark appearance. The scrotum supported by bandage.

Jan. 3, 1828.—The ligature around the omental mass has been tightened daily, and hanging by a very small neck, I separated it by the scissors. It weighed on removal ℥iij.: the discharge from it has been most fœtid. To the smaller portion of protruded omentum a ligature was tightly applied. The scrotum has two ulcerated openings in it, with a small piece of sloughy cellular membrane projecting from each aperture: from these openings there is a free discharge of laudable pus. Bowels have been regularly moved, and free from distention and pain, since an infusion of rhubarb was substituted for the mixture. A glass of ale allowed.

From this period the recovery of the patient proceeded in the most satisfactory manner, and he is now, with the exception of his thoracic disease, free from complaint.

Preston, Feb. 11, 1829.

POISONING BY NUX VOMICA.

To the Editor of the London Medical Gazette.

Sir,

In a late number of your Journal is a report of two anomalous cases received into St. Thomas's Hospital. I need not further advert to this report than to adduce it as a reason for the publication of the following case, since the writer, suspecting that nux vomica might have been exhibited, observes, "we know of no record of its effects on man in a sufficiently powerful dose" to identify its presence in these instances. It is true that but few cases of the action of this vegetable poison on the human subject are recorded, and even those so briefly, that no conclusive inferences can be obtained.

Ann Barlow, æt. 20, in the month of June, 1820, purchased half an ounce (avoirdupois) of powdered nux vomica, for the ostensible purpose of destroying rats. She swallowed the whole quantity, mixed up in water, at eleven in the morning. Her friends learning the cause of her subsequent illness, applied to me at the Dispensary in this town, half an hour after the poison had been taken; the girl then feeling anxious to avert the consequences of her suicidal action. She had violent spasmodic contractions of the voluntary muscles, but more especially of the limbs, with extreme pain in all the parts affected. The spasm was at times continued during three or four minutes, and then succeeded by some quick change of position, or a long succession of convulsive motions. The muscles of the back were so much affected by spasm as almost to render it a case of opisthotonos. Finding it impossible to retain her in a chair, she was placed upon a bed, and, with the assistance of her neighbours, preserved in that situation from local injury. The action of the heart was slow and feeble; the pulse somewhat indistinct, and beating, at an average, in the first half hour, 50 in a minute. The surface of the body cold, and uniformly wet with perspiration. The functions of the stomach and bowels not perceptibly disordered. She *remained sensible throughout her illness.*

A strong solution of sulphate of zinc was administered with difficulty, since, with every desire to second the object I had in view, she could not avoid biting through the cup by an uncontrollable action of the masseter and temporal muscles. A metallic vessel, which was then substituted, received the impression of her teeth. The emetic operated freely in a few minutes, but did not immediately relieve the symptoms. Abundant portions of gruel and a large dose of castor oil constituted the whole after-treatment. The pulse at the expiration of two hours averaged 70, and had become firm. The convulsions gradually subsided, and finally ceased in about four hours from the period of attack, after which time she slept, and awoke early in the evening, without any other feeling of illness than what resulted from exhaustion. The next day, although still feeble, she could walk from home.

The poisonous action of nux vomica, in this instance, is peculiar, inasmuch as it does not appear to have excited any direct disturbance of the intellectual functions, or of the alimentary canal. She had not either sickness or purging until both had been induced by the administration of medicines.

Orfila speaks of a young girl who died in a short time from the effects of 15 grains. She had extreme anxiety, and made some efforts to vomit. He also notices three other cases, in which the effects were convulsions, stiffness of the limbs, especially the knees, stupor, coldness, but neither vomiting nor purging. The doses do not appear to have exceeded one scruple, a quantity which I have often prescribed three times daily, I may say, without any sensible effect. The preparation in ordinary use must differ materially in strength, either in relation to the age of its growth, or the time that it has been kept, since Dr. Mason Good was never able to give more than seven grains without making the head stupid and vertiginous. He considered it a stimulant narcotic, taking off the sensibility, but rendering the head confused, and at the same time exciting the irritable fibres to irregularity of action. Ploucquet, in his Literatura Medica, refers to two cases of poisoning by this substance; I have not, however, the means of access to his authorities. In one case there was found "inflammatio ventriculi et intestinorum tenuium."

I am, Sir,
Your obedient servant,
J. M. Baynham.

Birmingham, Feb. 25, 1829.

GALVANIC PHENOMENA IN THE MOUTH.

To the Editor of the London Medical Gazette.

21, Mason-Street, Hull.

Sir,

As your interesting Journal is a depository for all scientific subjects connected directly or indirectly with the medical profession, I have been induced to send you an account of some facts and phenomena which have led me to conclude that, under certain circumstances, a galvanic action takes place in the mouth.

Firstly, I may remark, that often during my practice I had observed that whenever silver or platina wire was used to rivet teeth to a gold plate, either the teeth were discoloured or softened, or else the individuals complained *that an unpleasant taste was constantly experienced in the mouth.* Reflecting on the probable cause of this, it appeared to me referable either to the saliva being more acidified, and thus oxydizing the silver, &c. or else some new principle was communicated to the saliva by the two different metals being in contact. However plausible this theory appeared, I determined to verify it by facts—viz. whether the phenomena were attributable to either of the above causes; and numerous cases I could detail which appear to me quite explanatory and conclusive: my object being only just to notice the subject in this communication, a few cases will suffice for the purpose.

I put teeth (molares) on a gold plate, and rivetted them to it with silver wire, and in the course of five or six months the teeth had become quite carious, but the pivots remained firmly attached, only they were covered with a thin black coat (oxydized). The lady assured me it was not a metallic taste,

but a sense of tingling which she had experienced.

However, the first case which convinced me the effects were attributable to something analogous to a galvanic action, was this: a respectable person, who was reduced in circumstances, wished me to put her in some teeth in the most secure way, and at the least expense; to answer both these considerations, the teeth were fixed by silver pivots to a silver plate, and they have answered much beyond my anticipation. More than a twelvemonth afterwards, she called upon me, to shew me how firm they remained, and she assured me there was no taste in the mouth from them. Hence it is obvious, when one metal is used there is not any perceptible effect; whilst it is indisputably true that there is a peculiar effect produced when two metals are employed.

I have also observed similar phenomena in stopping the teeth, for whenever two metals are used, a galvanic effect is invariably produced: for example, if teeth are stopped entirely with gold, no *taste* is recognized; but if one tooth be stopped with gold and another with tin-foil, or platina, in the same mouth, the complaint is made that *an unpleasant taste* is experienced, accompanied by a peculiar sensation of tingling in the mouth.

To specify the effects (as in the former cases of teeth placed on plates, &c.), I may remark, the saliva became more stimulating, and exerted a powerful action on the bone, so as to soften it and give it a dark appearance, producing want of cohesion of the molecules (as in common caries of bone). The calcareous earth seems little, if at all, altered in its properties, whilst the gelatine, &c. is evidently much changed, and some of it removed. In some instances the bone, at its edges, could be bent, but it broke on attempting to bend it back again: hence the phenomena are different to what takes place in *mollities ossium*.

The practical advantages of these facts I will communicate at some future period. I am, Sir,

Your obedient servant,

J. L. Levison.

Feb. 16, 1829.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'Alembert.

A Treatise on the Diseases of the Bones. By Benjamin Bell, Fellow of the Royal Colleges of Surgeons of Edinburgh and London.

The author remarks, that although much has been already written upon the subject of the diseases of the bones, the information is difficult to be got at, because it lies scattered through numerous volumes, and must be sought for combined with the conflicting descriptions and opinions of various authors. His intention has therefore been to reduce into a systematic form the different diseases affecting the bones; with this limitation, however, that he confines himself to the description of those morbid conditions which have come under his own observation. Those who read his work will be satisfied that his opportunities for examining this department of pathology have been sufficiently ample; and after a careful perusal of the volume, we venture to say, that his descriptions are faithful, and his deductions, in general, judicious. The author gives full, and in many parts original, explanations of all the most frequent diseases of the bones; and in a detached essay enters into some criticisms upon the opinions regarding the union and non-union of the neck of the thigh-bone. The appendix forms a large and valuable part of the volume: it contains the catalogue of the preparations of the diseases and injuries of the bones preserved in the museum of the College of Surgeons of Edinburgh: and the description of these preparations, with the notices of the cases annexed to them, constitute in themselves a pretty complete system of the pathology of the bones. The author informs us that the greater portion of this catalogue was drawn up by Mr. Charles Bell, to whom the chief part of the museum lately belonged.

The subjects are too elementary for the purpose of analysis, but there is one subject discussed at some length, on which we are desirous of offering some remarks; we mean necrosis. We do not think the processes that occur in that disease are satisfac-

torily explained: but the objections we have to urge apply to others who have written on this subject, as well as to the author before us. Most of those who treat of necrosis, attribute the commencement of it, in a very vague manner, to the death of a portion of the bone. It is conceived that this is the first step in the disease; a portion of bone is injured; it becomes dead, and after this, necrosis fairly commences. One author, to whose paper on this subject we are referred, commences with saying, "It has been long known that when a bone *dies*, or becomes necrosed, a process is begun to repair the loss." What this word "dies" means we can better understand by another passage in the same paper: —"The simplest case, perhaps, is the death of the shaft of a cylindrical or long bone, either in whole or in part occasioned by a blow;" or, perhaps, the meaning is still more obvious if we follow his speculations a little further, when we find him making calculations about how far up we ought to amputate in gunshot fractures of the long bones, in order to insure the removal of all the extent that may have received a shock from the ball: for he supposes this shock may have entailed certain death upon the bone, even from the beginning, and may be the cause of subsequent necrosis, if amputation be not performed high enough up. Now on what principle, we ask, does he conceive that such a phenomenon may occur, as the sudden and exclusive death of a cylindrical or long bone, "either in whole or in part?" Is its nervous system destroyed, or are its blood-vessels entirely cut off? Having stated that the bone is dead, he scruples not to add, that "the absorbents in the interior of the new bone being excited, take up a considerable quantity of the decayed portion, or sequestrum, which is shut up within." We do not understand this. In all other instances where we have proofs of absorption, we have likewise proofs of vitality remaining in the part absorbed. The error lies in saying that the bone is originally dead, whereas at first it is only inflamed; and the sequestrum is not proved to be dead until it has been detached from the surrounding new bone. If we examine sections of necrosed bones, in an early stage of the disease, we find the new bone grows, as it were, upon the stock of the old one; and the textures belonging to both are so intimately united that we can with difficulty distinguish the new from the old part. This is sufficient to prove that the old bone is not yet dead: it proves, we think satisfactorily, that it is only inflamed; and, besides this, that it has the principal share in giving rise to the new growth around it. Inflammation having fixed upon the bone, it swells, and new bone springs from it; but, at the same time, suppuration forms within it. The matter is, however, confined, lodges in the central cavity, and burrows in the interstices; and the consequence of this is that it destroys and eventually causes the separation of a certain part of the original bone. It is in this way the sequestrum is formed: the new bone becomes detached from that part of the old bone which has been killed by the intensity of the inflammation and by being surrounded with pus; and it is this process of separation which causes it to assume a rough, worm-eaten appearance. We have no proofs of the sequestrum undergoing any changes by absorption after this: it only remains a source of irritation, which must be discharged, to perfect the cure.

We made the following experiment, to illustrate this point. The leg of a pig was broken over the edge of a hatchet, so as to produce a compound fracture, and into the wound a tent was introduced, to prevent its healing. After this, madder was mingled with the food of the animal, and at the expiration of five weeks it was killed. The osseous system was beautifully stained by the colour of the madder. In the limb which was fractured a large mass of newly-formed bone, of a bright red colour, extended from the knee to the ankle; within this hollow mass there were inclosed the fractured portions, including the bones of the leg, which were quite loose and irregular in shape, like common sequestra, and they were tinged most distinctly with the colouring matter of the madder. This circumstance of the dead portions being thoroughly stained with the madder, proves, we think, that they were not dead in the earlier stages of the process.

But, as another means of disproving this opinion of the bone being dead at the very first, let us mark the consequences resulting to a bone from a severe injury, and from a slighter one. If

we examine numerous specimens of necrosis, we shall find that there are some in which the sequestrum retains many of the appearances belonging to the natural healthy bone—such as its smooth surfaces, spines, and ridges. There are others, on the other hand, in which the sequestrum appears worn, withered, or decayed; all the original bone seeming to be wasted except the central part. Now if we compare the relative quantity of new bone which has been secreted around these two different sets of sequestra, we shall find that around the former there is a very scanty supply, but around the latter the cake is thick and strong. This we state as a general fact. The difference, we imagine, may be accounted for in this way:—when the sequestrum retains many of the characters of the original bone, it is a proof that the injury at the beginning must have been very extensive, and so severe as to render it unfit to take on the proper actions for supplying new bone. We may say, with authors, that it was deadened at the very first. The periosteum has separated from it, and, instead of new bone forming upon it, suppuration has destroyed the surrounding textures, leaving it bare and unchanged in shape. The reverse is, however, shewn in those specimens where the sequestra are much decayed, or almost dwindled away. A rich supply of new bone encircles them; and we think it is fair to infer that, in these examples, the original bone has undergone a slow and gradual process of destruction; that it has been inflamed in a slight degree—not deadened at the first; and that, during this inflammation, it has been engaged in throwing out new bone, and building up a shaft around it: besides, that it was not until a late period that mortification of its central part and the casting off of the sequestrum took place. It is not the violent death of the bone, therefore, that promotes the throwing out of a plentiful secretion of new bone; but it is a certain limited degree of inflammatory action in the bone. Having this explanation of the cause and of the course of the disease, we may infer what are the rules of practice. It is the suppuration within the inflamed bone that causes the extension of the disease. It is our duty, therefore, to obtain a free exit for the matter; and to attain this object, it may be proper to trephine the bone—not as is commonly advised for the sole purpose of extracting the sequestrum, but to cause a freer evacuation of the pus.

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND PHYSICAL JOURNAL.

March, 1829.

"*Observations on Venous Inflammation: with the Details of a Fatal Case of Phlebitis, occurring after Venesection.* By HENRY S. CHINNOCK, Member of the Royal College of Surgeons, and Consulting Surgeon-Accoucheur to the Westminster Lying-in Hospital."

A LABOURING man, between 30 and 40 years of age, was bled in the arm, at St. George's Hospital, in consequence of a fall. After two or three days he was seen by Mr. Chinnock, when he complained of feeling "weak and stiff," with chilliness and general indisposition. He was largely bled and freely purged. Next day the symptoms were much worse, and the author regarded it as a case of common inflammatory fever. The bleeding was repeated, and, in proceeding to the operation, it was discovered that the arm which had been originally bled was painful on being moved. There was a blush of inflammation and considerable puffiness round the orifice, with swelling of the arm and shoulder. Twenty leeches were applied to the part, blood taken from the left arm, and calomel and opium ordered. On the following day he was irritable and restless, with irregular rigors, and fever of a typhoid character. The arm was excessively painful, and the region of the axilla was occupied by a swelling which was diffused, and had a tympanitic feel. A free incision was made, and a large quantity of matter evacuated. On the following day the tumefaction of the arm had much diminished, but the course of the cephalic vein was marked by a red line, and it might be felt like a cord under the skin. Some matter could be pressed from the orifice of the vein. He complained much of a choking sensation, which prevented him from breathing freely, and he now directed attention

to the axilla of the left side, where appearances presented themselves similar to those of the opposite side. The integuments in both axillæ, after a time, assumed a gangrenous appearance. Opium, ammonia, wine, and other stimulents, were exhibited without avail, as he continued to sink, and died about the twelfth day from that on which he had been first bled.

On examination after death, the vein was proved, by the introduction of a blow-pipe, to be quite pervious. The median-cephalic and cephalic were twice their natural size, and were partially filled with purulent matter, the coats being redder than natural, and so thick as to resemble an artery. The diseased appearances in the vein did not extend more than an inch below the orifice, and terminated above at its junction with the axillary. Matter was deposited in the interstices between the muscles of the arm and axilla. In the left armpit there was above an ounce of ill-conditioned matter; nearly six ounces of purulent fluid were contained in the right side of the chest, and a "yellowish mucilaginous fluid" in the body of the lung. The brain and the abdominal viscera were not examined.

The author is of opinion that the entrance of pus into the blood was the immediate cause of death, and he agrees in the general views advanced by Mr. Arnott on the subject of phlebitis. He thinks that early depletion affords the only prospect of success, and that "topical bleeding cannot possibly be carried to too great an extent."

"*A brief Account of the Diseases that appeared on board the Essex Prison Hulk, during the Years* 1825, 26, *and* 27. By JOHN SPEER, M.D. Surgeon R.N. and Medical Superintendent, Essex; late Surgeon of the Castlekneck Dispensary."

This paper gives an account of the diseases which prevailed on board the Essex, stationed at Kingston, for the purpose of receiving prisoners on their way to New South Wales. In 1825-6, catarrhal affections, fever, and dysentery, made their appearance, and yielded to the usual remedies. The only circumstance worthy of note is that *Sycosis menti* attacked upwards of 60 prisoners, having apparently been communicated from one to the other by means of a shaving-brush. The method of treatment adopted consisted of leeches, fomentations, poultices, and purgatives, during the inflammatory stage; and of alteratives and stimulating ointments when this had passed away.

"*Inquiries respecting the Efficacy of the Oil of Turpentine in the Treatment of Neuralgia, and particularly of Sciatica.* By M. MARTINET."

This paper is taken from the French of Martinet, who has paid much attention to the medicinal application of the oil of turpentine. He recommends it to be given in doses of 20 drops three times a-day, incorporated with honey, syrup, or magnesia; in which quantity, and in which manner of exhibition, he regards it as a remedy of great value in neuralgia generally, and in sciatica in particular; and he affirms that the chance of its succeeding is greater in proportion as the pain has proved obstinate, and as it follows the course of the nerve. Attention must be paid to the state of the stomach, and twelve days is the period allowed for the cure.

"Of seventy individuals affected chiefly with sciatica, and other kinds of neuralgia of the extremities, fifty-eight were cured—viz. three by rubbing in the oil, and all the others by taking it internally; ten, two of whom prematurely intermitted the medicine, obtained only temporary relief from its use; and five received no benefit. Of these five, two had diseases of the joints, of which they died a few months afterwards."

"*On the Origin of the Vapour Bath.* By THOMAS RIDGWAY, M.D. Licentiate of the Royal College of Physicians, &c."

It appears that a form of vapour bath, not very unlike that now used, was described by John Colbatch, a physician, in London, in the year 1696.

"*Case of Perforation of the Stomach.* By JAMES LEONARD, Esq. Member of the Royal College of Surgeons, London."

A man, aged 26, by trade a stonemason, at the end of a usual day's work, suddenly applied his hand to the

left side, groaned, and fell. When visited, he was found with a countenance of great anxiety, breathing short, pulse 130, thready, extremities cold, and pain all over the abdomen. There was no hernia. Twelve ounces of blood were abstracted on the spot, and thirty more as soon as he was removed to his own house. He was then put into a warm bath, a blister was applied to the belly, and an ounce of castor-oil administered. This was instantly followed by violent retching, during which, however, he did not bring up any thing. The pain continued to increase, and about midnight he was bled again to the extent of 20 ounces. At six in the morning he died. The following appearances presented themselves :—

"On opening the cavity of the peritoneum, the first thing that presented itself was the oleum ricini, floating on the surface of a large quantity of turbid fluid, amounting to not less than three or four quarts. The peritoneum was highly vascular, and large patches of a gangrenous appearance were visible on several parts of it. From the intestinal portion of that membrane much coagulable lymph had been thrown out, so as to fill up the spaces between the convolutions, and produce the appearance of a continuous surface, which was easily broken down. The omentum was equally vascular. On raising the left lobe of the liver, a small orifice was visible in the anterior surface of the stomach, about two inches from the pylorus. At the point of perforation the stomach was an inch thick. The diameter of the tumor was about an inch and a quarter. The external orifice was perfectly round and well defined, as if stamped out, and would have admitted a pea. The internal opening was ragged, and surrounded with a yellowish pus. The stomach was quite empty, and had no adhesion to the liver at the place of perforation. With the exception of great vascularity, produced by the irritating substances admitted into the cavity of the peritoneum, the other viscera were healthy."

"*On Mesmerism, improperly denominated Animal Magnetism.*" By Richard Chenevix, Esq. F.R. and E.S. M.R.I.A., &c."

This paper opens with the words "animal magnetism is true;" and the object of the writer throughout is to make good this assertion. He tells us that, like others, he went to laugh, but that he came away convinced; and he relates various cases in which he himself magnetized individuals for different diseases. Out of 164 persons, 98 manifested "undeniable effects;" but he does not afford any information as to the nature of the influence, or the mode of its application, and the whole therefore rests on the authority of his unsupported assertion. Our readers will probably agree with us that something more than this is required, when we are expected to believe that one person, by the operation of another, can be made to "see without his eyes, taste without his tongue, hear without his ears, and obtain complete insight into things of which, in his waking state, he had no knowledge."

MEDICAL GAZETTE.

Saturday, March 7, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

ON THE PUBLICATION OF MEDICAL DISCUSSIONS.

The members of the Medical Society of London have been lately engaged in considering whether the reports of their weekly proceedings, which appear in our pages, and occupy a still larger space in those of a contemporary journal, shall, with their sanction, be continued.

We mentioned, some time ago, that this important question had been referred to the Council; but have no means of ascertaining what will be the final decision of that body. We conjecture, however, that, following the example of the Medico-Chirurgical, Hunterian, and Westminster Societies, they will decline taking any steps towards the total suppression of this practice; at the same time we feel that

many strong arguments may be advanced by those who are anxious to prevent the delicate questions which, in this Society especially, frequently occupy the attention of responsible practitioners, from being unveiled to the public. Without supposing that we can satisfy all the scruples of those who are averse to publication, we may call attention to one or two points upon which we are at issue, for we think the advantages resulting from a discreet use of the information gained in such conferences too great to be passively relinquished.

It has been urged as an objection, that from the absence of all study and preparation, what is said is frequently unfit, without revision, for appearance before the public; that circumstances of a trivial nature are related, and that opinions "scarce half made up" are broached. There is considerable truth in all this; but we would throw into the opposite scale the great and peculiar advantage of having the field open for any fresh topic of the day, where every one may propose any doctrine, state any fact, moot any difficulty, and collect the opinions of a number of intelligent men, by which his own may be confirmed, if right, and corrected, if wrong.

It should be recollected that extempore communications are not expected to wear the complete and finished garb of a set speech; indeed to those who know, as we do, the arts of book-making—the arcana of pretended oracles—the whole getting up of a pompous oration; who can trace the veteran theory of fifty writers amid all the false colouring and tinsel of the newest Parisian toilette; to such it is more pleasing to meet original opinions *in puris naturalibus*. We read that Minerva sprang full formed from the head of Jove; but in our day we must not look for such prodigies. Some indeed there are who bring forth monstrous productions, and a few who miscarry altogether; still there is, upon the whole, much useful information elicited.

There is a more plausible foundation for this feeling of caution and delicacy, which keeps other persons from detailing cases entrusted to their confidence: the dread of having a failure of this kind traced home, and of incurring the imputation of a breach of faith, is a sentiment too honourable and too prudent not to be respected; but we venture to hint to those who are so reserved, that in most instances it is in their own power to prevent the mischief they apprehend, by avoiding all allusion to names and places, and other collateral circumstances, and promulgating simply what is of technical importance to the medical world. With this precaution, we may claim the practical opinions of persons of standing and experience as a part, and not the least valuable part, of professional property. But when a beginner tries his "'prentice hand" on a theory, or when any one rises merely to make his hebdomadal speech in the hope of seeing it in print, there is no reason why these should go forth to the four corners of the earth as part of a Society's transactions. Occasions of public utility warrant the surrender of customary reserve. A queen of France is delivered in presence of as many of her loving subjects as can crowd into the royal bedchamber; but the same multitude is not called in to witness the *petit malheur* of every grizette.

But we must get out of this obstetrical train of thought (which, we conceive, has been engendered by looking at some of the labours of the Medical Society of London), to notice the conduct of a contemporary, long since *past bearing*. In no particular has the unjust and unprofessional character of the publication in question been more conspicuous than in the abuse of its privilege of making public the proceedings of our various Medical Socie-

ties. It appears plainly, from its reports, that such persons as have not laid themselves out to please the boisterous faction of the day, have been stinted of their fair proportion of space, or their opinions miserably distorted; or when their communications have been inserted, their names have been suppressed*.

It is very natural and proper that an attempt should be made to put an end to this system, the tendency of which is to reduce to silence the unassuming, and to convert our scientific associations into trumpery booths, wherein every charlatan may sound his own trumpet! At the same time considerable caution is requisite on the part of those who interfere, lest they do more harm than good. Thus the publication of reports both from Hospitals and Societies in this Journal has had a prodigious effect on those in the Lancet: galled by the frequency of our exposures, the Editor has become more cautious, and though omissions and perversions still abound, yet the number of downright falsehoods has been much diminished. So far as we are concerned, it is a matter of little importance to us whether the Society choose to have reports published or not. Finding the question to be under discussion, we have abstained from publishing them for the last three weeks, and certainly shall never give insertion to any smuggled reports, should the Council or the Society, (to whom the question will probably be referred,) decide against giving them openly. But if so, it will be for the members to consider whether they are prepared to take the consequence—we mean that of having their discussions published in our rival contemporary alone; for the Society cannot by the passing of any enactments prevent this. We repeat, that if it be the wish of the majority that their discussions should not be made public, we shall not do so; the immediate result of which will be, an exparte statement, through another channel, of just so much of what passes within their walls as happens to suit the purposes of the reporter.

It has been well observed in the last number of the Medico-Chirurgical Review, that there is at present a disposition on the part of some, to force themselves into a little notoriety, by speaking much, if they cannot speak well; but why should their logomachies be noticed at all? It is much better that they should not,—and were they passed a few times *sub silentio*, the evil would cure itself. We agree entirely with the following passage in the article to which we allude:—

"The Presidents of these associations have an arduous task to perform in restraining the interested egotism, the vain lucubrations, and the irregular ramblings of the members. One cardinal point which they should always keep in view, is to check the DIGRESSIVE NARRATIVES, until all members who wish to discuss the *principles* or the practical points of the question, have had an opportunity of speaking. This discussion of principles and practice gives dignity to a meeting of medical men, and presents a very effectual barrier to the selfish views of the egotists. Neither should *irrelevant* cases be permitted to be *smuggled* in by these candidates for hebdomadal fame, till the discussion of the subject before the Society is fairly exhausted. It is then quite soon enough to allow the irregular, desultory, and promiscuous statement of cases, to eke out the time which cannot be better employed in the more elevated pursuits of scientific associations."

At the same time we must be permitted to say, that it is indecorous and improper that recourse should be had to coughing down a member, as has lately been repeatedly done—at least at one Society. It would be much better to have it understood that no one, having once delivered his opinion on

* We allude particularly to Dr. James Johnson, who has recently made some valuable communications both to the London and Westminster Societies. They have been given in the Lancet as from "A Member."

any particular subject, should again speak on the same question, except in explanation. The discussion would thus assume a more regular and instructive form, the mutual interchange of useful knowledge among the intelligent would be encouraged, and the ramblings of the loquacious be restrained.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 28.

Dr. A. T. Thomson in the Chair.

Discussion on Buffy Blood.

Dr. Gregory drew the attention of the society to the subject of buffiness of blood, a phenomenon, he said, of very general occurrence, but concerning which the opinions of medical men are both indefinite and wavering. Dr. Heberden, upwards of fifty years ago, proposed as a query, for the consideration of his professional brethren, "Is the sizy covering which is often seen upon blood, of any use in directing the method of cure?" The very putting of the question implied his distrust of the principle; but he goes on to state, "that in very few diseases does the blood afford to the practitioner any useful information; that the seat of diseases is not to be sought in the blood, to the sensible qualities of which they seem to bear but little relation." These are the opinions of a very sound practical physician, and an attempt to impugn their accuracy must be viewed as somewhat hazardous. The more modern notions on the subject of buffy blood are so various and contradictory that it is difficult to define them with any degree of accuracy. The appearance is, indeed, regularly noted, but no important deductions are obtained from it, with reference either to pathology or practice. It is simply taken as an evidence of inflammatory action, but even that doctrine is variously limited and modified. Dr. Gregory's object appeared to be, to shew that buffiness of blood is not only a very important index of disease, but that it is actually an *agent* in the production of many of its phenomena.

The ancients must of course have often seen this appearance of the blood, but they have not left us many observations concerning it. The first author usually quoted on the subject of buffy blood is Sydenham, who describes it in his chapter on Pleurisy, and who first noticed the two facts, since so often repeated, that its appearance is often determined by the mode of flowing, and that stirring the clot prevents its development. The mathematical physicians, and especially Boerhaave, laid the utmost stress upon the buffiness, or *lentor*, of the blood. They considered it as the undeniable proof of that *glutinosum spontaneum*, upon which they conceived so many diseases mainly to depend. It must be confessed, however, that their speculations concerning the buffiness of blood were overstrained, and little can be culled from them which is really valuable. Within the last fifty or sixty years much attention has been paid to the subject, but almost exclusively with the view of ascertaining on what *physiological* principle the phenomenon depends. The doctrine of buffy blood must be sought for, not in the writings of pathologists, but in those of physiologists.

The variety and opposition of opinion in the physiological cause of buffy blood is well worthy of a little reflection. It will be found invariably, that every opinion which has been started has, ere long, been met by one diametrically opposite. Three different sets of theories may be traced, though it is difficult to unravel the mystery in which the whole question has been involved.

1. Simson, in his valuable work, *De Re Medicâ*, notices concerning blood that if a ligature be kept on a limb for three or four hours, and a vein be then opened, the blood appears buffy. "Hence," he says, "we may account for the buffy blood of pregnant women. The uterus presses on the iliac veins, and causes a *remora*, or *stagnation* of blood, which is the real source of buffy blood. Almost all authors, with this single exception, have attempted to attach the phenomenon of buffy blood, not to stagnation, but to *increased velocity* of the circulation. But, 2dly, we have contrasted opinions on the *effect* of increased velocity of circulation. Boerhaave held, that the blood was thickened by this rapid movement; and John Hunter's doctrine was, that buffy blood depended on the firmer coagulation of the fibrin squeezing out the red particles. Hewson, on

the other hand, maintained that the fibrin was rendered thinner during inflammation; thus permitting the more rapid subsidence of the red particles. Mr. Mayo, in his valuable work on Physiology, inclines to this idea, and gives as the cause of buffy blood, its *diminished viscidity*. 3dly, the experiments of some late physiologists have tended to connect the appearance of buffy blood with an increased proportion of fibrin in the blood. This is the result of Dr. Scudamore's observation. Blood from a man in health:—Clot, 1000 grains; dry fibrin, $4\frac{1}{2}$ grains. Buffy blood:—Clot, 1000 grains; dry fibrin, 13 grains. On the other hand, we have the recorded opinions of Dr. John Davy, that the proportion of fibrin in inflammatory blood is not in excess. He remarks that coagulation is not always retarded in sizy blood, while the profession have, almost without exception, adopted the opinion originally propounded by Hewson, that buffy blood coagulates with unusual slowness.

Such are the conflicting opinions of writers on the cause of buffy blood. Dr. Gregory next adverted to the pathological questions connected with buffy blood. Van Swieten remarks, that in the spring months of the year, blood drawn will often appear buffy, and yet no symptoms indicative of disease shall be present. Dr. Gregory questioned the accuracy of this statement, as also of another, frequently made, that the blood of pregnant women is often buffy without the occurrence of symptoms. In very many instances, Dr. Gregory had found the blood of pregnant women of a perfectly healthy character.

Dr. Gregory was not inclined to consider buffiness of blood as a mere phenomenon observable *after* the blood was drawn from the body, but he conceives that it circulates, in this diseased state, through the body, and produces there effects which vary from different causes, but especially with the *state of intensity of the buff*. Cough, giddiness, disturbed rest, a hard pulse, a general sense of oppression, and a deeply furred tongue, are the usual symptoms indicating the circulation of buffy blood; but when present in its highest degree, it may go on to produce death itself. The brain, in Dr. Gregory's opinion, cannot bear the circulation of blood buffy beyond a certain point. The phenomena of small pox in its confluent form have principally served to impress upon him this doctrine. Although that disorder be accompanied with so much inflammation, yet the blood is not always buffy. In many cases, it is not at all buffy, even during the height of pustulation. But in the worst cases there is a time when the blood becomes buffy; and one of the first evidences of this is, the occurrence of pustular ophthalmia. This is often succeeded by coma, and the patient dies. On dissection, the blood-vessels of the head appear full, but there is no disorganization. The occurrence of pustular ophthalmia about the period of scabbing is *invariably* connected with buffiness of blood.

Acute rheumatism is another disease, the phenomena of which are mainly, and, as Dr. Gregory believes, *inseparably* connected with a buffy condition of the blood. It precedes and accompanies that disease (as well as the more chronic forms of rheumatism) during its whole course, and to such a state of the blood would Dr. Gregory attribute the various and shifting localities of pain by which acute rheumatism is distinguished. To the same source he is inclined to attribute the implications of the heart in rheumatism, whose substance becomes, as the disease advances, deeply embued with buffy blood. Dr. Gregory has lately been attending a very severe case of acute rheumatism, going on to pleurisy, and gradual disorganization of the right lung, in which the very singular appearance presented itself of buffiness in *cupped* blood. Each cup, as it was filled, became deeply buffy.

The almost universal appearance of buffy blood in pleurisy caused it to be called by the old authors, pleuritic blood. It is well known that it is not developed with equal uniformity in other inflammations. Enteritis frequently exists without it. Many of the lighter grades of inflammatory action, (especially the affections called hepatalgia, &c.) are altogether independent of it, and in the determination of the probable danger and duration of any disease, the buffiness of blood must be a principal guide. To the extreme buffiness of the blood may the tediousness of convalescence from acute rheumatism be mainly ascribed. It seems not improbable that when buffi-

ness of the blood has reached a certain degree of intensity, it must be altogether eliminated from the body, before the functions are restored to a perfectly healthy state. Dr. Gregory then went on to notice the inflammatory exudations which appear to be so immediately dependent on buffiness of blood, especially the effusion of coagulable lymph, and the formation of polypi about the heart and great vessels.

Buffiness of blood, however, is a phenomenon not peculiar to inflammations strictly so called. It occurs, as it is well known, in many forms of fever, in some kinds of dropsy, and in apoplexy. The course and termination of these affections are often materially influenced by the condition of the blood circulating through the body.

Dr. Gregory concluded with a few words on the subject of the cure, or removal of buffy blood. When the blood is buffy the system will generally bear the loss of blood, but of course it would be highly improper to attempt, by the lancet alone, to combat the diseased condition of the vital humor. Purgatives, with nitre, and colchicum, are very beneficial; but a real *antiphlogistic* is still among the desiderata of medical science.

Mr. Bennet was surprised to hear Dr. Gregory speak of the buffy blood as different from other blood: it was merely the same, with a certain portion of the globules deprived of the colouring envelop. All the constituents were there,—the blood was blood in either case, and he believed that the difference between them was very unimportant.

Dr. Granville had come three times to hear the observations of Dr. Gregory, which had been announced a month ago, and of whose long promised communication he was glad to find the present was "the third and last time of asking." Dr. G. had given his remarks under two heads—viz. physiological and practical. With regard to the first, he thought the doctor had been rather meagre and unsatisfactory; for though he dwelt at some length upon the opinions of the older inquirers, he had passed over slightly (not to say superficially) the doctrines of more modern writers: for instance, of Dr. Davy, whose name he had mentioned, but without going into his experiments or his views at all in detail. Dr. G. ought, in the first instance, in so important a discussion, to have settled the preliminary question as to the vitality or non-vitality of the blood; as the views he entertained must of course greatly depend upon whether he looked upon the fluid, the properties of which they were called upon to discuss, as merely inert, or as participating in the life of the body in which it circulates. He (Dr. Granville) could not but express his astonishment at what had fallen from the gentleman who immediately preceded him: he had spoken of sizy blood as in all respects identical with the normal fluid, because it contained the same constituent elements; forgetting that, though the same elements might be there, they were differently combined, as their more ready separation clearly shewed.

With regard to the practical part of Dr. Gregory's speech, it consisted of two propositions, both of which were equally gratuitous, and unsupported by proof. First, it was assumed that the blood, as buffy blood, circulated through the different parts of the body; and secondly, presuming on the accuracy of this idea, he next assumed that its presence was the immediate cause of various morbid phenomena. Dr. Granville adduced various arguments to shew the inaccuracy of these doctrines. He said, that where several cups of blood were abstracted, it was common to find that some of them did, and others did not, exhibit the buffy coat: yet all had been in circulation at the same time; and that, in acute inflammation, to which Dr. Gregory had particularly alluded, we sometimes had no buff whatever formed upon the blood. As to the assumption that buffy blood circulating through the brain was the cause of death in small-pox, he begged to know where was the proof? Had the doctor found it in the vessels of the brain thus separated and disintegrated? Had he done so in rheumatism, or in any other disease? In his opinion, the positive and negative facts were equally against the views with regard to the blood which had been brought forward by Dr. Gregory.

Dr. Copland considered that the appearances which the blood exhibits have always an intimate relation to the vital conditions of the system, and to the state of excitement which the heart and blood-vessels present; and that the

buffy coat is merely one of the manifestations furnished by the blood, indicating reaction of the powers of life, or increased action of the vascular system. He believed that the blood participated in the vitality of the body, through the medium of the vessels; and that, according to the degree or condition of this endowment, the coagulation was modified, and the production of the buffy coat promoted or prevented.

He considered it as very satisfactorily shewn that two kinds of globules exist in the blood: 1st. The colourless globules, which are found also in the fluid circulating in the absorbents and lacteals; and, 2dly, the coloured globules, which seem to be the same as the former, but having acquired red envelops in an advanced stage of the process of animalization, and being larger than the former, from the circumstance of being surrounded by coloured envelops. In his opinion, the different arrangement of these globules in the coagulum constitutes the appearance denominated buffy blood; and the slower coagulation of the blood, always observed when it is abstracted during a state of excitement and increased vascular action, allowing the heavier red particles to subside. He was of opinion that buffiness was merely one of several phenomena which the blood presents, owing to the operation of various causes which influence the condition of the vascular system, and that the blood cannot be supposed to possess the distinctive characters of buffiness while circulating in the vessels. Buffiness of the blood was always most intensely marked in acute rheumatism and in inflammations of the serous and fibro-serous surfaces, and either slightly characterized or entirely absent in inflammations of the mucous surfaces.

As to the treatment of buffy blood, Dr. C. conceives that our means of cure are not to be directed immediately to this state of the circulating fluid, but to the conditions of the system and of the local affection on which it depends; and that, instead of depleting, as Dr. Gregory recommended, to such an extent as to abstract all the buffy blood from the body, (which would be impossible without destroying the patient,) or even to any inordinate degree, Dr. C. would recommend the increased action occasioning the buffiness to be lowered by the decided use of those remedies already in our possession; particularly of tartarized antimony, in large doses, of colchicum, nitre, camphor, and digitalis.

Dr. Johnson said that one of the circumstances mentioned by Dr. Gregory, in regard to small-pox, disproved his own theory: he had said that the pustular form of ophthalmia, and certain other phenomena occurring during the period of scabbing in small pox, were dependent upon the circulation of buffy blood. But he had also said, that if blood were drawn anterior to the supervention of these symptoms, no buff whatever was to be found. Now, as the blood was asserted not to be buffy before, and was only to be found after a certain condition had come on, it was difficult to conceive in what manner the buffiness could be the cause of a phenomenon which it did not precede. Dr. Gregory had also stated that he was able by the symptoms to tell when buffy blood was in circulation. Now this, if correct, was a very important discovery, and capable of various useful applications. For example: buffy blood is a well known accompaniment of pregnancy; and consequently, in doubtful cases, Dr. Gregory would be able to ascertain the presence or absence of impregnation by the presence or absence of the buffy blood, and this without requiring to abstract any portion of that fluid.

Dr. Gregory and Dr. Granville explained. The latter, in reply to a question of the former, said, that as he never bled pregnant women merely because they were pregnant, but on account of some disturbance in the system, he was not prepared to say in what proportion of cases pregnancy alone gave rise to buffy blood.

Dr. Stewart thought they were wrong in speaking of buffiness of the blood, and the various morbid conditions alluded to, as cause and effect. It appeared to him to be reasoning in a circle, as sometimes one of these phenomena preceded and sometimes the other, but without any obvious effect in producing each other. Either might be present, too, without the other. He thought it would be an important practical point to determine what indications as to treatment were afforded by the presence of the buffy coat in inflammation.

Mr. Samwell mentioned, as the re-

sult of his own observation, that the blood of a horse, if abstracted after violent exercise, shewed the buffy coat; whereas, if a little time was suffered to intervene before he was bled, it did not.

Dr. Gregory stated that he had refrained from giving any opinion of his own on the cause of buffy blood, because he wanted to hear the sentiments of others; he had given six different theories from various authors, and he would now fire off the seventh bullet. From observing the frequency of buffiness of *venous* in comparison with that of *arterial* blood, he was inclined to believe that the phenomenon was in some way connected with the changes that blood undergoes in its passage through the capillaries to the great venous trunks. Something that the blood ought there to throw off, is retained within it. This idea appears to be corroborated by the fact of the extreme frequency of buffy blood in diseases affecting those organs which are engaged in the office of transpiration (the skin and lungs.)

Dr. Johnson feared the seventh theory advanced to explain the cause of the buff, namely, the imperfect manner in which it underwent the changes in the capillaries, would not serve the purpose better than any of those which had preceded it. If it depended on this cause, how was it that arterial blood sometimes shewed the buff? This he had seen several times, especially in a warm climate.

Dr. Gregory had never met with arterial blood which shewed the buff.

Dr. M. Hall said that the late Dr. Gordon, of Edinburgh, had a specimen of it in his museum, and he also referred to other examples of the same kind.

Mr. North said that he had occasionally bled pregnant women in compliance with their own request, from a prejudice in its favour, and had often found the blood buffy, where there was no disturbance of the system, a circumstance which he thought incompatible with Dr. Gregory's idea, that the circulation of buffy blood must necessarily produce disease, unless (which he could not imagine) the Doctor was prepared to argue, that pregnancy was a morbid condition.

At the close of the debate, Dr. Thomson suggested that the buffiness of the blood might be connected with the formative process which was going on in pregnancy, and in most cases of inflammation.

HOSPITAL REPORTS.

LA CHARITE.

Laryngitis—Tracheotomy.

A woman, 42 years of age, was admitted on the 25th of January into La Charité, labouring under difficulty of breathing, from some obstruction apparently situated at the upper part of the air passages. There was considerable dyspnœa, with stridulous inspiration, and high febrile action; the pulse beating about 140. Sixteen ounces of blood were taken from the arm, and immediately followed by the application of leeches to the neck. The next day the symptoms were relieved, although the pulse still continued very frequent. M. Chomel, on examining the throat, perceived that the epiglottis was red and swollen, with some white spots on the left side; and it appears now to have become a question whether the case was one of œdematous angina or of false membrane. An emetic was ordered, but without exciting vomiting, and 40 leeches were applied to the throat. For the next two days the symptoms continued without any material change, but on the third the respiration became more difficult than hitherto, being sonorous during expiration as well as inspiration. Another large bleeding, and the application of leeches, were once more had recourse to, but on this occasion without benefit. The difficulty of breathing gradually increased, and by five o'clock in the afternoon suffocation appeared to be impending. M. Chomel sent immediately for M. Roux, when it was agreed to perform the operation of laryngotomy. The incision was made in the interval between the cricoid and thyroid cartilages, and continued down to the membrane. A vessel, apparently a vein, bled so freely that M. Roux was obliged to suspend the operation, with a view of tying it. The patient, however, who up to this time had breathed with difficulty, now ceased to do so, the pulse was lost, and life appeared extinct. M. Roux, regardless of the flow of blood, instantly

plunged the knife through the cricothyroid membrane, making a large opening, into which, however, the blood only flowed, and the chest still remained without movement. M. Roux then introduced a sound, and repeatedly forced in air from his own lungs, and drew it out again with part of the blood. After this artificial respiration had been kept up for a few minutes, the patient made a slight movement, and natural respiration was gradually restored; the sound was removed, and a silver canula introduced in its place, sufficiently large to fill up the aperture in the larynx thus preventing the blood from being able to flow into it. On the 12th of February, a fortnight after the operation, the patient had begun to breathe by the larynx, the wound in which, however, was still kept open. It appears doubtful whether she will ultimately recover, as she has pain under the sternum and a frequent pulse, rendering it probable that the disease has extended into the bronchi.—*Lancette Française.*

By a recent number of the *Clinique* we perceive that this patient died a week after the operation. On dissection it was found that ulceration of the larynx had taken place, with abscesses burrowing into the surrounding textures, filled with well-formed pus. The inner surface of the trachea was covered with a thick firm layer of mucus. The larynx was found not to have been implicated in the operation, by which the trachea was divided nearly to the extent of an inch; the first five rings having been cut through. This case proves that, though the operation may prolong life, it is not of itself sufficient to arrest the disease.

Incomplete Luxation of the Knee.

Two men were carrying a large box, when a horse ran against it, and threw them down: the box struck one of them on the outside of the right knee, and being unable to get up again, he was carried to La Charité.

On placing the knees together, the right foot was separated from the other by 3 or 4 inches. The inner tuberosity of the tibia formed a projection of about 6 lines over the corresponding condyle of the femur, and a similar projection was formed on the outside by the condyle of the thigh bone. The axis of the patella was oblique, pointing inwards and downwards. Acute pain and considerable resistance were opposed to the flexure of the leg, and the same was experienced when an attempt was made to restore it to its natural position. These symptoms indicated an incomplete luxation of the tibia inwards, and the reduction was accomplished in the following manner:—

The patient being extended on his bed, two bands were attached to the haunches and to the foot, in the same manner as for the reduction of the femur; each of these was pulled by two assistants, and although the extension and counter-extension were thus exerted in opposite directions, the angle at the knee did not entirely disappear. The surgeon, placed on the outer side of the limb, endeavoured to reinstate the parts in their proper position, by grasping the condyles of the femur with one hand, and the upper extremity of the tibia with the other, pushing them in opposite directions. All these attempts, however, were unavailing, and he then employed his knee to fix the extremity of the femur, while both hands were applied to the tibia, and by this means the reduction was speedily effected. No noise was heard at the moment of the bones slipping into their places, nor was there the usual sensation communicated to the fingers of the operator when a bone starts into its place.

The result was a natural position of the limb, and the power of bending the joint without pain. The knee was wrapt in compresses wet with a solution of muriate of ammonia. Next morning, however, the limb was again turned outwards, and it was necessary to apply the apparatus used in fractures, in order to keep the parts in their just position. This was allowed to remain above a fortnight, at the end of which time the limb could easily be moved by the patient, but it was soon observed to have a tendency to resume its former posture, and it was now supposed that the internal lateral ligament was ruptured; nothing, however, with respect to this point could be ascertained by examination. The apparatus was reapplied, with the addition of a roller and padding, applied so as to keep the knee as much as possible in its proper situation; and at the time the account was written (two months after the accident) the patient had begun to walk on crutches, the limb being almost entirely restored.

HOTEL DIEU.

OPERATIONS PERFORMED BY M. DUPUYTREN AT THE HOTEL DIEU DURING THE YEAR 1827.

Affections of the Bones.

Fractures of the
- Lower Jaw 2
- Clavicle 9
- Ribs 10
- Humerus 7
- Both bones of the Arm 5
- Radius 16
- Cubitus 2
- Olecranon 2
- Bones of the Metacarpus 2
- Neck of the Femur 16
- Body of the Femur 9
- Patella 2
- Both bones of the Leg 15
- Tibia 3
- Fibula 9

Luxations of the Humerus 7
Necroses, with sequestra 10
Amputations of the
- Jaw 1
- Humerus 1
- Fore-arm 2
- Wrist 1
- Fingers 2
- Leg 2

Affections of Muscles.

Ruptures of the
- Tendo Achillis 1
- Muscles of the Leg 3

Digestive Organs.

Hare-Lip 1
Cancer of the Lower Lip 6
Excision of the Tonsils 5
Herniæ:
- Umbilical 2
- Inguinal 1
- Crural 17

Artificial Anus 4
Fistula in Ano 8
Fissures of the Sphincter Ani 2

Organs of Circulation.

False Primitive Aneurisms of the
- Radial Artery 2
- Cubital Artery 2

Ligatures of Internal Saphena 1
Excision of Hæmorrhoidal Tumors 6

Organs of Respiration.

Division of the larynx (suicidal) 2
Penetrating wounds of the thorax 2

Urinary Organs.

Operations of lithotomy 12
Vesico-vaginal fistulæ 5

Sexual Organs in the Male.

Amputation of the penis 1
Phymosis 2
Paraphymosis 1
Sarcocele 2
Hydrocele 8

Sexual Organs in the Female.

Cancer of the neck of the uterus 12
Recto-vesical fistulæ 2
Removal of the breast 5

Vesical Organs.

Eye-lids:
- Hordeolum 2
- Encysted tumors 8
- Trichiasis 3

Lachrymal Passages:
- Tumors 2
- Fistulæ 4

Globe of the Eye:
- Cataracts 29
- Cancer and extirpations 2

Auditory Organs.

Foreign bodies in the ear 2
Mucous polypi 2

Organs of Smell.

Polypi:
- Mucous of the septum 5
- Fibrous of the vault 3
- Cancerous 1

Organs of Touch.

Incisions for whitlows 35
Removal of nails 6

Cellular Membrane in general.

Abscesses, acute and chronic, above ... 100
Encysted tumors of different kinds ... 25
Cancers in different stages 15

In the above table, the number of fractures and injuries of muscles appears small; a circumstance which is explained by the fact that the principal wards for accidents (St. Paul and St. Bernard) are allotted to M. Breschet.

Of the twenty cases of hernia, fifteen recovered: the others were operated upon at a very advanced period, and after repeated attempts at reduction had been made. The preponderance of crural herniæ is accounted for by the number of beds appropriated to women. MM. Sanson and Breschet have many more cases of inguinal hernia.

The twelve cases of lithotomy were all performed according to the method of M. Dupuytren—viz. by making a transverse incision, implicating the neck of the bladder obliquely. All the patients did well.

It is twenty years since M. Dupuytren first practised excision of the neck of the uterus, during which time he has performed the operation more than sixty times. Far, however, from extending this means to all diseases of the neck of the uterus, he restricts it to cases of scirrhus, or of cancers scarcely ulcerated and of very small extent. To the list of affections of the genitals in the female might be added malformations; whether

congenital or accidental, occlusions of the vagina require very delicate operations, and such as seldom succeed. Three such occured at the Hotel Dieu during the above period, and were treated without success. It appears that M. Dupuytren performed 400 operations of greater or less importance during the year, and if those in the practice of MM. Sanson and Breschet be also taken in the account, it presents an interesting picture of the immense field of experience afforded at this hospital.

ST. THOMAS'S HOSPITAL.

Cases of Tetanus, treated by Carbonate of Iron.

A. B., a healthy-looking boy, aged 15, employed at the river-side, was admitted, Feb. 17, with the following symptoms :— Trismus complete ; the teeth could not be at all separated, and he could only be fed through an opening produced by the deficiency of two or three of his front teeth. The expression of the countenance was that which is perhaps peculiar to tetanus, viz. a sardonic grin. There was also opisthotonos, the trunk forming an arch so much curved, that, at its centre, the back was raised four or five inches from the bed. The abdominal muscles, particularly the recti, were in strong action ; the legs and arms were partially rigid. All these symptoms were constant, but the patient was affected with frequently recurring paroxysms, in which the trunk was still more arched, the teeth more firmly pressed together, the angles of the mouth more drawn up, while the legs and arms became completely rigid, and were tossed about, particularly the arms, in a manner purely automatic. The pulse, which was never below 110, rose during the exacerbations to 140. An ulcer was found above the right heel about two inches long, and running directly across the tendo Achillis. It was deep, (sufficiently so to have reached the tendon, which is there superficial,) and its bottom was filled by a dirty white slough. The edges of the sore were hard, elevated, and inflamed, and the inflammation extended to some distance upon the surrounding integuments. No red lines were observed running up the limb, but the glands in both groins were a little enlarged and tender. This sore had followed a chilblain which had broken on the 8th inst. There were marks of chilblains on the other foot. The boy had been much exposed to damp and cold in following his occupation. On the 14th he began to feel some stiffness about his mouth and throat, and all the symptoms were soon established. He was admitted on the 17th.

In the absence of Dr. Williams, the physician for the week, Dr. Elliotson prescribed the following remedies :—

Enema ex Ol. Terebinth. Carb. Ferri, ℥ss.
2dis horis. Strong Beef-tea ℔ij. daily.

18th.—The fits have succeeded each other, with short intermissions, since yesterday. They last often fifteen or twenty minutes. Pulse 120 to 140, very feeble. Has perspired profusely. The chief pain is in the hips and back. He has taken the medicine regularly, and swallows without difficulty. It is made into an electuary with molasses, and this is diluted with the beef-tea, so as to be easily poured through the opening in the teeth. The bowels have been well purged.

5 P. M.—The paroxysms succeed each other with very short intermissions, and continue longer.

He died at 8 P. M., after a paroxysm which continued for half an hour.

The body was carefully inspected, but no deviation from the healthy appearances was discovered, either in the head, spinal column, chest, or abdomen.

Mr. Travers, in going through the wards, saw the above case on the day after its admission, and remarked that, from the great severity of the symptoms, he should have been inclined to call it traumatic tetanus, if any thing like a wound could have been discovered. At the same time he thought it possible that an ulcer affecting the largest tendon of the body might be a sufficient local cause ; but as that ulcer had been produced by an agent which is itself one of the most frequent causes of idiopathic tetanus, viz. cold, he thought it at least as likely that the affection was idiopathic as that it had its origin in any local irritation.

As the above is an instance of the failure of iron, it is but fair to state that in two other cases in which Dr. Elliotson has employed it at this hospital it was completely successful. One of these was traumatic : it occurred some time since. The other was in the hospital only a few months ago. As a correct report of it has not yet appeared in print, it may not be improper to detail it briefly.

Case II.—B. M. aged 44, an athletic Irishman, a bricklayer's labourer, admitted Nov. 6th, under Dr. Elliotson. Trismus and opisthotonos

On the 20th of October his thumb was crushed between two pieces of timber, and some matter formed, which was evacuated.

The trismus began on the 31st Oct. While at supper felt slight stiffness in performing the motions of the lower jaw. This gradually increased until the 2d Nov. when he could no longer masticate. He still continued to follow his employment until the 4th, when he began to feel pain and catching at the epigastrium, with dyspnœa, and he could no longer work. On the 5th, opisthotonos began. He had not slept since the 4th, in consequence, he says, of involuntarily biting his tongue. Latterly he had perspired

profusely: for several days previous to the attack he was constantly chilly. The pulse is 76, regular, full, and rather soft; he is constantly either chilly, or perspiring profusely. The front teeth can be separated by his own efforts to the distance of about an inch. The muscles of abdomen and spine are rigid, and the back is so much arched that the hand clenched can be passed between it and the bed. Has occasional exacerbations, in which he feels a dreadful pain running through the epigastrium to the back; the diaphragm at these times is *not* spasmodically affected. The pulse rises to 88. No stool since the 2d.

Habeat Ol. Terebinth. ℥ij. statim. Ol. Ricini ℥ss. horâ elapsâ, et rep. quâque horâ donec alvus solutâ fuerit. Alvo solutâ Ferri Subcarb. 3ij. 2dâ quâq. hor.
Strong beef-tea, lb. iij. daily.

Vespere.—Four stools, the first of which was black. A little relieved.

7th.—Bowels again copiously evacuated; pulse unaltered; spasms frequent.

Enema commune. Ferri Subcarb. ℥iij. secundis horis.

8th.—Trunk more arched; the spasms more frequent and severe. They consist in a more violent action of the muscles already affected, with rigidity of the lower extremities, which at other times are generally free. Pulse 88, and weaker. There is great difficulty in making him take the medicine.

Enema commune. Ferri Subcarb. ℥ss. 2dis horis.

9th.—Very little sleep; body more arched; teeth cannot be so widely separated; free use of the upper extremities, but lower rather rigid; exacerbations as frequent; pulse 64; respirations 22, and sonorous. The injections bring away copious stools, which resemble the medicine in colour and consistency.

Porter, lb. j.; mi k, lb. j. daily.

Vespere.—Pulse 60.

10th.—Much as yesterday.

Enema commune ter die.

11th.—Five stools since the last report, of the same character. He slept better last night. Exacerbations less frequent. In the intervals the pulse is 60.

13.—Paroxysms less frequent, but equally severe. One last night continued twenty minutes.

14.—Tetanic symptoms in the intervals are diminished. During a paroxysm, by means of the stethoscope a very sonorous rattle is heard in breathing, which is not present in the interval. Pulse 80 to 100; respirations 36.

16.—Fits much less frequent and less severe.

18.—Only one fit of spasm since yesterday.
Ferri Subcarb. 4tis horis.

20.—Only one spasm during the night. Sleeps ill, as he still bites his tongue.

25.—Has a slight spasm every night, but he walked in the ward this morning; opens his mouth to the natural extent, and bends the trunk freely on the thighs.

To discontinue his medicine, and be on house diet.

Dec. 1.—Makes no complaint. Yesterday his stools, which have hitherto been like solid masses of iron ore, for the first time since he discontinued his medicine, were of the natural appearance.

9.—Discharged quite well.

On two days the medicine taken and the stools discharged in 24 hours were weighed. They were as follows:—

Nov. 12.—Ferri Subcarb. lb. ij.; Theriacæ lb. ij. in 24 hours.

Stools, lb. 4 ss. in 24 hours.

Nov. 16.—Ferri Subcarb. lb. iss.; Theriacæ lb. iss. in 24 hours.

Stools, lb. 4 in 24 hours. G.

ST. GEORGE'S HOSPITAL.

Cases of Erysipelas—Employment of Lancet Punctures.

We mentioned in a former No. that erysipelas was at present epidemic in this Hospital. Mr. Brodie, in his surgical and clinical lectures, has frequently observed that a long continuance of easterly winds almost always produces an unusual number of erysipelatous cases in the hopitals. We can bear our humble testimony to the justice of the remark, and several of the worst examples of the disease which we have witnessed here have occurred whilst the wind was in that quarter. It seems to us, however, that sudden vicissitudes of weather, with considerable barometrical and thermometrical changes, whilst the wind is continually shifting to the very opposite sides of the compass, are also extremely productive of erysipelas. Rather more than a month ago, at the breaking up of the first frost, these cases poured in with great rapidity; and lately, the sudden similar atmospheric change was followed, in a manner that attracted universal observation, by the prevalence of erysipelatous attacks. The cases which have latterly occurred were preceded, and indeed accompanied, for the most part, by symptoms of considerable disturbance in the functions of the stomach and intestines; the vomiting and diarrhœa universally proving severe.

Case I.—This was, perhaps, the mildest case that has occurred, but it serves to shew the prevailing epidemic, if such we may venture to term it.

James Jennings, 40 years of age, was admitted into the hospital, under the care of

Mr. Keate, on the 12th of last November, for a malignant-looking fungus over the right shin, growing from the scar of a former wound. On the 20th, the disease was removed by the knife, and its structure found to be very like scirrhus. He went on well till the 8th of January, when an attack of shivering ushered in severe erysipelas of the leg, accompanied with quick pulse, hot skin, and brown furred tongue. The treatment consisted in opening the bowels, in the first instance, by blue pill and antimony, and afterwards administering salines with antimony, and the liquor ammoniæ acetatis, with camphor mixture. Two long incisions were required on the dorsum of the foot, but ultimately the patient was put upon bark, the leg was strapped, and the day of his departure from the hospital fixed, when suddenly, on the 8th February, he was seized once more with the premonitory symptoms of erysipelas. He had had shivering, was very sick, the pulse was quick, the tongue dry and brown, but not furred. In the course of a few hours the back of the foot, the front and inside of the leg, and the inside of the thigh, became covered with patches of erysipelas of a tolerably bright red tint. The affection was evidently very superficial, and the cellular membrane unaffected, as little or no swelling of the parts was present.

Hydrarg. submur. pulv. Ant. aa. gr. v. statim. Haust. Liq. Ammon. Acet. ter die.
Lot. spt. femori, Cerat. Plumb. c. cruri.

Next day we found that the tongue was clean, the pulse quiet, the erysipelas on the inside of the thigh was gone, that on the leg and foot very nearly so. He was ordered two grains of the sulphate of quinine in an oz. of infusion of roses every six hours, and on the 10th scarce a vestige of the erysipelatous redness remained. On the 12th, however, it returned more extensively than ever, both on the thigh and leg, whilst the wound on the shin, which had previously healed, broke out afresh through its whole extent. The quinine in infusion of roses was continued. This second attack was even of shorter duration than the former, and the patient had entirely recovered in a day or two, except that a sore remained upon the shin, which is now nearly healed.

This case is possessed of some interest independent of the erysipelatous affection, as having been originally an instance of malignant fungus growing from a cicatrix. Perhaps it will be recollected, that one or two cases of a similar nature have been published by Mr. Brodie; the tumors, however, in those having arisen from the scars produced on the back of a soldier by flogging.

Case II.—This was a more formidable case than the preceding, and terminated in a much more serious manner. We give it, as it illustrates several points of practice and pathology.

Mary Day, a married woman, thirty-five years of age, was received into the hospital on the 7th of Feb. on account of erysipelas on the fore-arm and leg of the right side. For some months past she had been in indifferent health, and had suffered much from pains in the legs, which were aggravated at night. Latterly an ulcer appeared on the right leg, for which she had attended the hospital as an out-patient. On the 4th of the month she was seized with shivering and nausea, the leg became inflamed, the wrist-joint also grew red and painful, the nausea increased to vomiting, and the bowels got much disturbed.

On admission, three days after the commencement of the attack, the constitutional symptoms were severe, and consisted in repeated rigors, vomiting, hiccup, frequent small pulse, headache, and looseness of bowels. The greater part of the leg was the seat of erysipelas, not very florid in tint, which passed in patches along the inside of the thigh to the groin and perineum. The integuments of the dorsum of the wrist were red, the joint itself was swollen, a sense of fluctuation was perceived in it, and pain was experienced in the part, and in the fore-arm. The patient was seen, in Mr. Brodie's absence, by Mr. Lee, who ordered her five grains of calomel, with three of James's powder and one of opium, forthwith, to be followed in three hours by a dose of house-physic. Besides these measures, salines, with twelve minims of antimonial wine, were administered every six hours, and a saturnine lotion applied to the leg and thigh. On the 8th, the erysipelas had extended up the back of the thigh, and the colour of that upon the leg was rather of a deep and dusky red. In one part, over the inside of the calf, the sense of fluctuation was so strong that all who examined the case were convinced of its presence. The wrist was more swollen, and the sense of fluctuation there also was distinct. The surface was cool, the tongue was covered with a white fur, the pulse was quick and small, the sickness distressing, the bowels very loose. Mr. Brodie visited the patient, but thought no matter had formed, and saw no reason for incisions.

Haust. Salin. Ammon. c. Amm. Carb. gr. ij. 6tis horis inter effervescend.
Fotus papaveris cruri et cubito.

9th.—Has passed a bad night, and is nothing better to-day. The leg is much swollen, painful, and dusky coloured; the hue of the wrist not so bright, and the pain in it very severe; the tongue dry, white, and rough; the pulse quick, but devoid of force. Salines were given, with antimonial wine, and eight grains of Dover's powder ordered at bed-time: but next day brought no amendment; the whole hand,

front and back, was greatly swollen; the colour of the erysipelas dingy; the cuticle raised in minute vesications; the fore-arm swollen, the skin on the stretch, and red narrow stripes were seen passing up, apparently in the direction of the absorbents. The tumefaction of the leg had increased, and the erysipelas spread itself more broadly on the thigh.

On the 11th the appearances were much the same, and Mr. Brodie made a number of lancet punctures, after the manner recommended by Dr. Dobson, of Greenwich, in the wrist, the fore-arm, and the leg. The patient was ordered salines thrice daily.

12th.—No improvement. The countenance is very anxious, and presents that peculiar appearance, half typhoid, half hectic, which is frequently noticed in these cases. The lips are dry, the tongue white at the edges, of a reddish brown at the tip and in the centre; pulse quick and somewhat full, but without power; nausea unabated; diarrhœa very troublesome. The hand and fore-arm are greatly swollen; the former covered on its back with small vesications, filled with purulent-looking serum, and the cuticle dead. The fore-arm has now become generally inflamed, and of a dull dirty red, whilst the leg is in a similar state, and excessively enlarged, especially at the calf. The outside of the thigh has participated in the suffusion to some little height above the knee. The antimonial wine was omitted this day, and the patient ordered in the evening thirty drops of laudanum, and a little port wine. On the 13th the patient appeared somewhat better, the tongue being cleaner, and the pulse not quite so quick, and Mr. Brodie at his visit repeated the punctures, from each of which a drop or so of blood, but no pus, flowed out. To allay the vomiting Mr. Brodie ordered,—

Magnes. carbon. gr. vj. potass. subcarb. ℈j. tinct. op. gtt. v. spir. myristicæ ʒj. aq. ʒvij. 6tis. horis, adjectâ succi limonis ʒss.

The punctures had certainly a good effect, for next day the redness and pain, as well as the swelling and tension of the leg and arm, were materially diminished. The expression of the face, too, was something less anxious, but the vomiting and diarrhœa were but little moderated; the pulse was 130, the tongue blistered, and extremely sore. On the 15th there was little change, but the swelling of the affected limb was still less, and the erysipelatous redness had lost its distinct boundary and edge. The former mixture was repeated, and the patient on the 16th was ordered calf's foot jelly, with an ounce and half of chalk mixture, and half a drachm of aromatic confection, at night. On the 17th she felt better, but looked very languid and low; the pulse was weak; the vomiting and diarrhœa not much checked. Port wine was given her occasionally, and on the morning of the 18th she appeared a little better, but the tongue had become covered with aphthæ at its sides.

Haust. cinch. haust. salin. aa. ʒvi. ter die, c. pulv. sequente: Hydrarg. c. cret. pulv. Ipecac. c. aa. gr. iv.
Vin. rub. paululum, p. r. n.

This slight improvement in the symptoms was delusive, for towards evening she somewhat suddenly grew worse, rapid sinking supervened, and the patient expired at 6 A. M. of the 19th.

Sectio Cadaveris.—The body still presents a good deal of embonpoint. The abdominal viscera were sound, both without and within, save that a slight degree of redness was perceived on the mucous membrane of the stomach and intestines. The liver, too, was a little indurated in its structure. The cellular membrane under the integuments of the leg, and especially the calf, was thickened, and infiltrated with lymph. In several places pus was found, but it was small in quantity, and no distinct abscess could be seen. The cellular membrane on the dorsum of the hand, about the tendons and their sheaths, and indeed for some distance up the fore-arm, was the seat of suppuration. The wrist-joint, we believe, was sound.

We cannot well account for the fallacious feeling of fluctuation given to the fingers in more than one point of the leg, especially the calf. All who examined it, with the exception of Mr. Brodie, pronounced at once that an abscess, and that of some caliber, existed, and were not a little surprised when dissection revealed the absence of pus in any material quantity. On the dorsum of the hand an abscess was certainly found, but even here the sense of fluctuation during life would have led one to suspect more extensive mischief. The second employment of the lancet punctures had a very perceptible effect on the disease, but we cannot help thinking that incisions would have had a still better. The punctures might relieve the distention of the superficial vessels, but they did no more, and moderate incisions, whilst they equally share the foregoing advantage with the punctures, would also have evacuated the matter which had formed.

Δ.

NOTICE.

We are requested by Mr. John Hope, pupil at St. George's Hospital, to state that he is not *the* Mr. Hope whose name appears in the list of subscribers towards defraying Mr. Wakley's law expenses.

ERRATUM.

Page 330, for ænema, read enema.

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THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MARCH 14, 1829.

PATHOLOGICAL ESSAYS

ON SOME

DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

[Continued from p. 374.]

ESSAY VII.

Causes exterior to the Heart capable of producing its Disorganization.

Those who have large experience of morbid dissections, need not be informed that the instances are sufficiently numerous in which the heart presents all the forms of disorganization which have been specified, independent upon disease either in the pericardium or the internal lining. The same changes of structure which we have seen produced by stricture of its orifices, or adhesion of its investing membrane, may proceed from causes exterior to itself.

The causes exterior to the heart itself, capable of producing disorganization of its structure, are often found in the aorta. General dilatation of the aorta on all its sides, over a certain space, or its abrupt expansion in the form of a sack, are often combined with active or passive dilatation of some or all of the cavities of the heart*.

Cases, however, are met with, where dilatation of the aorta subsists without the heart having suffered any change in its natural structure. The question, therefore, naturally suggests itself, whether the coincidence, when it does occur, really and truly exhibits the relation of cause and effect?

Cause and effect! These terms are allowed, indeed, in pathological reasoning; but its subject-matter seldom admits their use in that strict sense which philosophy would require. In pathology, so many counteracting circumstances, known and unknown, are perpetually liable to intervene, that it can hardly ever be said of any thing that it exerts a power out of which some other thing must *necessarily* proceed. The present state of our knowledge will seldom permit us to affirm more than that a certain morbid action, or morbid structure, has its tendency to such a consequence—not its sure termination in it.

Thus a dilatation of the aorta may naturally tend to dilatation of the cavities of the heart, while circumstances may be perpetually interfering with the result. Of these, some are easily appreciated.

A dilatation of the aorta may exist, but the still and sedentary life of the

* The aorta was found greatly dilated in a certain case, quite from its origin to its arch, and thickly interspersed with bony scales, like drops of white wax which had cooled; and the heart itself so thickened in its whole muscular structure, and so dilated in all its cavities, as to equal the heart of an ox.—(Morgagni, xviii. 28.)

The aorta, in another case, was greatly dilated, quite from its origin to the neighbourhood of the emulgent arteries, and rigid through the whole of this tract, from the deposition of bony lamellæ; and all the parietes of the heart thickened; and both ventricles, especially the left, much dilated. —(Ibid, 30.)

In another, the aorta was dilated from its origin throughout half its descending portion through the chest, its internal lining being discoloured and thickened, and furrowed, and exhibiting here and there some bony lamellæ; while the heart had both its ventricles much enlarged in their capacity, and somewhat thicker than natural in their parietes.—(Ibid, 34.)

individual may postpone or prevent the full force of the injury from being felt by the heart.

Again, since all injury resulting to the heart from the aorta must be through the medium of the current of blood passing from one to the other, that injury will be more or less likely to take effect according to the greater or less plenitude of the blood vessels; and thus in the present case of dilated aorta, the full and plethoric will, there is reason to believe, suffer disorganization of the heart sooner and more surely than the pale and exsanguine.

Disorganization of the heart from a dilated aorta being of tardy growth under all circumstances, and being still liable to be further postponed by accidents, it cannot happen contrary to our expectation that death should often take place and exhibit the one without the other.

But by what agency does the heart become disorganized in consequence of a dilated aorta? It is, probably, by its own extraordinary efforts to overcome a virtual impediment to the circulation. Blood being immediately poured from it into a larger space than natural, requires from the heart an augmentation of its motive impulse.

That the heart, even before it has itself yet undergone a change of structure, is really called into extraordinary action by dilatation of the aorta, is evinced by the history of particular cases.

That order of symptoms which has obtained the name of angina pectoris (for the name really belongs to a particular order of symptoms, and not to a particular kind of organic disease), has been found to result as frequently from this condition of the aorta as from an ossification of the coronary arteries.

I believe that a dilatation of the aorta is more apt to disturb the action of the heart, and ultimately to injure its structure, when it occurs as a general enlargement of the vessel over a certain space, rather than as an abrupt expansion in the form of a sac; and I believe also, the nearer it is found to the origin of the aorta, the more capable it is of producing these effects.

An unnatural narrowness of the aorta, there is reason to believe, may serve as the efficient cause of disorganization of the heart, no less than its unnatural dilatation.

I have not been able to lay my hands upon the notes I took of a case illustrating the point in question, which occurred several years ago at the Middlesex Hospital; the circumstances, however, were so striking, that I can trust my memory, I think, for the accuracy of the detail.

A little boy, between 4 and 5 years old, and very puny of its age, was brought to the hospital in its mother's arms. Its countenance betrayed great anguish, and its respiration was exceedingly hurried; and there was no part of the chest where the heart could not be felt acting with enormous impulse; at the same time the pulse at the wrist manifested nothing extraordinary.—There was, I recollect, no remarkable blueness of the lips, or other evidence of impediment to the passage of blood through the lungs: the hurried breathing seemed to depend upon the simple vehemence of the heart's action.

What could be the nature of the case? The age of the child first made me think of congenital malformation; but all the malformations I was acquainted with were such as had the effect of mixing venous and arterial blood, and distributing them throughout the body. But here no such effect was apparent. My next impression was, that the heart had become dilated, in consequence of an adherent pericardium; but the mother could give no account of any rheumatic attack which the child had ever suffered, or of any acute disease whatever which had fallen expressly upon the chest; on the contrary, she had not observed the disorder to arise at any particular time, nor could she trace it to any particular cause. The child, she said, was healthy for some time after its birth, and it was not until after it was weaned that the "*strange beating*" within its chest was noticed, which had continued gradually to increase.

A few days only elapsed between its admission into the hospital and its death. The manner of its death was peculiar: it suddenly became pale, and the heart, which an instant ago struck forcibly against the ribs, was only just perceived to move; the pulse was gone, and dissolution was looked for the next moment; but in this state, pale and cold, yet apparently sensible, with the heart just moving, and air passing in and out of the chest, as it were mecha-

nically, the poor child survived during a whole day, and then it ceased to exist.

Upon dissection the heart was found enormously enlarged, and every cavity greatly exceeding its natural capacity. To what extent, or in what parts its muscular structure was thickened or attenuated, I do not recollect; but the most remarkable circumstance which attracted our attention was this—that the aorta, and all its principal branches, while they were entirely free from disease, were by more than one-half less than their natural capacity.

The case upon record which bears the nearest resemblance to that just related, is one reported by Meckel, in the History of the Royal Academy of Berlin, for the year 1750. The subject was a puny girl, 18 years old. No further account is given of her history than that she had been, from time to time, subject to palpitation and anguish, and trembling of the limbs, from her infancy to her 14th year, and thenceforward the palpitation and anguish had become constant and more severe until her death.

Upon dissection the heart was found enormously enlarged, and the aorta, throughout its whole course, especially through the chest, and all its principal branches, marvellously narrowed. The heart had both its ventricles dilated, and their substance more soft than natural; it had its auricles also dilated, but the *left* to a degree far greater than any other cavity. It was capable of containing the prodigious quantity of 12 ounces, while the corresponding ventricle only contained four. The aorta was not more than half the diameter of the pulmonary artery.

From the history of these cases, it is evident that the narrowness of the aorta and its branches was a congenital malformation, and that enlargement of the heart was a natural and necessary consequence, and perhaps even an indispensable condition for the continuance of life.

But this narrowing of the aorta need not be so extensive as that which has been described, and yet may have the same effect upon the heart in influencing the dilatation of its cavities. A very limited and partial narrowing may, according to its situation, produce a mechanical impediment, of which the stress may fall upon the heart equally, or almost equally, with one which is more extensive.

In a case where the aorta is represented to have been "*contracted* to an amazing narrowness" near the heart, the heart itself is represented to have been *dilated* to an extent "never before seen," the dilatation appertaining especially to the right auricle and ventricle.—(Morgagni, xviii. 6.)

Surely a contraction of its calibre in this situation would serve as effectually to impede the exit of blood from the heart, as if it belonged to the whole aorta and all its branches.

But when contractions of the aorta occur in situations more remote, there is much less certainty of any injury resulting from them to the structure of the heart.

Corvisart relates the case of a man who died with all the symptoms of an enlarged and dilated heart. Upon dissection the heart was found (as it had been anticipated) of an extraordinary volume, owing entirely to enlargement of the right cavities. The man had, besides, a curved spine, and the vertebral column formed almost an acute angle to the right, about the sixth dorsal vertebra; here the aorta, following each turn of the spine, was in a manner folded back upon itself, and offered (according to the opinion of Corvisart) such an impediment to the circulation, as must have been constantly felt by the heart, and ultimately produced its disorganization. It might have been so, but I very much doubt whether it really *was so*.—(Corvisart, Obs. 24.)

Unquestionably an enlarged and dilated heart is often found concurrent with the deformity resulting from curvature of the spine. But among the many deviations from the natural form and position of parts which belong to that deformity, the tortuous course of the aorta cannot justly be singled out as alone effective of injury to the heart. The whole chest is often distorted and narrowed, and the lungs straitened, and the heart itself displaced, while each suffers severely in its functions from the hurtful encroachments of the other. Owing, moreover, to the same deformity, the chest is often made to sustain the pressure of other organs, which are thrust upon it, particularly of the liver. Of these several accidents, which is the most likely to occasion disorganization of the heart, by raising a perpetual em-

barrassment to its functions? Certainly the *least* likely is the devious course of the aorta; for the circulation is full of resources for redressing the possible harm which might arise from it.

In a case where the heart was twice its natural size, having all its cavities, and especially the left ventricle, dilated, with attenuation of its whole muscular structure, the aorta was *immoderately narrow* in the abdomen, and preserved its usual dimensions in the thorax, moreover rough and thickened as far as its arch, and having its semilunar valves puckered and shrunk into themselves. Morgagni, in reporting this case, lays much stress upon the narrowness of the abdominal aorta as the cause mainly productive of the disorganization of the heart.—(Ep. xviii. 2.) But this was a mixed case, and, if experience is worth any thing, we may safely affirm that enough was found in the condition of the semilunar valves of the aorta to occasion the disorganization of the heart, independently of its narrowness in the abdomen.

That dilatations of the cavities of the heart result from impediments to the course of the circulation, either real or virtual, is one of those conclusions in pathology which are most certainly established. But the theory, which is unquestionably just within certain limits, has been enlarged to an extent which neither facts nor right reason will verify; for some have discovered in an aneurism at a remote part of the aorta, or in a plug of coagulated blood in some of its immediate branches, *positive impediments* capable of being felt and resented by the heart, and thus necessitating its disorganization. And others have been too ready in resolving into *virtual impediments* many merely speculative modes of morbid actions, which belong to the capillary blood-vessels.

With respect to a real mechanical impediment, it is probable that, in order to become a certain and effective cause of disorganization of the heart, it must be situated either in the heart itself, or not very remotely from it. I certainly never met with a case myself, and I find none upon record, where, the heart being disorganized, and no disease being found at any of its orifices, and none in the lungs, and none in the thoracic aorta, there was still any mechanical impediment at a remoter part of the vascular system to which its disorganization could be fairly ascribed. When any such distant impediment exists, every collateral artery, given off between the obstructed or contracted portion and the heart, will furnish to the heart an additional security against injury; for how far so ever the obstruction is felt from the seat of the impediment, so far these vessels will and must dilate, and will thus, in proportion to their number, re-establish the freedom of the circulation, and effectually secure it.

With respect to impediments arising out of morbid actions in distant parts, I cannot so easily accommodate my mind to an hypothesis as to believe all that is pretended concerning them. I find depositions of lymph in the cellular texture of a limb constituting, what is called, a solid œdema; I find tuberculous depositions in any organ, such as the liver; I find even simple inflammations of distant parts, seriously insisted upon, as if they were well authenticated causes of disorganization of the heart, when they have happened to exist together with it. And the *theory of mechanical obstruction* is brought in confirmation of the fact. For, say the theorists, where there is inflammation, there must be spasm of the extreme vessels, and spasm is tantamount to obstruction. And again, where there is effusion or deposition of any kind, there must be pressure upon the neighbouring blood-vessels, and pressure must produce obstruction, partial or complete, according to its degree.

Now, by parity of reasoning, there is no conceivable sort of morbid action in any part of the body, which may not be construed into an obstruction of the blood-vessels, and thus conjured into a possible cause of disorganization of the heart.

But among the causes exterior to the heart capable of producing its disorganization, we must not omit the consideration of those which are seated in the lungs; for none are better authenticated. Owing to the peculiar structure of the lungs, and their proximity to the heart, inflammation and its consequences (effusions and depositions) may well be conceived to offer impediments to the transmission of blood, which the heart must feel and resent. And they really do so. The effects upon the heart, however, are partial

only, and limited to the right side, and consist of dilatation of its cavities.

Whatever diseases of the lungs can so change their structure as greatly to limit the free space for the transmission of blood, if they be diseases of frequent occurrence, must, one should suppose, be all well known as frequent, and almost certain, causes of this partial dilatation of the heart. And in the subjects of tuberculous phthisis, where the natural structure of the lungs is often obliterated to such an extent that hardly any free space remains for the transmission of blood, one might expect to find the most numerous instances of such dilatation. But, in point of fact, this disorganization of the heart is rarely found in combination with tuberculous disease of the lungs*.

Now, it is not the quantity of impediment within the lungs themselves taken absolutely, but the quantity of impediment within the lungs taken relatively to the quantity of blood required to circulate through them, which becomes the occasion of the heart's dilatation. The impediment may be very great, so great that *one half* of the lungs may be solidified, and yet there may be no dilatation of the right cavities, if at the same time the mass of circulating blood be diminished by one-half. This is actually the case in pulmonary consumption. During its progress there are morbid operations at work in the constitution at large, which are daily deducting something from the general mass of blood; so that in the end, though there be but *little* of the lungs in a pervious condition, it is still adequate to transmit the *little* blood which remains in the circulation; and thus, though the absolute impediment in the lungs is very great, there is no detention of blood in the right cavities of the heart, and no dilatation of them.

It is remarkable in this disease, how those symptoms which are considered to be of the most fatal omen, seem to arise out of an express provision of nature for prolonging the duration of life. The hectic perspiration, the occasional diarrhœa, the expectoration supplied from the surface of the bronchi, the languid powers of nutrition, all tend to keep down the current of blood to that measure which can obtain an easy passage through the lungs. On any other terms the patient would die of suffocation suddenly, and at an early period of his disease.

Nevertheless, it is still the tendency of obstruction in the lungs to produce accumulation of blood in, and consequent dilatation of the right cavities of the heart; although in phthisis pulmonalis, where the obstruction is the greatest, such dilatation is rarely met with, owing to peculiar conditions of the general circulation.

The influence of causes seated in the lungs in producing dilatation of the right side of the heart, is best seen in diseases, which, while they create great impediment to the transmission of blood through them, may nevertheless subsist for years without much injury to the general health, without special injury at least to the nutrient functions of the body, and without any notable diminution of the general mass of blood.

Such are the diseases commonly called *asthmatic*, diseases which differ from each other in their essential nature, but agree in their common effect of impeding the respiration permanently, or at frequent intervals, in permitting the continuance of life for years, and in not diminishing the general bulk of the body, or the general mass of blood, but sometimes even allowing both to increase. According to my own observation, the subjects of asthmatic diseases furnish the most frequent instances of dilatation of the heart from causes seated in the lungs.

One case, out of a hundred of the same kind, shall be quoted to illustrate the point in question.

A woman, aged 39, was admitted into St. Bartholomew's Hospital in the month of April 1826. Her legs were swelled, her countenance blue and bloated, and all the superficial veins, especially at the upper part of the body, prominent and full of blood; she breathed with difficulty, and coughed and expectorated a thick phlegm. Examination of the chest discovered the lungs loaded with fluid effused into the bronchial passages, and the action of the heart was perceptible much beyond its natural situation, viz. in the epigastric region, and on the right side of the sternum. She told us she had been

* Some change of structure in the heart does undoubtedly very often accompany tubercles of the lungs. But the form of the disorganization is not the same in all cases. Dilatation of the right cavities is that which is (I believe) the most common. That, which I have myself most commonly met with, will be mentioned presently.

subject to difficulty of breathing and cough all her life, and especially in the winter; and that during the last four years, she had suffered a great aggravation of her habitual distress, with occasional œdema of the lower extremities.

Here there could be no doubt that the lungs had undergone an extensive change of structure, and the heart an enlargement of its capacity, appertaining especially to its right side.

In the course of a month she was so much relieved as to be able to leave the hospital. The symptoms, however, still remained (and among the rest those referable to the heart), which marked the nature of her disease.

Late in the month of December in the same year, she returned to the hospital with all her former symptoms, and died in five weeks.

Upon dissection, this was found to be the condition of the heart and lungs :— The lungs were in part *absolutely* solidified, impervious to air, and sinking in water: here they had a greyish colour. In part *almost* solidified, they cut as if they were solid, but still floated in water: here their colour was of a deep red. In part infiltrated with fluid, and preserving their natural colour, and in part permeated by dilated bronchi. The heart had its right ventricle *notably enlarged*, and the left ventricle somewhat thickened.

Thus far and no farther will my own observation enable me to go in assigning disorganizations of the heart to local and mechanical causes exterior to itself. Such causes I can only find in the thoracic aorta, and in the lungs. But unquestionably a numerous class of cases still remain, in which the heart is found changed in its structure, its cavities dilated, and its muscular substance in a state either of hypertrophy or of attenuation, while at the same time nothing is discovered to which this disorganization can be expressly ascribed, either in the heart itself, or in the thoracic aorta, or in the lungs, and we are left to seek in the habits or casualities of the patient's life, or in his previous diseases, for something which will bear to be suspected as the cause or occasion of its production. These cases must now shortly engage our attention.

[To be continued.]

CONTRACTION OF THE FEMALE URETHRA.

To the Editor of the London Medical Gazette.

George-Street, March 5, 1829.

Sir,

In the second volume, page 173, of your valuable journal, you did me the honour to publish some remarks, taken from a clinical lecture on the effects of a natural contraction at the orifice of the male urethra, with some cases illustrating the very serious train of symptoms which frequently accompanies this contraction, and a very simple but efficacious mode of affording relief in such cases. Since the publication of those observations, I have met with several additional facts confirmatory of the positions there laid down, and of the success attending the practice recommended. A short time since a very remarkable corroboration of the views I then entertained occurred in the person of a female, and as it is the first instance of the kind which I have met with, I take the liberty of transmitting the particulars, for insertion in the Gazette, should you deem them worthy of publication.

Your obedient servant,
H. Earle.

A lady, aged 53, came up to London in consequence of an affection of the bladder, from which she had been suffering for many years. Her medical attendant, a very well-informed and intelligent gentleman, acquainted me by letter that she had suffered from a continual and urgent desire to pass urine, which at times passed involuntarily, and had for some months been loaded with a thick muco-purulent secretion. She had a constant sense of bearing down, with burning heat in the urethra, and great pain after passing water, with a constant urgency to make more immediately after she had emptied the bladder. From this account I entertained no doubt that she was suffering from stone in her bladder, which was the opinion of her medical friend in the country. On questioning her, I found that she had suffered more or less for 40 years, from what she supposed to be gravel, and that her sufferings had gradually in-

creased, until a constant stillicideum urinæ took place, which greatly aggravated her distressing symptoms. I persuaded her to submit to the necessary examination, and on endeavouring to pass a common sized steel sound, it would not advance beyond two lines from the orifice of the meatus urinarius. A smaller one was next attempted to be passed, and after repeated trials I succeeded in introducing the bulbous end of a common-sized silver probe, which was with difficulty pressed through a membranous fence of about a line and a half in thickness, beyond which the passage was quite free. On passing my finger *per vaginam*, the walls of the urethra and bladder were found greatly thickened and indurated. It immediately occurred to me that all her sufferings were referable to this contraction, and that the difficulty of forcing the urine through this very narrow opening had induced all the symptoms of irritable bladder, with its attendant ills. I mentioned my views to her, and encouraged her to submit to a trifling operation. The opening was so small that I was obliged to have an instrument constructed for the purpose, on the same principle as the one employed for the male. With this I divided in two directions this membranous fence. She scarcely felt the operation, and only a few drops of blood were lost. I was immediately able to introduce a full-sized metallic bougie, and ascertained that there was no calculus, but the coats of the bladder were thickened. I instructed her to pass a short metallic bougie every day for some time, to prevent the closing of the divided edges of the structure. She experienced great relief within 24 hours, and was able to return into Kent on the third day.

The following is an extract from a letter I received from her medical adviser soon after her return:—"You will be pleased to hear that since Mrs. B.'s return into the country every thing has gone on as well and as satisfactorily as could be wished. I passed the bougie for her the first four or five days, and after that she managed it herself perfectly well. The stillicideum urinæ since has very nearly ceased, and she says she has not much of that uncomfortable sensation of fulness and heat in the urethra which formerly so much distressed her. I introduced a female sound into the bladder the second day after her return, but could feel nothing except an apparent thickening and corrugation of the inner membrane. I had certainly concluded that a stone would have been found in the bladder whenever she submitted to an examination. The urine is at present without any deposit, and the power of retention is considerably increased."

According to this account I think I am warranted in the conclusion, that all the train of symptoms under which this lady had suffered arose from this contraction, and I entertain confident hopes that in time her bladder will be nearly restored to its healthy state. A more rapid recovery of its proper functions could not be expected after so long a duration of disease.

CASES OF DIABETES.

Case I.—*Successfully treated by the Chloro-Sodaic Solution, by Dr. Hobson.*

Dr. Hobson having been a subscriber to the Medical Gazette since its commencement, and having received much valuable information from its pages, begs to submit to the Editor the following case, which was taken at the bedside of the patient, to insert in that Journal, if he deems it worthy a place.

Diabetes rarely occurring in private practice, its being nearly always fatal, the entire recovery of this case, and the chloro-sodaic solution being hitherto untried in similar cases, will, Dr. H. presumes, fully justify his offering this solitary case for publication.

The patient is a highly respectable individual, about 45 years of age, and has kindly consented to the publication of his malady and treatment, in hopes, as he himself observes, that "it may benefit others*."

Leeds, Feb. 20, 1829.

Oct. 11, 1828.—Countenance indicates great debility and distress. Complexion clear; skin harsh, very hot, and dry. Palms of the hands burning; have been hot and dry for two months. Tongue, in appearance, as if covered with coffee-grounds, being thickly coat-

* The patient's name and address are mentioned, but we have omitted them, as we are not quite sure whether Dr. Hobson intended that they should be published.

ed with fur of that peculiar colour; very dry, and to the touch as hard as a piece of wood. Patient himself complains of extreme prostration of strength, but remarks—"I have not any pain." His only request is to be relieved from his most unquenchable and intolerable thirst, being quite unable to articulate at all distinctly. "The thirst and dryness," he observes, "of my mouth are so bad that it is with difficulty I can pronounce my words; indeed I cannot talk without being obliged to take water, to assist me to get my words out." Has not had any pain in the region of the liver, nor in the loins, nor indeed any where. On questioning him as to his appetite, he answers, "It is now very bad: during September, however, it was not affected; indeed it increased, and yet I lost three stone in weight."

His state of mind is both dubious and forgetful, and he is generally very drowsy. Has not been bled. Has had the bowels freely opened yesterday and to-day by medicine, without any relief. Pulse 134, amazingly strong and bounding, giving a sensation to the finger of a vessel of larger caliber than ordinary. His urine, when recently made, has the odour of new hay: the quantity voided from ten o'clock at night to seven in the morning, is nine, and sometimes ten pints: he observes that "the quantity passed from 7 A.M. to 10 P.M. has not been measured, but I make water more than once an hour during the day, and have frequently done so twice and even three times an hour." Four ounces of urine passed yesterday, and the same quantity made this day, have been separately submitted to the examination of Mr. West, chemist: each quantity (4 oz.), when evaporated, is found to contain 480 grs. of matter chiefly saccharine, tenacious, dried only with great difficultly, very sweet to the taste, and shewing no disposition to furnish crystals. On exposure to the atmosphere it attracts moisture, and becomes of the consistence of thick syrup. He says—"The disease, I think, has been coming on for several months; but the first time that I can recollect particularly noticing it was the 1st of September, six weeks ago.

Treatment.—He is desired to abstain from wine, spirituous and malt liquors, and vegetables. To eat animal food four or five times a day, and to substitute sea-biscuit for vegetables. To use Holbeck* water as his common drink. To take an ounce of Labarraque's solution of chloride of soda in twenty-four hours, in a pint of Holbeck water, sipping a portion of it every hour.

℞ Opii, gr. ¼.
Pulv. Rhei, gr. ij.
Syrup. Simp. q. s. ut fiat pil. una, 6tis horis sumenda.

Oct. 12.—Spirits much depressed; complains of a sense of constipation of the bowels. Pulse 126, character unchanged. Skin dry; tongue the same as yesterday; mouth parched so as to be the most distressing symptom to the patient, who continually entreats to have it relieved. Thirst still excessive, but says "the Holbeck water is most delicious, being much more grateful than common water." The chloro-sodaic solution produces a slight sensation of giddiness soon after being swallowed, which is, however, relieved by a horizontal posture. In the last twenty-four hours, rather more than nine pints of fluids have been swallowed and ten pints of urine voided, of which 4 oz. have been found to yield 243 grs. of solid matter. He is directed to continue the solution, to omit the pills prescribed yesterday, and to take the following:

℞ Ext. Jalapæ, gr. viij.
—— Aloes, gr. j. M. f. pil. ij. statim sumendæ.

7 o'clock P.M.—No action of bowels. Urine diminished in quantity. Directed to increase the quantity of chloro-sodaic solution to an ounce and a half in 24 hours, and repeat the two pills prescribed in the morning every third hour, until the bowels operate.

Oct. 13th.—7 o'clock A.M. Pulse 105, less powerful, and much less bounding. Tongue slightly tending to be moist at its tip and edges. Skin dry and hot. Appetite a little better. Calls to void urine, which were hourly, are now only about every second hour. Bowels have not yet acted. Urine much diminished

* Holbeck water is much and deservedly celebrated in this district as a beverage, and for culinary purposes. It contains, in the wine gallon, thirty two grains of carbonate of soda, three grains and a half of muriate of soda, and only half a grain of muriate of lime: a remarkable freedom from earthy salts. It is also impregnated with sulphuretted hydrogen, but so slightly that the smell goes off on standing a short time.

in quantity, there having been made 6½ pints only in the last 24 hours, of which 4 oz. contain 152 grs. of solid matter. Continue the same treatment.

—— 7 o'clock P.M. Enema simplex statim.

—— 8 o'clock P.M. Bowels have acted freely; feculent matter, light clay colour. Increase the quantity of chloro-sodaic solution to 2 oz. in 24 hours. Leave off the aperient pills.

℞ Opii gr. ¼.
Ext. Rhei gr. iij.
Aloes gr. ss. M. f. pil. una, 6tis horis sumenda.

Oct. 14th.—7 o'clock A.M. Has passed a pretty good night. Bowels have not acted since last night. Pulse 106, and more natural. Tongue much the same as yesterday. Thirst diminished. Of urine 5¼ pints have been voided in 24 hours, of which 4 oz. contain 120 grs. of solid matter.

Increase the opium in the pills from a quarter to half a grain in each dose. Continue the solution.

—— 7 o'clock P.M. Pulse 102. Tongue a little cleaner, particularly on the left side. Appetite improved. Bowels have not acted to-day. Thirst entirely subsided, but the mouth still remains dry. Skin a little inclined to be moist.

Continue as prescribed in the morning.

Oct. 15th.—7 o'clock A.M. Pulse 90; character same as yesterday. Tongue cleaner, particularly on the left side. No thirst, and a less dry sensation in the mouth. Gentle diaphoresis on the surface of the trunk, but hands still dry. Sleep undisturbed. Appetite good. Bowels acted in the early part of last night. Only 4 pints of urine voided in the last 24 hours, of which 4 oz. contain 116 grs. of solid matter.

Continue as before.

—— 7 o'clock P.M. Tongue still cleaner, and more moist. Pulse 92. No thirst. Mouth still dry. No sensation of heat in the palms of the hands, which are now inclining to be moist. Bowels have acted once to-day. Complains that he is intoxicated with the chloro-sodaic solution. Discontinue the opium pills. Diminish the quantity of chloro-sodaic solution to 1½ oz. in 24 hours.

℞ Pulv. Kino Co. gr. vj.
—— Ipecac. Co. gr. iv.
Sulph. Loti ℈j. M. f. pulv. 4tis horis sumendus.

Oct. 16th.—7½ A.M. Pulse 88, and natural. Tongue improving, the left side particularly, the fur appearing to separate from itself here and there, and to be detached in small points. A genial skin. Urine passed last night at 9, again at 12½, and again at 4 this morning. No thirst. Mouth still dry.

—— 8 o'clock P.M. Skin rather dry. Pulse 96, and small. Bowels acting rather frequently. Five pints of urine past in the 24 hours, of which 4 oz. contain 112 grs. of solid matter.

Continue the powders, and increase the solution to 2 oz. in 24 hours.

Oct. 17th.—Has passed a good night. Bowels acting naturally. Tongue improving. Pulse 88. Appetite good. Diaphoresis general. Four pints of urine passed in 24 hours, of which 4 oz. contain 134 grs. of solid matter. Continue the powders and solution.

Oct. 18th.—Pulse 80. Tongue gradually cleaning. Gaining strength. No thirst. Appetite good. Bowels regular. Profuse perspiration over the region of the stomach, but on no other part. Is now able to masticate dry biscuit without the aid of water, which has not been the case hitherto. Countenance much improved. Spirits good. Four pints of urine passed in the last 24 hours, of which 4 oz. contain 98 grs. of solid matter. As the solution produces a sense of intoxication, diminish the quantity to f. ℥vj. in 24 hours. Continue the powders.

Oct. 19th.—Pulse 84. Mouth somewhat dry. General perspiration frequent, but not permanent. Hands continue moist. Allowed to eat muffin, which he begs for, to breakfast. Has had a short walk, but remarks on returning, "My thighs feel weak, and fail me much." Appetite good. Has made nearly 9 pints of urine, 4 oz. of which contain 132 grs. of solid matter.

Take 2 oz. of the solution in 24 hours. Continue the powders.

Oct. 20th.—Pulse 82: other symptoms nearly the same as yesterday. Of urine have been passed 5¾ pints, 4 oz. of which contain 108 grs. of solid matter. Continue as before.

Oct. 21st.—All unfavourable symptoms subsiding. A moist and clean tongue, without any thirst. Bowels regular. Skin moist. Appetite good, and sleep natural. Continue as before.

Oct. 22d.—He is now gradually di-

minishing the quantity of solution. Powders taken only every 8 hours.

Oct. 24th.—Appears well. Diminish the solution to ½ oz. in 24 hours. Two ounces of urine yielded grs. 49.

Oct. 25th.—Two ounces of urine yielded 66 grs.

For a few days after this date the patient took the powders night and morning only, and by degrees diminished the solution until the 17th November, when he discontinued all medicine, and up to this date remains quite well, having gained 4 lbs. in weight during the time he was under medical treatment, and 7lbs. since. He was allowed to resume vegetables about the first week in November.

In conclusion, if, as I believe, the chloro-sodiac solution subdued the disease, then it becomes an interesting subject of inquiry, how the chlorine escaped from the body? by what organs was it disposed of? was chlorine emitted in the profuse perspiration mentioned as occurring on October 18th?

TABLE OF

1828.	Fluids taken.	Urine passed.	Quantity evaporated.	Solid Saccharine Matter produced.
Oct.	*Pints.*	*Pints.*	*Oz.*	*Grs.*
10...	Not known.	Not known.	4	480
11.....	ditto.	ditto.	4	480
12.....	9	10	4	243
13.....	5½	6½	4	152
14....	5	5¼	4	120
15.....	4½	4	4	116
16.....	5	5	4	112
17.....	4	4	4	134
18.....	4	4	4	98
19.....	4½	9	4	132
20.....	5½	5¾	4	108
24...	not known.	not known.	2	49
25.....	ditto.	ditto.	2	66

Since the urine voided before medical treatment was at least a pint hourly, viz. 9 or 10 pints from 10 at night to 7 in the morning, we may very fairly state the quantity at 20 pints in 24 hours; consequently the quantity of solid matter, chiefly saccharine, voided in 24 hours, was upwards of 6 lbs. whilst according to Berzelius, the quantity contained in healthy urine voided in 24 hours, is somewhat less than 5 ounces.

Case II.

Successfully treated by Animal Diet and Opium.

To the Editor of the London Medical Gazette.

Sir,

I am induced to send you the following case of diabetes, from having observed in it the beneficial effects of opium combined with animal diet. As this disease is not of very frequent occurrence, and the treatment recommended by various authors is so very different and contradictory, I conceive that you may deem the case worthy of a place in your Journal.

Nov. 8, 1828, J. S., aged 48, applied to me, complaining of a profuse evacuation of urine, particularly during the night, at which time he had such repeated calls to empty the bladder that it completely destroyed his rest. He stated that he had observed the increase in quantity for more than six weeks before, and at this time he had made *twelve pints* in twenty-four hours. The urine was pale, *not sweet*, and deposited no sediment. He had been living on poor and very scanty diet for some time past, making use of but a small quantity of animal food—his principal nourishment being vegetables. His appetite was good, bowels regular, no particular thirst, pulse natural, and tongue clean. Upon evaporating a portion of the urine, the residuum was of a dark brown colour, resembling burnt sugar, but it was *not sweet*. He was emaciated, and felt very weak; circumstances which doubtless were partly the consequences of the poor diet which he had been using, combined with anxiety and depression of spirits.

I commenced the treatment by ordering him an animal diet entirely, with the exception of a little bread. I also prescribed pulv. ipecac. co. gr. x. twice a-day.

11th.—He had pursued the treatment ordered on the 8th, but I did not think that he had taken a sufficient quantity of animal food. He made two pints less of urine in the last 24 hours. To continue the same medicine.

13th.—Has made four pints only in twenty-four hours. He continued the animal diet, and omitted the Dover's powder, as I wished to see the effect of the diet alone.

17th.—Made about six pints in twenty-four hours. To take an aperient pill every night.

22d.—Made five pints in twenty-four hours; so that there had been an increase in quantity since the 13th, when the Dover's powder was omitted, and I conceived that I had given the diet a fair trial, he having adhered to it more than a week without any benefit, but rather with an increase of symptoms. I ordered him again to take the Dover's powder twice a-day.

24th.—Made three pints in twenty-four hours. Perstat.

27th.—Made four pints in twenty-four hours. I now ordered him Opii, gr. j. twice a-day.

Dec. 8th.—He continued the opium, in one grain doses, once or twice a-day, up to this date, when be made but two pints in twenty-four hours, and felt himself in much better health. He had not been able to take the opium sometimes more than once in the day, on account of the vertigo which it produced, although he had not once occasion to take any aperient medicines, the opium not having the slightest effect in constipating the bowels. He continued the meat diet all through.

I have seen him repeatedly since, and he says that he is quite well, although some nights he makes considerably more water than at other times.

I am, Sir,
Yours obediently,
P. M. Hosking.

Fleet-Street, Feb. 24, 1829.

HYO-EPIGLOTTIDEUS MUSCLE.

To the Editor of the London Medical Gazette.

Sir,

Should you think the following communication sufficiently interesting to occupy a place in your valuable Journal, by its insertion you will oblige, Sir,

Your obedient servant,
Osw. Beale Cooper.

31, Half-Moon-Street,
Feb. 28, 1829.

A few days since, while in attendance at the Anatomical School of Great Windmill-Street, a gentleman who had been dissecting the larynx of a sheep pointed out to me a muscle which was not found, or rather not described, by anatomists of the present day as existing in the human body. The muscle arose from the base of the os hyoides, at its posterior margin, by two distinct heads which united, forming a muscle of considerable size, which was inserted into the centre of the anterior convex surface of the epiglottis. This muscle, I find, is described by Blumenbach, who says that it exists in most of the mammalia, but is not found in man. Knowing no reason why this organ should be more perfect in other animals than in human beings, and conceiving it possible that a similar muscle might have existed unobserved by anatomists, I procured a larynx for the purpose of satisfying myself, and proceeded, with hopes far from sanguine, to dissect away the membrane between the os hyoides and the epiglottis; when, to my great satisfaction, I exposed a set of *fibres* having a triangular form (as represented in the sketch), arising from the whole of the posterior or concave margin of the base of the os hyoides, between the two superior cornua; the fibres converging to be inserted into the centre of the anterior convex surface of the epiglottis. The same appearance as that just described I have found in every case in which I have looked for it. The action of this muscle will be to raise the epiglottis, and draw it forwards on the tongue. In fact, it will antagonize the aryteo-epiglottideus and thyro-epiglottideus, and may with propriety be called the hyo-epiglottideus.

Surprised at not finding a muscle of such considerable size described in the modern works on anatomy, I have, since making the above observations, consulted the works of some of the older writers, and find that fibres answering to the above description were not unknown to Albinus, Soemmerring, or Winslow. The two former of these celebrated men describe them, not as a separate muscle, but as fibres derived from the posterior part of the genio-hyo-glossus; but this description I think those who will take the trouble to examine will find is not sufficient, and that the fibres above described con-

stitute a distinct and separate muscle: for though a few fibres may be traced into it from the above-named muscle, yet the great mass arises posterior to, and from a much broader attachment than that muscle. Winslow was acquainted with the existence of these fibres, and describes them under the name of les hyo-épiglotiques, but is not satisfied whether they can be called muscular, though he goes on to explain their use. He says, "Il n'ai pas eu occasion de les examiner dans des sujets bien charnus, c'est pourquoi je ne suis pas bien assuré que les fibres qui vont de la convexité de la base de l'os hyoïde à la convexité du cartilage de l'épiglotte, sont de véritables fibres charnues." Then, speaking of their action, he says, "Les hyo-épiglotiques la (l'epiglotte) peuvent tirer un peu en avant dans une grand respiration, comme quand on soupire, bâille," &c. Whether or no these fibres, which I think few will doubt to be muscular, have any further action (as I should imagine they have), such as in conjunction with their antagonists, directing the current of air to different parts of the fauces, in the modulation of the voice, I shall leave to persons more able than myself to decide.

HEREDITARY DISEASES.

To the Editor of the London Medical Gazette.

Sir,

When we consider the permanence, both as to person and character, of certain races of men, Jews, Chinese, and unbleachable Negroes;—the similarity to this day existing between the physiognomy of the modern Greeks and Italians and their forefathers, as represented in busts and statues, or the pictures of the middle ages;—the striking resemblance to portraits occasionally reviving in old families;—the exact counterparts to the manners, and even faults and *fidgetty* tricks, of parents exhibited by children, even without ever meeting, or where there has been no sufficient opportunity for imitation;—one sees no good reason, on the surface at least, why a man should not bear throughout the exact impress of his ancestors, be a renewal *toties quoties*, a mere division of the parent polype, becoming "bone of their bone, and flesh of their flesh," and inheriting their thoughts and tempers, with their *tea-spoons*. But, most questions having two sides, some grounds may be given for viewing the power of renewal and change, (an occasional exchange of old plate for new-fashioned finery,) as balancing, and, at times, outweighing, the tendency of blood.

A certain congeniality of temperament and turn of thought may be observed to pervade households, but not without great irregularity in the distribution of particular qualities: indeed the points of resemblance and dissimilarity, in individuals of the same family, form one of the most interesting subjects of remark. In intellectual endowments, men of the surest immortality have been the founders of their name, standing alone without any inheritance of wit; frequently, indeed, like "prophets in their own country," surrounded by those who, passing from blind familiarity into contempt, have often set down a man of exalted mind as "plutôt bête que méchant*."

One can easily figure to himself the quiet, decent, *bon-bourgeois* father of the eccentric Rousseau; and just fancy a brother of Shakspeare: this last extraordinary, the first preposterous—the one

* Said of La Fontaine by his old nurse.

fascinating, the other only *queer*—this inspired, that possessed—the Bible and the Apocrypha.

Of late years it has, however, been very much the fashion for *geniuses* to "hunt in couples;" and we have even whole families of clever people, particularly in our northern universities. In person, (looking at members of the same domestic circle,) we see often the character "permanent," but an amusing gradation of feature: a nose, whose snubbiness was from familiarity not objectionable on the face of a valued friend, becomes a mere pimple in his brother: and ruby lips agreeably widened, as you had fancied, by an approving smile beaming on the visage of a "divinity," lapse into a downright "potato-trap" in the *open* countenance of a sulky sister-goddess. And so from shade to shade we pass, until not a trace of resemblance remains. Transferring to our own subject this spirit of physiognomical investigation, we find that there are undoubted links and affinities between father and son in "corporal sufferings," as in mental sympathies and peculiarities of form and proportion; but these *tender ties* must not be insisted on too absolutely. One difficulty, indeed, lies like a lion in the path of those who would trace up, very far, the clue of genealogical complaints. This is the unavoidable accumulation of diseases upon our forefathers and original begetters. Now, even in these degenerate days, there is a sufficient portion of maladies falling to the lot of each individual; nobody is shared out, no one is heard to complain that he has been disinherited, and cut off with sixpenny worth of torment, or that he fears becoming bankrupt of pain: but if, instead of *enjoying* an occasional lease or life-rent in disease, every man had handed down to him an inheritance of primitive morbid germs, (to accrue at his decease to the heirs of his body, as tenants in common,) in proportion as we ascended in the research after the source of our woes, there would be concentrated upon the heads of families an innumerable multitude of plagues. There is no escaping this. The mighty men of old would become walking hospitals; Shem, Ham, and Japheth, mere types of Cullen's three great classes of diseases, and the first man a complete personification of nosology. And yet this is very much at variance with our young dreams. Adam is always drawn by historical painters as a fine able bodied fellow, in excellent condition. And Eve, though a "delicate creature," by poetical account, seems to have been by no means an invalid. Milton, who was well versed in one department of Apollo's business, gives them a very full certificate of health*.

"*Mais on aura changé tout ça.*" A new light would, indeed, break in upon us, were the "innumerable ills that flesh is heir to" all referable to the fruitful loins of those who in the olden time multiplied their kind: no curse of Caliban could assemble more infections than must have swarmed in the morbific clay of our original progenitor; and the mother of mankind, whom, in our stupidity, we thought the most gifted with health, instead of being "lovely as Pandora," must have stolen and swallowed that lady's whole box of bitter pills.

Perhaps, however, as we do not read of their days being cut short, the antediluvians had only *chronic* complaints. But beginning *only* with the Flood,—it is clear that, if all diseases came out of the Ark, they must have outnumbered all the beasts, birds, and creeping things, put together.

When we join to these reflections the remembrance of some maladies which were not known in times of old, and of others which have departed without leaving a representative to claim their due allotment of the human carcase;—when, in addition, we pay attention to the influence of the mixture of breeds, and to the effects of artificial modes of life upon communities and individuals;—we are obliged to confess, that, if a great deal is to be placed to the account of family transmission, there is a large set-off, if not a counterbalancing excess, to be attributed to the power of the spontaneous development and extinction of disease. At some *time* or other all maladies were, most probably, accidental inflictions; and then, *somehow or other*, certain of them grew into intrinsic hereditary taints. But how, when, where, why?—we do not presume to decide. All we venture to hint, in treating of these or any other principles of medicine, is, "take a fool's advice," *glissez dessus, n'appuyez pas!*

NEPOS.

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* Vide Paradise Lost, *passim*.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

An Essay on the Operation of Poisonous Agents upon the Living Body. By THOMAS ADDISON, M.D. Assistant Physician to Guy's Hospital; and JOHN MORGAN, F.L.S. Surgeon to Guy's Hospital. Longman and Co. London.

THE object of this work is to determine the following question: through what medium do poisons convey morbid impressions to the system? It is inferred that the impression must, in some manner, be made upon the sensorium, whether by its absorption or by sympathy between the nerves of the poisoned part and the brain. Some poisons operate so quickly as to render it improbable that they are previously absorbed; and these are, by most physiologists, supposed to operate directly on the nerves. The action of others is interrupted by the means which interrupt absorption—as the application of a ligature, cupping glasses, &c.; and some of these poisons have been detected in the blood. Now, with regard to these, it is generally supposed that their absorption is a necessary preliminary to their specific effects on the system: but the authors before us think it unphilosophical to acknowledge a twofold operation, and hold " that all poisonous agents produce their specific effects upon the brain and general system through the sentient extremities of nerves, and through the sentient extremities of nerves only; and that when introduced into the current of the circulation in any way, their effects result from the impression made upon the sensible structure of the blood-vessels, and not from their direct application to the brain itself."

The work is divided into two parts; in the first of which, the authors endeavour to disprove the accuracy of the experiments and deductions of others; the second is devoted to the establishment of their own. On the present occasion, and in keeping with the general plan of our analyses, we shall limit ourselves to an account of what the authors before us have themselves done, reserving for a future opportunity any criticisms which we may have occasion to make upon their doctrines.

The question discussed is, undoubtedly, one of great importance, as it is not limited to the phenomena produced by the operation of poisons, " but it involves a theory which has reference to every morbid action that takes place in a living animal, from the operation of local irritation upon the functions of the brain and nervous system: for whether constitutional disturbance shall be produced by the imperceptible operation of noxious miasmata, or whether it shall arise from a visible and local cause, as in the inoculation of smallpox, syphilis, or hydrophobia, still we find no distinct line of demarcation separating the essential characters of what is strictly called a poison, from those produced by more general and more ordinary causes of disease."

These analogies are held to exist with regard to the period intervening between the application of the cause and the production of the effect, and also with regard to the nature of the morbid impression. Prussic acid and the contagion of the plague are given as illustrations of poisons producing, under favourable circumstances, almost instant death; hydrophobia and marsh effluvia of those in which the effects are more remote; while tetanus and the action of nux vomica are instanced in favour of the identity, or at least similarity of effects, between an ordinary cause of disease and what is commonly called a poison.

" Analogy, therefore, as regards *effect*, can be perfectly established between the consequences of a local injury, those which are produced by the poisoned wound of the more venomous reptiles, and those which arise from the influence of an ordinary cause of disease. Therefore the analogy between poisons and other agents capable of exciting morbid action in the system is complete, as well as it regards their sensible effects, as in reference to the interval of time which may elapse between the application of their causes and the development of their effects."

From this quotation it will appear, that, according to our authors, the question as to the medium through which poisons act upon the system, comprehends also the mode in which

all morbid phenomena are produced; for the jet of the argument in the volume before us is this—that there exists an analogy between the effects of poisons commonly so called — of the ordinary causes of disease—and of some mechanical injuries. Now certain of these (some poisons) produce their impressions through the extremities of nerves, and as it is "unphilosophical" to admit more than one medium of impressing the general system, therefore all the above causes produce their effects in the same manner.

Mr. Brodie had come to the conclusion that certain poisons act through the medium of the nerves—and so far the authors before us agree with him; but they protest against the accuracy of the steps by which he was led to this conclusion; and the first experiment detailed by Dr. Addison and Mr. Morgan goes to this particular point.

"The spinal marrow of a half-grown rabbit was divided; the leg was inoculated with strong Prussic acid: the animal died in three minutes after the introduction of the poison, this being the usual period of time in which that poison was found to operate upon these animals under common circumstances when introduced into the same part.

"Now, if the impression produced upon the brain by the application of Prussic acid to a distant part be the consequence of its action upon nerves of sensation and voluntary motion, as has been supposed to be the case by Mr. Brodie in his experiment, we should be happy to receive from the advocates of that gentleman's theory a satisfactory explanation of the result of the experiment just related.

"If, on the other hand, the impression of the poison be carried to the brain by other organs, we, for the present, leave the advocates of venous absorption and infiltration to account for its instantaneous effect upon the system when applied to the mouth, and shall in the meantime proceed with Mr. Brodie in his experiments."

The opinions of Mr. Brodie, M. Magendie, and Dr. Barry, are then severally discussed and objected to; but, as we have already said, we confine ourselves at present, not to the *reasoning*, but to the *facts* of our authors.

Agreeing, as they do, with those who hold that certain poisons operate through the medium of the nerves, Dr. Addison and Mr. Morgan, in the volume before us, have chiefly devoted their arguments and experiments to disprove the accuracy of those who hold that certain other poisons are admitted into the blood, and produce their effects by coming into contact with the brain. It is to be kept in mind that they do not deny that some poisons are taken into the blood; they only deny that this constitutes an essential part of their *modus operandi;* and hold, on the contrary, that instead of requiring to be brought into contact with the brain, they direct their operation upon the extremities of the nerves—even when introduced into a blood-vessel! To establish this, the following experiments were performed.

"The jugular vein of a full-grown dog (in size about that of a common harrier) was laid bare to the extent of about two inches; the circulation through the denuded vessel was then completely stopped by the application of two temporary ligatures, one of which was tied round the upper, and the other round the lower, part of the exposed vein; the vessel was then divided between the two ligatures, and the truncated extremities reconnected by means of a short brass cylinder, or tube; within which was placed a portion of woorara, of the size of a grain of canary-seed. In this way the continuity of the canal between the temporary ligatures was preserved entire, the brass tube being inserted and tied within the mouths of the cut extremities, and consequently allowing, on the previous impediment to circulation being removed, a free passage of blood from the upper to the lower part of the vein; with which blood, of course, the poison in the interior of the tube would instantly be mixed, and carried through the circulation.

"Both the temporary ligatures being then removed, the accustomed circulation through the vessel was re-established; and in forty-five seconds the animal dropped on the ground, completely deprived of all power over the muscles of voluntary motion; in two minutes convulsions and respiration had entirely ceased.

"We were perfectly aware, in making this experiment, that the result might be adduced in proof of the truth of the theory of the cerebral contact, as well as of nervous communication of a poison; it was, therefore, merely

made for the purpose of affording a contrast to the following:—

"The jugular vein of a dog, of the same size and age with the preceding (both being from the same litter), was exposed, and separated from its surrounding connexion, to the extent of three inches; temporary ligatures were then applied, as in the former case. A small opening was then made in the vein, immediately above the lower ligature, through which a cylinder of quill was pushed into the interior of the vessel; within this quill a piece of woorara, of the same size as that used before, had been previously inserted. The vein was now again tied by a permanent ligature above the opening, through which the quill had been thrust, leaving a space of two inches and three quarters between the first upper temporary ligature and the permanent one last mentioned; the interior of the vessel between the two containing the poison, which was thus prevented from coming in contact with the sides of the vessel, until washed by blood out of the quill in which it was contained. The upper temporary ligature was next removed, so as to allow the blood to pass down into the lower part of the vessel as far as the lower permanent ligature, and, consequently, to that part of the vein which contained the poison.

"Now it must be manifest, that the solution of the poison in the blood, under such circumstances, could only act upon the system through the vessels or nerves of the *vein*; for the direct entrance of the poisoned blood into the heart, &c. was prevented by the lower ligature, and we, consequently, ought to have found, in the case of venous absorption, the effect nearly the same as that which would have occurred from the introduction of the poison to any other part of the body, in which a capillary absorption, and, consequently, a greater length of time, was necessary to its operation; for it will be remembered, that circulation was no longer going on through the trunk of the jugular vein itself.

"It was found, however, on the contrary, that in the space of 108 seconds after the removal of the ligature the animal dropped in convulsions, as in the former case, and expired in three minutes and a quarter.

"The poison which was used in these two cases has never been known in dogs to produce a sensible effect upon the system, in cases of its insertion into superficial wounds of the body, in less than six minutes, and respiration usually has ceased in from a quarter of an hour to twenty-five minutes."

To prove that the effect of a poison, when circulating through a blood-vessel, is to be attributed to its operation on the vessel itself, rather than to its being conveyed to the brain, the following experiments are detailed:—

"The carotid artery of a middle-sized fox-hound was exposed to the extent of two inches; temporary ligatures were tied round the vessel, as in a former operation upon the jugular vein, vide p. 70; the artery was also divided between them, and reconnected in a similar manner by means of the brass tube, which was charged with the same quantity of the woorara as in the experiment alluded to. The temporary ligatures being removed, the circulation through the vessel must of course have carried the poison from the brass tube instantly to the brain; and we ought, therefore, in the case of venous absorption and cerebral contact, to have produced the instant death of the animal from that cause. It was found, however, that the time which elapsed between the removal of the temporary ligatures and the fatal effects of the poison upon the body, was nearly the same in this as in the former case of its introduction into the jugular vein, for the animal dropped in forty-five seconds, and ceased to respire in two minutes.

"The experiment was repeated upon the carotid of a smaller dog, and sixty-eight seconds elapsed before any sensible effect was produced, and in three minutes respiration had ceased."

In order farther to show that direct contact with the brain is not the *modus operandi* of poisons, the brain of a rabbit was laid bare, a slice cut off horizontally, and a portion of woorara inserted: at the end of three-quarters of an hour the animal was not poisoned.

But to demonstrate that poisons, even if they do enter the blood, do not act by coming into contact with the brain, "two large bull-dogs, of equal size and strength, were held face to face upon a table, embracing each other; so that their breasts and necks were in contact, the animals being placed upon their sides. In this position, it will be seen that the right carotid of one dog and

the left of the other were uppermost, and that these vessels, when exposed by operation, might, while the animals were thus held together, be brought into contact. It was, therefore, our object to establish a connexion and a circulation between these two arteries, viz. between the right carotid of one dog, and the left of the other *.

"In this way, then, we established a circulation of blood from the heart of one dog to the head of the other; and it was, therefore, reasonable to suppose, according to the theory of the supporters of venous absorption and cerebral contact, that the dog contributing blood to the other, would, after inoculation with a poison, be supplying his neighbour with poisoned blood, which, reaching the substance of the brain, must necessarily produce the same effects in the one as in the other. This, however, was not the case; for, upon introducing the poison of nux vomica into the back of the animal, from whose carotid the blood was passing to the opposite vessel of the other dog, we found that although the usual violent effect was produced in the inoculated animal, and although that effect continued for the space of fourteen minutes, during which period a free circulation was carried on between them in the manner already mentioned, yet that not the slightest indications of the action of the poison upon the system could be observed in the other dog.

"Satisfied that the experiment had been continued long enough, the artery was then tied in the neck of the sound dog, the vessel was divided, and the sufferings of the other and expiring animal were terminated. On the following day the surviving dog continued free from all symptoms of poisoning.

"It can hardly be supposed in this case, that if the poison had been dissolved in the blood which circulated through the carotid of the poisoned dog, no portion of it would have reached the brain of the other, since it was repeatedly seen during the operation that a free current constantly passed through the vessels from one animal to the other; indeed, if such had not been the case, it must be manifest that coagula would have formed in them, as well as in the brass tube by which they were connected. In the case, therefore, of sanguineous contamination and cerebral contact, we think it fair to infer that both animals ought to have been affected by the poison in nearly the same way, and at the same time, the opposite of which was proved to be the case."

It is on this establishment of a communication between the vessels of two different animals, one only being poisoned, that the authors appear to lay the principal stress of their theory. The jugular veins were connected in a similar manner, the blood passing from the head of one dog to the heart of the other. The animal which supplied blood to the other was inoculated on the side of the face with nux vomica, and "in the usual time exhibited the usual symptoms." The other never manifested the slightest symptom of being poisoned. A still further modification of this experiment was practised by taking two dogs, placing them neck to neck, dividing the carotid artery of each dog on the side next his neighbour, and connecting the artery coming from the heart of one with that going to the head of the other, and *vice versa*, so as to establish a double circulation between them. One of the dogs was then inoculated on the back with strychnine, and he died in seven minutes, but the other experienced no symptoms of poisoning. For establishing this communication between the vessels of two different animals, the authors recommend the employment of two short brass cylindrical tubes which fit into each other, each having a handle attached to it, and a circular groove on the outside, to prevent the ligature which fastens the vessel over it from slipping. One of these is to be attached to each vessel, and they may then be fitted into each other.

We believe we have thus given a full and fair digest of the experiments of Dr. Addison and Mr. Morgan, and of the deductions they have made therefrom. There is only one other point to which we would advert: it is the implied, though not positively expressed, opinion that there exists a peculiar set of nerves for the specific purpose of communicating morbid impressions. Thus the authors dissent from Mr. Brodie's opinion, that where the poisoning is communicated through the medium of

* The method adopted is represented in an engraving, but we think the description will be sufficiently intelligible to our readers.—Ed. G.

the nerves, the susceptibility to such impression bears a relation to the size and number of the nerves of the part to which the poison is applied: and they add, "We must also dispute the assumption, that the extreme irritability of the nerves of the tongue, under one proper cause of excitement, is to be considered as a proof of their increased excitability to action under the impression of a morbid agent.

"Each assumption appears to us to be equally untenable, and to involve a theory respecting the multiplied functions of a single nerve, which is not only unsupported by analogical reasoning, but which is in many instances directly contradicted by fact.

"Analogy teaches us, that to each fibril of a nerve a separate office is assigned; for we have not a single instance to prove that any one nervous filament in the living system is capable of essentially performing a double function."

Before we conclude we must take leave to add, that in the volume before us the arguments of those who have preceded in the same field of inquiry, and who are rather absurdly spoken of as "opponents," have in several instances been either omitted or misunderstood, and their opinions generally treated in a very *de haut en bas* style; while the tone adopted by the authors themselves, is pompous in a very remarkable degree. The language, indeed, is throughout so similar that we presume that one of the gentlemen, whose name is prefixed to the work, has taken upon himself the whole labour of its composition; and while "protesting" against Brodie, Magendie, and Barry, for adducing "untenable assumptions" and "unsatisfactory experiments," it never seems to have entered into his imagination that those detailed by himself could be looked upon as otherwise than unanswerable.

Dr. Craigie's Elements of General and Pathological Anatomy.

[Continued from page 387.]

Outline of the Morbid Alterations to which the various Textures of the Body are liable.

We resume our analysis of Dr. Craigie's work, continuing it in the form of a sketch of the morbid degenerations to which the different structures of the human body are liable.

Veins—Venous Tissue.

Inflammation appears in two very different forms in veins: it is, first, circumscribed and adhesive, or, secondly, it is spreading. The former has nothing remarkable by which it is distinguished from other kinds of adhesive inflammation: it is well illustrated in the healing of the wound made in venesection. The latter is very peculiar and important. It appears more the disease of the inner than the outer membrane; it generally (but not invariably) arises from injury inflicted on a vein. It gives rise to the effusion of pus and lymph filling the vessel, is attended with great constitutional disturbance, and with various highly-interesting pathological phenomena, for an account of which we refer to Mr. Arnott's paper (vol. ii. p. 701).

Varix consists in permanent dilatation of veins, and may be local, or extend throughout a considerable space. According to Meckel, it is a simple dilatation, without injury of the texture; but, in our author's opinion, when one part of a vein is dilated into a distinct sac, the inner coat is generally rent—sometimes the valves are torn—in others the outer coat cracks. It is a disease particularly of the lower extremities, and a case will be found in a recent number of this Journal, in which the saphena was tied in two places on both legs, with success. In the upper extremity it is much more rare. Petit, however, mentions such a case; and our author met with a varicose tumor of the posterior ulnar vein, which disappeared under pressure. Varix of the vena azygos has been known to terminate in rupture of the vessel, and death.—(*Morgagni.*)

Ossification is very rare in venous tissue, though such cases are on record. Loose stony concretions have been found in veins, but their history, and even their chemical nature, are not known.

System of Capillary Vessels.

Dr. Craigie, in our opinion somewhat injudiciously, has entered upon a description of the capillaries, and their diseases, with as much minuteness as if they were equally under our cogni-

zance with the obvious changes which take place in the different structures with whose nature we are better acquainted. Inflammation and its numerous terminations and consequences, and even fever, are spoken of under this head. With regard to inflammation, it is infinitely modified by the structure in which it has its seat, and cannot, in our opinion, be with propriety considered as the disease of the vessels separately from the medium in which they circulate: still less, we apprehend, can fever be thus *localized*. We therefore pass these by, as not forming a part of that outline of demonstrable changes in the organization of particular parts with which we purpose to present our readers.

The same objections apply to the consideration of the "erectile tissue" and the "system of exhalants," distinctly from the different organs into the formation of which they enter. Under the diseases of the last-mentioned system, are introduced the various tumors found in different parts of the body; whereas, as it appears to us, they are much more naturally and conveniently considered with the texture in which they are found.

Lymphatic System.

The lymphatics are subject to *inflammation;* and this almost always arises from some distinct source of irritation Thus a sore finger, especially from the insertion of some poison, will frequently produce red lines along the arm, marking the course of the inflamed absorbents. This generally ends in resolution—but, in other instances, lymph is effused, and the vessel obliterated.

Cirsus is the name given to a state of lymphatics particularly described by Meckel, and resembling varix of a vein. Soemmerring represents the lymphatics of the intestines as becoming varicose in hernia; and Bichat describes the same thing as occurring in the serous membranes in dropsy: in such cases they certainly are much distended and easily demonstrated. Nay, it has been asserted by various writers that the lymphatics may be *ruptured*; and this has been made the proximate cause of numerous diseases—as consumption, dropsy, Barbadoes leg, phlegmasia dolens, &c. &c. but in none of these cases is there any thing more than conjecture advanced in support of the idea. Osseous deposits have been found in the coats of the lymphatics.

The lymphatic glands are subject to inflammation, which may be either ordinary or specific; and they are likewise the seat of *irritative* enlargement from the neighbourhood of some diseased part—as a wound of the scalp shall give rise to swelling of the glands in the neck, &c. One of the most remarkable enlargements to which absorbent glands are liable, is in the plague, where buboes form in the armpit or groin. Of buboes there are various kinds; but those particularly dwelt upon by our author are, the "pestilential bubo" of plague, the "strumous mortified bubo," in which the gland is expelled either in fragments or in mass, and the "phagedenic bubo," occurring chiefly in syphilis.

Enlargement of the mesenteric glands has been supposed by most authors to be the anatomical character of *tabes mesenterica*; but Dr. Craigie thinks that, in most instances, it depends upon a prior state of disease of the villous membrane of the intestines.

Ossification, calcareous deposit, and the formation of tubercles, are all severally diseases of this structure.

Nerve.—Nervous Tissue.

Inflammation is one of the diseases of this tissue. It is accompanied with gnawing pain, spreading along the course of the nerve, sometimes its branches, with a sense of heat, and a peculiar tenderness of the surface. After some time, more or less derangement in the functions of the parts on which the nerve is distributed takes place. The motions are variously disordered, becoming irregular, spasmodic, and little under the influence of the will, and finally being lost in different degrees. This form of neuralgia is most frequent in the sciatic, partly in consequence of its exposed situation, and sometimes in consequence of actual violence, as in falling.

In *tic douloureux* it is not easy to say what is the pathological cause. Though some forms of this malady evidently depend on inflammation of the neurilema, yet others, of long continuance, are not perhaps to be ascribed to this cause.

Inflammation of nervous tissue may terminate, first, in resolution; second-

ly, in effusion of lymph; thirdly, in ulceration; or, fourthly, in a low chronic action, accompanied with enlargement of the nerve.

When a nerve has been divided it is again readily united, but whether this be effected by simple adhesion, or the formation of a portion of new nerve, or of a matter entirely different, has not been satisfactorily made out. According to Arnemann, who has devoted much attention to the subject, after the division of a nerve, the upper end swells and inflames, forming rather a hard knot, the other end undergoing a corresponding change, but not in an equal degree. These parts unite; and though the uniting medium continues large, and even hard, he considers it as, at least, containing a considerable proportion of nervous structure. But when union is prevented, as in amputation, Dr. Craigie, from repeated personal examination, has observed, "the extremity enlarges and becomes vascular, from the neurilematic vessels assuming the inflammatory action; blood and lymph are effused both from the cut extremity and into the interstices of the neurilematic canals; more or less adhesion is contracted with the contiguous textures; and when the active state of this process has subsided, a hard knotty tubercle is left in the site of the cut extremity. This tubercle is at first rendered vascular, afterwards greyish, solid, and so firm that the knife may be blunted in dividing it."

Mollescence (*ramollissement*) of the nervous texture has been observed, but it appears doubtful whether this be not always the result of mechanical injury. Tumors of various sizes and structure have been found in the trunks of nerves, some of which are probably proper to the nerve, and others common to it and the component textures, particularly the filamentous. Under the name of *neuromature* are described those little tubercles which sometimes form beneath the skin, attended with great pain, and probably seated in some of the nervous twigs. Camper was the first author who spoke of these as connected with the nerves, and he describes them as white internally, of gristly hardness, and elastic. A very good example of this disease, which occurred to Mr. Spark, of Newcastle, and which was permanently cured by excision, will be found in our last number but one.

Wasting and shrinking of various nerves is the last change mentioned by our author. When these occur, they are accompanied by corresponding loss of function.

Brain—Cerebral Substance.

This is liable to inflammation, hæmorrhagic effusion, alterations of its consistence, and the formation of tumors of various kinds.

Acute inflammation of the brain is not common, except as a result of local injury, in which case it is generally circumscribed; the part becomes vascular and red, afterwards brownish or green, and softer than natural. The formation of pus in a distinct cavity seldom occurs in this form of the disease, unless from the lodgment of a foreign body. The more chronic varieties of inflammation are much more frequent, and do not differ essentially in mere anatomical character from the preceding. The changes of colour are better marked, and the softening is more conspicuous, constituting the *ramollissement* of the French, in which it passes into a green, yellow, or grey pulpy, semifluid mass. The effects of this change of structure are those referable to cerebral affections in general, while the proper effects are said to be "sense of formication, numbness, and rigidity, or occasional involuntary contractions of the muscles of the upper extremities, followed by delirium or fatuity, and a peculiar odour about the head, not dissimilar to that of the mouse. In the spinal cord it gives rise to numbness and rigid contraction of the muscles of the lower extremities, and eventually palsy more or less complete."

Suppurative inflammation, giving rise to collections of matter of various sizes and in various parts of the brain, are well known to the morbid anatomist, although they are frequently of a nature so slow and insidious as to escape detection during life.

A remarkable variety of cerebral abscess is that connected with discharge from the ear. Different opinions have been advanced with regard to the order of succession in these two occurrences; some (and this has been the common opinion) have thought the discharge from the ear preceded the cerebral affection, others have looked upon the internal as the primary disease. Our author, however, inclines to the belief

that the primary affection is of the "tympanitic cavity, or of the dura mater investing the temporal bone." It appears to us probable that the disease originates in the lining membrane of the ear, which becoming destroyed, tends to death, or other affection of the bone, and this, in its turn, gives rise to the internal mischief. The same thing happens in the puffy tumor of Pott, and appears to have taken place in the case related by Mr. North, in our last number but one, by the occurrence of a similar diseased state of the frontal sinuses.

A distinction has been drawn by Dr. Baillie between suppuration of the brain from external injury and internal causes; viz. that the former is mostly on the surface, the latter in the substance of the cerebral mass. But it is stated by our author that this does not hold good invariably: for example, when a long interval interposes between the receipt of the injury and the death of the individual, the matter "is almost invariably deep-seated," and another circumstance producing the same result is said to be where the blow acts "in the manner of a counter-stroke." Where the matter is superficial, it is chiefly in those cases in which the bone has been broken, and thrust in upon the parts, so that the membranes are called into inflammation.

Suppurations of the brain are occasionally, but very rarely, found as a consequence of fever. Ulceration has also been witnessed, but it is not common, and occurs chiefly on the surface of the convolutions, from disease of the pia mater.

Hæmorrhage.—It is satisfactorily ascertained that apoplexy may take place from distention of the vessels of the brain merely, without rupture. When this is the case, if the cerebral substance be cut into slices, drops of blood will follow each incision, and the more numerous they are, and the more quickly they form, the greater is the degree of congestion which they indicate. It is probable that where the individual recovers from the aploplectic seizure without any degree of paralysis, the attack has been unaccompanied by effusion. According to M. Serres, apoplexy without paralysis depends upon injection of the vessels of the meninges exclusively, but there does not seem to be sufficient proof of this assertion.

The injection of vessels producing apoplexy leads to two terminations besides that of resolution, if we may so call it; namely, effusion of serous fluid or effusion of blood. When this last takes place, whether from exhalation or rupture, if it be in considerable quantity, and occurs in a vital part of the brain, it speedily produces death; but if the effusion be not considerable, nor into a part immediately required for vital purposes, time is afforded for farther changes, and these sometimes ultimately produce death, and at other times lead to recovery. The blood which has been effused acts as a foreign body, breaking down and disorganizing the parts with which it is in contact. It is separated into fragments floating in fluid like wine lees, and after a time is more or less completely removed, leaving an excavation filled with serum, or pulpy cerebral matter. In some instances a membranous substance fills the space occupied by the original effusion, and this seems to occur where complete recovery follows the attack.

Round the clot of blood the brain is generally softened, and varies in colour. This state has been looked upon by the French pathologists as the cause of the effusion, whereas it is held by our author to be "invariably the effect either of this or of the preliminary injection." It has been known from the time of Bonetus that these hæmorrhages take place into the corpora striata and optic thalami much more frequently than into other parts of the encephalon. Into the cerebellum they are very rare, though such cases have been recorded. The spinal cord is also liable to the same forms of disease, giving rise to various symptoms, but more especially, it would appear, from the testimony of modern pathologists, to tetanus.

Under the appellation of *malakencephalon* our author speaks of diminished consistence of the brain, a change which takes place in chronic diseases attended with wasting, as dropsy, phthisis, diabetes, &c. In some cases, particularly of dropsy, it is so soft as scarcely to admit of being cut, but gives way before the knife, and breaks down. It would appear that confinement and low diet tend to produce the same effect. Thus Dr. Munro *tertius* has found the brain

of felons to be sometimes extremely soft. The same thing also has been occasionally observed in the brains of maniacs.

General induration of the brain has likewise been met with, and described under the name of *sclerencephalia*. Its causes and history are little known, and we shall not occupy space in detailing conjectures.

The next morbid condition of the brain, considered by Dr. Craigie, is that attended with "organic changes, morbid growths or tumors:" of these the chief are, 1. The simple cerebral tumor (*scleroma*), in which a definite portion of the brain appears indurated, and like coagulated albumen. Numerous instances of this affection, collected from various authors, are detailed.

2. The flesh-like tumor (*adenoidea*), which is pink, and resembles an absorbent gland.

3. Tubercular deposition (*tyroma*) of a yellowish colour, firm, like soft cheese, sometimes granular and friable. The author conjectures that Plates xi. and xii. fig. 1, of Dr. Hooper, are delineations of this disease.

4. Adipose tumor (*ceroma*), the nature of which is sufficiently expressed by its name.

5. Cartilaginous tumor (*chondroma*), of yellowish colour, and hard; its interior arranged in streaks or bands; at an advanced period having cavities, containing a fluid or semifluid matter.

6. Calcareous deposits, which are sometimes seen in the brain, but oftener in the membranes. A tubercle of this kind is delineated in Dr. Hooper's xiith Plate. To this head may be referred the concretions found in the pineal gland.

7. Encysted tumors: of these the varieties found in the brain are the hydatoid or vesicular (see Dr. Hooper's xivth plate); the steatoma; the hæmatoma (see Dr. Hooper's xth plate); the fungus hæmatoides—melanosis (see Dr. Hooper's xiith plate). All of these several tumors give rise, in most instances, to symptoms referable to the brain and nervous system, but not so marked by individual characters as to render them cognizable during life.

The last anormal condition of the brain we have to notice is anencephalous monstrosity, from original deficiency in its formation. The extent to which this is present depends upon the period at which the cerebral mass has ceased to be deposited, and may vary from slight deficiency to the almost entire absence of any thing like brain.

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND SURGICAL JOURNAL.

March 1829.

ORIGINAL COMMUNICATIONS.

"I. *Remedy for Gonorrhœa.*"

This is a very short anonymous communication, the object of which is to recommend the following formula in cases of gonorrhœa and gleet, after other remedies (even cubebs) have failed:—

℞ Tinct. Ferri Muriatis 3i.
Sp. Ætheris Nitrici 3vii.

Cap. Guttas xl. ad lx. bis ter-ve in die ex aqua distillata.

Copaiba may be substituted in the same quantity for the spirit ætheris nitrici, should it be deemed advisable to try that medicine.

"II. *On the Difference of Effects produced by the Drinking of Animal Jellies and Vegetable Mucilages in Spasmodic Asthma, and other Pulmonic and Bronchial Affections.* By Mr. Kerr, communicated by Dr. Epps."

Mr. Kerr has frequently observed that in spasmodic asthma the violence of the paroxysm is increased by vegetable mucilages, while relief is "invariably" afforded by animal jellies, such as that of calf's foot dissolved inwarm water. In a note by the Editors, it is added, that the utility of animal jellies, according to Mr. Kerr, extends to other pulmonary affections.

"III. *Case of successful employment of Secale Cornutum in tedious labour.* By Thos. Gaskell, Esq. M.R.C.S."

A young woman was taken in labour at two o'clock A.M. She was seen at half-past three P.M. by Mr. Gaskell, who found the os uteri dilated to somewhat more than the size of a crown

piece; membranes not ruptured; presentation natural. There being nothing to require interference, he left her after a short time under the care of the midwife. He was called to her the next day about the same time: the labour was little, if at all, advanced; she had head-ache, the pulse had become frequent, and she was anxious. She had now been 37 hours in labour, when half a drachm of the secale cornutum was infused in ℥iiss. of boiling water, and given at the end of a quarter of an hour, powder and all. In eight minutes the uterus began to act powerfully, and in *fifteen hours* the child was born. No bad symptom followed.

"IV. *Case of Hypertrophy of the Brain.* Related to the London Phrenological Society, by Dr. Elliotson."

A boy, 12 years of age, had so large a head, that he had difficulty in supporting it, and used generally to recline on a sofa. He possessed considerable intellectual powers. He had no symptom of hydrocephalus, but a short time before his death he complained of a slight pain in the head, and died suddenly of apoplexy. The brain was of immense size, the vessels turgid, the structure healthy.

"V. *Case of Lepra Vulgaris cured by Iodine.* By D. J. Esq. Surgeon."

A young woman applied to the author the beginning of last December, labouring under a cutaneous affection, which appeared in the form of red spots, which at first were small, but soon became larger, and covered with lightish brown scales. Various remedies had been had recourse to during five months. The limbs and body were now almost entirely covered with the eruption, and her general health was very much impaired. She was ordered a pint of ale in the course of the day, and eight drops of tincture of iodine ter die. The quantity of iodine was afterwards increased to twelve drops, and she was allowed animal food. Her general health rapidly, and the eruption soon gradually, improved. The narrator is of opinion that an essential part of the treatment in lepra consists in nutritive diet, and is not prepared to say what share the iodine had in the recovery of his patient.

MEDICAL GAZETTE.

Saturday, March 14, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

COLLEGE OF PHYSICIANS.

The meetings at the College of Physicians continue to be well attended. The number assembled on Monday last we thought greater than on any former evening this season. Three papers were read.

1st. Some observations upon the late prevalence of ague, by Dr. Macmichael.

The author, after enumerating various proofs of the great frequency of ague in the year 1827, observed upon the remarkable heat of the seasons 1825 and 1826, in the former of which years the thermometer rose in the month of July, for some successive days, several degrees above the usual heat of the West Indies. This year was followed by one of remarkable drought. Two such seasons as these, were not likely to have occurred without leaving traces of their effects, and producing some changes in the types of prevailing diseases: for though in London we are warranted in expecting that in ordinary seasons, and under the usual circumstances of temperature, we may be exempt from ague, a disease now considered as nearly extinct in the metropolis, yet when we are placed under the extraordinary condition of very high temperature, in other words, when our climate becomes a tropical one, we may expect a recurrence of the old phenomenon of disease; and it is well known that ague formerly, at certain periods, raged like a plague in London. Dr. Macmichael then adverted to former examples of epidemic agues, one about 40 years ago, the other in the middle of the last century; and stated that on examining the registers of the weather kept at these times, they seem to have been preceded by remarkably hot seasons. He concluded by remarking, that health seemed to depend upon the nice adjustment of the various agencies which are continually operating upon our bodies; and that if this balance be

once destroyed, disease followed, an observation which he thought received an illustration from what occurred a few years ago at the Penitentiary, at Milbank.

2d. Was a short memoir upon the manners and customs of the rude savages, the Aborigines of Van Diemen's Land, by Mr. Barnes, a gentleman who had passed five years in that country. Its chief interest arose from the account it contained of a most inveterate form of itch—a disease hitherto supposed to be peculiar to civilized people*.

3d. Was the Report of the National Vaccine Establishment for the present year, which the President, Sir Henry Halford, with an anxious desire to bring before the notice of the meeting, as early as possible, every thing connected with medicine, caused to be read, even before it has been published among the Parliamentary Papers. The general conclusion of this important document was greatly in favour of the practice of vaccination.

COLLEGE OF SURGEONS.

Mr. Guthrie delivered his introductory lecture at the College of Surgeons on Tuesday. The Professor entered into some general views, particularly as connected with the future prospects of the profession in this country. Among other things, we observed that he hinted at the benefits which would be likely to result from the practitioners of the healing art being duly represented in the great council of the nation.

NEW REGULATIONS WITH REGARD TO MEDICAL DEGREES.

Cambridge, March 6.

The candidates for the degree of M.B., in addition to the examination of the Regius Professor of Physic, to be examined by the Professors of Anatomy, Chemistry, and Botany, each in his own science, previously to the performance of the public exercises in the schools; and that every candidate attend at least one course of lectures on each of the above subjects. He may offer himself for examination any time during his fifth year from admission, but not earlier.

That no person be admitted to pass to the degree of Bachelor of Medicine without having been admitted to any College, who after this date shall, during the time of his being in *statu pupillari*, have been engaged in the practice of Pharmacy or Midwifery, or in any trade whatever.

* The following extract bears upon this point:
"La Gale est une maladie infiniment repandue. Nous ignorons si les sauvages, qui n'ont point de communication avec ceux-ci, sont sujets à cette affection. Toutefois il est presumable que l'habitude où est l'homme qui vit, soit dans un état voisin de celui de la nature, soit dans cet état même, de ne point se vetir, de se baigner chaque jour, de se faire diverses onctions sur tout le corps, doit le preserver d'une maladie qui serait pour lui un veritable fléau."—*Dictionnaire des Sciences Medicales*, vol. xvii. page 179.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, March 10, 1829.

Dr. Roget in the Chair.

Rupture of the Uterus.

On taking the chair, Dr. Roget addressed the members, thanking them for the honour they had done him in electing him President of a Society which had done such service to the profession as the Medico-Chirurgical, and the chair of which had been occupied by such men as Baillie, Cooper, Halford, Abernethy, &c. He (Dr. R.) was one of the earliest members of the Society; he had long held offices in it, from which it would be conceived that he took a warm interest in its welfare—an interest which he hoped, by his conduct in his present honourable office, to shew was unabated.

Some additional particulars with regard to the case of ruptured uterus, by Mr. Neville, related at the last meeting of the Society, were read, and a drawing exhibited, giving an imaginary representation of the parts.

Dr. Merriman took occasion to observe, that, within the last ten days, he had been present at the examination of the body of a woman who had died of rupture of the uterus during labour, and whose case presented some interesting particulars. The woman, the subject of it, was the mother of several children. In the last labour but one preceding that which in its consequence had proved fatal, the child was delivered with the forceps; in that immediately preceding, the placenta had been left in the uterus for four days after de-

livery, when it was expelled. On the last occasion, the labour had been going on favourably but slowly, the head descending. She had been seen several times by her medical attendant, who, after an absence of two hours, was sent for suddenly, and on going into the room was met by the cry of the patient, "go and fetch your instruments to deliver me, or I shall die." The hippocratic countenance, and other circumstances, immediately led the practitioner to suspect that rupture of the uterus had taken place, which, on examination, was found to be the case. It is worthy, however, of notice, that in this *no vomiting* had taken place, a symptom which had been supposed to be invariably attendant on this event. The hand was passed into the uterus beyond the head, the feet grasped, and the child delivered, but the woman soon sunk. On examination, the uterus and vagina were found extensively ruptured, the laceration in the former extending from the os uteri up to the insertion of the fallopian tube The substance of the viscus was observed to be very soft, and there were about a dozen of small tubercles scattered over its surface; manifest proofs of disease in the organ. The liver also was very soft, and the abdominal muscles, the recti, oblique, and transverse, were almost entirely removed. Dr. M. did not mean to say that, with close observation and care, some muscular fibres might not have been seen and traced; but it was the most extraordinary instance of absence of muscular texture which he had witnessed.

The commencement of a very interesting paper, by Dr. Hodgkin, on the development of accidental or adventitious serous membranes in the body, was read, but we shall defer our notice of it until its conclusion.

HUNTERIAN SOCIETY.

March 4, 1829.

Dr. Billing, President, in the Chair.

Retroversion of the Aortic Valves.

The discussion of Dr. Hodgkin's paper on Retroversion of the Valves of the Aorta, was resumed*.

Mr. Kingdon had met with no such cases as those described by Dr. Hodgkin, nor had he discovered any specimen in the large collection of Mr. Langstaff. There was one specimen in which there was disease at the root of the aorta, and one of the valves was so retroverted as to be only separated from the aorta at the centre of the margin. This was evidently the result, not of accident, but of disease.

Dr. Ramsbotham could not believe that retroversion was occasioned by accident. In one of the cases brought forward by Dr. Hodgkin, where there was great elongation, he said there certainly must have been a deposition of new matter. He adverted to the fact that the valves do occasionally become ruptured under other circumstances.

Mr. Key thought it probable that cases of hypertrophy, with dilatation of the left ventricle, might have originated in this condition of the valves, and the cause have been overlooked. In the mode of examining the valves very commonly adopted in France, viz. by merely passing the finger down to them, to ascertain if there were ossification or vegetation, retroversion would not be detected.

Dr. Hodgkin thought that having met with five or six cases within a very few years, Corvisart, Laennec, and Rostan, must have met with similar cases, but overlooked them. The mode of examining the heart by a transverse section, frequent in France, he considered in many respects a good one; but a retroverted state of the valves he felt assured could not be ascertained by passing the finger down to them, as alluded to by Mr. Key. In the instance of Dr. Cox, the addition of matter was a gradual effect. There was first the retroversion, then the elongation from constant traction. This was sometimes observed in the ear, and also in the mesentery, in some cases of hernia. The appearance of inflammation likewise was secondary.

Mr. Kingdon believed that in all cases of hypertrophy there was disease at the root of the aorta; and after seeing the evidence adduced at the last meeting, no doubt could exist as to the possibility of retroversion of the valves. Considering how successful the French anatomists had been in their inquiries, he did not think the fact could have been overlooked by them, or by the

* In the last report, *for* "Mr. Gopel," *read* "Mr. Gosset."

Germans, if it were of frequent occurrence.

Dr. Benjamin Babington suspected that the state of the valves was rather an effect of the hypertrophy, which had been produced from some other cause. The force by which the blood would be discharged may lead to regurgitation, and cause the valves to fall back.

Dr. Hodgkin believed that hypertrophy would be produced by the state of the valves; or, if previously existing, would be increased by it.

Mr. Kingdon adverted to an opinion well received, that obstruction in the small vessels was sometimes a cause of hypertrophy; and made inquiry whether there did not exist some dilatation of the root of the aorta, so that the angles of the valves were not in apposition when the ventricle is enlarged?

The President thought imperfection in the valves a sufficient reason for the enlargement of the left ventricle.

Mr. Key said that he could not understand how any force *a tergo* could retrovert the valves.

The meeting concluded with an expression of thanks to Dr. Hodgkin, for his very interesting communication.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 7.

Cæsar Hawkins, Esq. in the Chair.

The discussion on the subject of buffy blood was resumed, and carried on with considerable animation; but, as unavoidably happens on such occasions, much the same ground was gone over again as on the former evening; we therefore do not think it necessary to enter into details.

Next evening the subject of the exemption of tanners from pulmonary consumption, and the effects of the aroma of oak bark in preventing that disease, is to be brought forward.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

NOSTALGIA.

A man, about 26 years of age, was admitted at the Val de Grace for a defect in his pronunciation—a stutter, of which he wished to be cured. He was habitually melancholy and morose, but without complaining. For some days he had lost his appetite: all at once he was seized with delirium, and died. His death, which had not been anticipated, surprised M. Broussais, under whose care he was. The post mortem examination discovered considerable injection of the vessels of the brain, with hardening of its texture; no serum in the ventricles. The stomach was of a dark brown colour, in zones; the duodenum of a deep brown: some invaginations. The plaits of the mucous membrane very prominent.

The above is adduced as a proof that nostalgia has its principal seat in the abdominal viscera.—*Lancette Française.*

SIX SUCCESSIVE HIP PRESENTATIONS IN THE SAME INDIVIDUAL.

Madame Q. large and well made, of good constitution. Her first accouchement was long and difficult: the hips presented, and various manipulations were adopted by her attendant, which caused great pain; but at length the delivery took place spontaneously. She was put to bed a second time, and the labour was much easier, being speedily terminated, although the presentation was the same as before. On the third occasion, as soon as the pains came on, an accoucheur was sent for, who remained with her above ten hours, when the labour gradually ceased, and the delivery did not take place till five weeks after.

The physician who relates the case was sent for to the lady during her fourth pregnancy. He found the os uteri thick and hard, with a little tumor at the left side, about the size of a nut, and which felt like a hæmorrhoid. The pains continued, but without effect, and after some hours entirely ceased. In a month afterwards she was delivered without difficulty, the hips still presenting. A fifth accouchement was attended with similar circumstances, false labour supervening about the eighth month, and delivery three weeks after.

On the 11th of Dec. last Madame Q. was seized with labour pains for the sixth time, but which again subsided till the 8th January, the hips presenting as in every one of the preceding instances.

These presentations are neither rare nor difficult at the Maternité, in Paris: 360 were met with in 20,000 cases, and of these, only 30 required the inter-

ference of art. But the case above detailed is so far remarkable, because, though the woman was well formed, and the pregnancy presented nothing extraordinary, yet the position of the fœtus was always the one above mentioned.—*La Clinique.*

EGYPTIAN SURGERY.

By a statement which we inserted in a former number, it appears that a medical school of considerable promise has been established in Egypt, and from an account now before us, it seems that surgery especially flourishes at Abouzabel. The principal surgeon, M. Clot, has tied the external iliac, and performed amputation of the arm at the shoulder-joint, and of the lower limb at the hip: the two former cases had proved extremely successful, and the third was doing well at the end of nine days, when the account is dated. Fifty capital operations are said to have been performed, all with success; among them were 22 cases of lithotomy, and not one of the patients died, notwithstanding that M. Clot has tried all the different methods of performing the operation which have ever been described!

RUPTURE OF THE TUNICA VAGINALIS IN HYDROCELE—TEMPORARY CURE.

In a late number we gave a case of this kind which had occurred to M. Roux, and in a French journal before us we find another by M. Serres. A Spaniard, about 40, had a large, oblong, fluctuating tumor of the scrotum, which appeared to be a hydrocele. It had been punctured, but the fluid had returned. On one occasion the tumor was ruptured during a violent exertion, and its contents diffused over the surrounding cellular membrane. This was attended with no inconvenience, and the same thing had occurred frequently since, or rather the patient had practised this kind of operation on himself, and it appears from his own account that whenever the tumor becomes so large as to be inconvenient, he mounts his horse, or takes some other violent exercise, till the tumor gives way. He stated to M. Serres that he had done this more than thirty times.—*Lancette Française.*

FUNCTIONS OF THE INTESTINAL CANAL AND LIVER IN THE HUMAN FŒTUS.

A very interesting paper on the above subject was lately read at the Royal Society by Dr. Lee. From the circumstances of the early development of the liver and intestines of the fœtus—of the copious supply of blood which they receive, and of the great space which they occupy in the abdomen—the author was led to the conclusion that they performed some important functions in the fœtal economy. Although no nutritive matter can be furnished by the mouth, yet the contents of different portions of the alimentary canal were found, both in appearance and chemical composition, to have a striking analogy to those of the same parts of the canal in the adult, where the processes of assimilation and absorption are performed. A semi-fluid matter, possessing all the characters of albumen, is found closely adhering to the inner walls of the small intestine, and is more especially abundant around the papillary projection, through which the common duct of the liver opens into the duodenum, and diminishes in quantity as we trace it towards the termination of the ileum. The great intestines are generally distended with a dark green homogeneous fluid, containing no albumen, and apparently excrementitious. No albumen can be detected in the contents of the stomach: hence the author infers that an absorption of some nutritious substance (which he brings forward several arguments to shew must be derived from the liver) takes place from the intestinal canal in the latter months of gestation. He states that in two instances he detected the presence of a substance similar to that which he had found in the duodenum, in the hepatic duct itself. Hence he is led to the conclusion that the function of the liver in the fœtus is not confined to the separation of excrementitious matter from the blood, but that it supplies materials subservient to nutrition. That the substances existing in the intestines of the fœtus are not derived from the mouth, is proved by these being equally found in encephalous children, or where the œsophagus is impervious, as where no such malconformation had existed. A note is subjoined to this paper by Dr. Prout, giving an account of the mode by which he ascertained the chemical character of the substance referred to in his examination. The paper is accompanied by drawings of the intestinal tube in the fœtus.—*Philosophical Magazine.*

HOSPITAL REPORTS.

GLASGOW ROYAL INFIRMARY.

Affections of the Chest, succeeding Operations and Injuries.

I.—David M'Lardy, æt. 21, dyer, was admitted December 29th, with a small fistula on right side of anus, discharging a little thin matter, but not communicating with the gut. It commenced four years ago, and was supposed to be nearly healed, when, five months since, the discharge was renewed, without any pain. The fistula was cut in the usual way on the 4th of January. On the 6th he complained of griping pains. On the 7th he had a rigor, followed by severe pain of the back, extending to the testicles. He was feverish and uneasy; pulse 90; tongue whitish; thirst; urine high coloured. His bowels had been opened by castor-oil, and a poultice was applied to the wound. On the morning of the 10th, the feverish symptoms continuing, he was bled to ℥xvi. Blood buffy; complains chiefly of pain in testicles; edges of the wound feel hard; pulse 96; bowels open. In the evening had gr. vi. of calomel, with gr. j. of opium, and the hip-bath, which was followed by profuse perspiration and great relief from pain.

11th.—Complains chiefly of weakness; pulse 80; thirst.

Pulv. Doveri, gr. xii. vespere.

13th.—Had sickness and vomiting last night. Hip-bath this morning, which produced copious perspiration. A slight rigor during the forenoon; pain of back and testicles; lower part of abdomen slightly tympanitic, but not painful; bowels rather slow; pulse 94; tongue cleaner. Had twelve leeches to abdomen, and a purging enema.

On the 18th, an abscess which had formed on left hip was punctured, and ℥iv. of matter evacuated. A healthy purulent discharge from the hip continued, but the feverish symptoms did not abate, and on the 21st another abscess, near the former, containing ℥ss. of pus, was opened. During the night he had some delirium, and next day complained of pain of abdomen, which was much distended and tympanitic. Countenance sunk; pulse 120. Symptoms continued with little change till the 25th, when he had frequent cough, with expectoration containing some blood. On examination by the stethoscope, the right lung was found to be consolidated. Had a blister to the breast, and the vinum antimon. He sunk without any aggravation of symptoms, and died on the 28th.

Inspection.—The abscesses on the hip were much contracted, and contained no pus. The colon was greatly distended with air, but the texture of that, and of all the other abdominal viscera, seemed free of disease. The right lung was found adhering extensively to the sides of the thorax, and nearly the whole of this lung was changed in structure; it was mostly in a state of hepatization, but in some points was beginning to pass into that of purulent infiltration. The left lung was perfectly healthy.

This case is an interesting example of the insidious manner in which affections of the chest frequently succeed operations. Until three days before death, no suspicion appears to have been entertained of any pulmonary disease; all the symptoms pointed to the abdomen and pelvis. When the formation of the abscesses over the hip did not remove the fever, it might reasonably be concluded that some mischief was going on in the cavity of the abdomen—probably the formation of matter within the pelvis. Slight cough and puro-mucous expectoration were the first and only symptoms of chest affection. Previously he had been repeatedly questioned as to whether he had cough, or any uneasiness about the breast, but he always affirmed he had not; and it was, we presume, owing to the absence of all symptoms denoting an affection of the lungs that a more rigid examination was not earlier had recourse to. The knowledge at length obtained by means of the stethoscope, if it ever could have availed to save his life, came too late to be of any service.

II.—Helen Blackie, a washerwoman, æt. 40, was admitted on the 2d of January. The day before, she had fallen down several steps of a stone stair, and had received a wound of the scalp, extending from near the lambdoidal suture 2½ inches forwards, and then transversely across right side of the head for about 5 inches. The edges of the wound had been brought together by stitches, and a considerable part had adhered; but in one or two points the probe passed several inches backwards and forwards, and a considerable quantity of thin fœtid pus was discharged. She had received, at the same time, an injury on the left side of the chest, which, through its whole extent, was emphysematous, but no fractured ribs were detected. Much pain was felt, and increased on deep inspiration, at lower anterior part of chest. Had difficulty of breathing, headache and tinnitus aurium, with dulness of hearing. Thirst; skin hot; tongue white; bowels costive; pulse 100. Profuse suppuration and disunion of the wound followed; and in a few days after admission the pericranium was found destroyed to some extent. The patient became weak, and was allowed a small quantity of wine; after which she began to recruit, and the suppuration rapidly diminished. The emphysema, dyspnœa, and pain of chest, disappeared after wearing the thorax bandage. She had

slight, but not troublesome cough. She went on favourably until the 29th, when she became uneasy and fretful, was averse to being disturbed, and her deafness increased. She was feverish, and her pulse had risen to 96, but she complained only of weakness. The wine was omitted, and she was ordered a purge.

On the 30th her bowels were freely opened, and the pulse had sunk to 76; she still, however, seemed uneasy, but made no positive complaint.

On the 2d of February the report is, discharge from scalp increasing and thin; has cough, with expectoration and slight dyspnœa; pulse 100; tongue moist; bowels open.

℞ Submur. Hydrag. gr. vj. Pulv. Antim. ℈j. Pulv. Opii, gr. v. M. div. in vi. 1 ter indies.

On the 3d, features were shrunk, and she seemed fast sinking. Pupils contracted. Complained of no pain, and cough was less troublesome. Pulse 100. She died on the morning of the 4th.

Inspection.—A considerable part of wound of scalp remained disunited. A portion of bone, about three inches square, was denuded of its pericranium. The corresponding part of the inner table was rough, and of a more yellow colour than natural. Beneath it the dura mater was slightly thickened, vascular, and covered with pus. A small abscess had formed in cerebral substance, at superior part of the right middle lobe of the brain. It contained greenish yellow pus. The brain was firm, and its blood-vessels distended. A very small quantity of fluid was found in the ventricles. In the left side of the thorax several ounces of sero-purulent fluid were found: the lung was covered with coagulable lymph, a third of it was in a state approaching to hepatization, and several small portions of its substance were indurated. These portions varied in size from a small hazel-nut to a walnut, and were seated immediately under the pleura. Over two or three of them this membrane was of a dirty yellow colour, and when they were cut into, pus oozed freely from the cut surfaces: from most of the others purulent matter could be pressed. In the opposite lung were four or five points of a similar nature.

ST. THOMAS'S HOSPITAL.

Calculus—Operation—Fatal Result.

H. K. æt. 66, admitted under Mr. Green, January 8th, 1829, with symptoms of stone in the bladder, which, on sounding him, was found to exist.

He was of a plethoric habit, with an appearance of considerable debility; the face was full, and rather curiously mottled with red and white, so as to raise a suspicion that he was addicted in some degree to excess in drinking; and on inquiry, it was found that he had formerly drank great quantities of gin, but within the last few years not so much.

Besides the disease for relief from which he had applied at the hospital, there was evidence of considerable derangement of other parts of the system. The pulse was occasionally intermittent; the tongue was constantly foul and moist, or of a reddish brown colour, glazed, and cracked. He was subject to attacks of dyspnœa, with a feeling of constriction of the thorax, and occasionally to cough. He was also liable to attacks of vertigo, especially when lying with his head low; and sometimes this attacked him when standing. He was somewhat deaf, and shewed considerable dulness of comprehending questions which were put to him.

About ten years previous to his admission, he had begun to be affected with a frequent desire to evacuate the bladder. Soon afterwards, he perceived a deposit of gravel, of a very dark colour, in the water. Then followed pain at the end of the penis, and in the right loin, which afterwards shifted to the groin on the same side. But although he had these symptoms in greater or less severity for the last six or eight years, they had not prevented his working until within the last month previous to his admission: during that time, however, he had had very severe shooting pain in both loins, particularly the right. On admission he had still that pain, and it was much increased on pressure. He had also constant uneasiness at the end of his penis, which became severe pain while making water, and for a short time subsequently. These, with frequent micturition, an occasional appearance of blood in the urine, and a constant mucous deposit from it, were the chief circumstances which led to the opinion that he had stone in his bladder; an opinion which, as has already been said, sounding proved to be correct.

Mr. Green ordered C. C. Lumbis ad ℥xii. Mist. Salin. Cathart. p. r. n.

The cupping entirely removed the pain and tenderness in the loins. Under the influence of a regulated diet and temperature, and an occasional purge, the symptoms which had caused suspicion of disease both of the brain and lungs became mitigated, though not entirely removed. His tongue was generally foul, and his pulse was occasionally perceived to intermit. It was observed, that when the bowels were freely opened he suffered more irritation from the stone than when they were constipated. During the whole period of his stay in the

hospital, previous to the operation, he was not allowed to drink any thing stronger than beer.

Mr. Green performed the operation February 20th.

After the patient had been secured in the usual way, a curved staff was introduced; and Mr. Green then, for the first time, thought that he felt more than one stone. A rather free incision was made through the skin and subjacent cellular membrane, which was found to be much loaded with fat, causing the perineum to be a deep one. A very copious gush of urine followed the introduction of the gorget. The staff was then withdrawn, and a large pair of forceps was passed through the wound into the bladder. Mr. Green speedily seized a stone, which the distance between the handles of the forceps, when it was grasped, proved to be of very considerable size. This he commenced drawing through the neck of the bladder by a slow and gradual motion, in which he moved the handles of the forceps from side to side—thus giving the parts time to dilate. After this had been continued for a few minutes, a large fragment was observed in the wound, and extracted by Mr. Green with the fingers of his left hand. The calculus from which it had become detached soon followed, and proved to be one of very considerable size. The operator next put his finger into the bladder, and easily felt another stone, which he as easily laid hold of with the forceps. But here the difficulties of the operation commenced; for while Mr. Green was simply holding the concretion between the blades of the forceps, and before he had attempted to draw it towards the wound, the stone (so great was its fragility) cracked, and every time that he laid hold of a fragment, before he could draw it out of the bladder, it again gave way, so that it was soon reduced to a great number of small fragments. The remainder of the operation consisted in removing these, which was by no means an easy task, especially as, the bladder having contracted, Mr. Green found himself frequently laying hold of a fold of the mucous lining. By means of the forceps first employed, which were long, and had their blades curved towards each other, a smaller pair, flat ones, and a scoop (which appeared to be the best instrument), a sufficient number of fragments were removed to make up a larger stone than that which was first extracted; and after the bladder had been well washed out, by warm water, forcibly injected through the wound, by which means a quantity of pulverised matter was removed, the patient was replaced in bed.

The hæmorrhage did not exceed eight or ten ounces. The operation lasted forty minutes.

The usual dressing to the wound, and fomentation to the abdomen, &c. were applied *.

After having been in bed half an hour, the patient was still cold and shivering, from the effect of the long exposure in the theatre. Forty drops of laudanum were therefore given, and he very soon became warm. The pulse was very irregular for several hours after the operation. He slept the greater part of the afternoon and evening.

9 P.M.—Has no pain or tenderness of the abdomen. Pulse is rather quick, but quite regular. The tongue is dry, glazed, and brown. The "sister" observed that it was so in the morning, previous to the operation. The water has come plentifully through the wound.

21st.—Pulse 80, soft and regular; tongue moist, but furred. No pain or tenderness on making pressure deeply into the pelvis. He has slept nearly all night, and declares that he has not enjoyed such a night for many years.

During the whole of this day he continued remarkably well: indeed the sister of the ward, who has had great experience in these cases, thought him *too well*. The bowels acted in the evening, for the first time, after a common enema.

22d.—Slept pretty well. Pulse not nearly so good as yesterday; it is intermitting, and varies both in force and frequency. Sometimes, for half an hour or more, it is perfectly regular, and then again begins to intermit. The intermissions preserve no regular period of return. Generally the pulse is rather sharp and thrilling, as if there were

* As these are, perhaps, peculiar, it may be proper to describe here the minutia of the treatment of patients after lithotomy at this hospital. The wound is dressed by simply laying a strip of dry lint, of the length of the external incision, an inch broad, and folded once, between the cut edges of the skin, to the depth of about a third of an inch; this prevents adhesion of the lips of the wound, and soaks up any discharge which takes place; it of course does not prevent the free flow of urine through the wound: this dressing is renewed as often as it becomes wetted either with urine or discharge. The lithotomy fomentation is thus made:—A flannel bag, large enough to cover two-thirds of the abdomen, is filled with camomile flowers; spirit of wine is then poured over it in sufficient quantity to completely saturate it, and it is quickly heated by placing it for a few moments on the lid of a warming-pan, and turning it once or twice, when it is ready for use. It is then laid upon the lower part of the abdomen, and covered with the shirt and bed-clothes. The advantage of this mode of fomentation is, that while you have all the good which can be expected from a fomentation, viz. warmth and moisture, it never becomes cold and *soppy*, for in losing its heat it becomes dry, and therefore does not sink below the temperature of the body; and it is again prepared in a few seconds. To conclude these details—a large napkin is laid under the patient, to receive both water and stools, and as often as the bed becomes so saturated with wet as to be uncomfortable, the patient is carefully removed to another bed, and this is done as often as it is required, even three times in the day.

disease of the heart or great vessels. The tongue is either furred and moist, or dry and brown. The breathing is not quite easy, and there is some appearance of stupor. The bowels are easily kept open by an occasional enema. No pain or tenderness of any part of the abdomen or pelvis can be made out. Water plentiful. The wound internally is decidedly sloughy, though not more so than was to be expected from the violence done to the parts.

From the condition of the pulse and tongue, Mr. Green this day prognosticated an unfortunate termination to the case. He said that the heart was acting with little force, and that the indication was, to fill the vessels by nutriment without accelerating the rapidity of the circulation. He therefore ordered good beef-tea to be given in as great quantity as the patient could bear it.

23d.—Sleeps tolerably well; pulse is generally irregular and intermitting; tongue is generally quite hard, dry and cracked, and of a brick-red colour, except at the edges, which are moist. Respiration rather difficult. No pain or tenderness.

Vespere.—Very restless, but not in pain.

Tinct. Opii, gtt. xl.

Became more quiet.

24th.—Tongue and pulse the same, except that the latter is harder than it has been felt since the operation; still it is not a pulse which indicates any powerful action of the heart. He has some pain and tenderness of the abdomen: the former, however, he refers to flatulence, and the latter is by no means distinct. Mr. Green thought that the symptoms indicated a loaded state of the capillaries of the peritoneum, bordering almost on congestion, and that the action of the heart was too feeble to force the blood accumulated onward, and so allow the distended vessels to contract. He resolved to try the effect of abstracting four ounces of blood from the arm. This was placed aside, in a tea-cup, to coagulate. The pulse became softer, and more ample. On returning to the blood, it was found to present a most beautiful specimen of cupped and buffy coagulum. The state of the blood, and the degree of improvement of the pulse, appearing to indicate further depletion, a second cupful was taken, and allowed to coagulate. It was rather less cupped. The pulse was still more improved. A third cupful, making in all twelve ounces, was drawn. While this was flowing, the pulse became as ample and as soft as could be desired, but when the stream had nearly ceased to flow, it became weak. The orifice was therefore immediately closed.

The patient now said that his pain was gone, and he could bear pressure on every part of the abdomen.

The pulse, although healthy in every other respect, continued to intermit, although not so frequently.

Vespere.—Better in every respect.

25th.—9 A.M. Pulse is again rather hard and sharp. In number it does not rise above 85 or 90, and its degree of irregularity varies much. The tongue is dry and cracked. The bowels have not been opened for 36 hours, although he has had enemata. The countenance has a yellowish tinge, and the features are shrunk. The breathing is rather more laborious than usual. He complains of pain at the scrobiculus cordis, and there is pain on pressure in the left inguinal region.

Hirud. xx. parti abdominis dolenti.
Ol. ricini ʒij.

About an hour after these means were employed he became sick, and vomited once or twice. The bowels acted several times.

1 P.M. No pain or tenderness. Appears rather low. Cannot take the beef-tea. To increase the capability of taking food, Mr. Green ordered him to have occasionally a tea-spoonful of brandy in arrow-root, and in the way of diet any light nourishing thing which he fancied.

About 8 this morning he *suddenly* became universally cold. The extremities felt like those of a corpse, the face was pale, and the pulse scarcely perceptible. After giving a little brandy, placing hot bottles to the feet, and passing a warming-pan frequently over the body covered by the bed-clothes, he speedily revived, and became warm.

At 10 P.M. nothing unfavourable.

26th.—Better perhaps than he has been since the operation. Has taken a good deal of nourishment in the form of jelly, eggs, pudding, fish, &c. and occasionally a little brandy. As he is very anxious for beer warmed, with ginger in it, Mr. Green ordered him to have a little.

10 P.M.—Has taken half of a pint of beer. Is now sleeping soundly. The pulse is perfectly regular, fuller, softer, and more ample, than it has yet been felt, even before the operation. To continue the beer, &c.

27th.—At 2 A.M. had an attack of coldness and collapse, similar to, but slighter than the former, and easily removed by the same means.

1 P.M.—The pulse has a good deal of force and hardness. The tongue is cleaning; it is moister and more of its natural colour, and very sore, as if it were raw.

He took part of a mutton chop to-day, but no brandy, and only a small glass of beer.

8 P.M.—The pulse is stronger than it has yet been felt; the face is flushed, the eyes are bright, and there is heat of skin. There is no pain or tenderness. He has taken no stimulant since the beer in the morning.

11 P.M.—The sister found him rather cold and chilly, complaining of some pain at

the scrobiculus cordis, and of nausea. He twice attempted to vomit. She therefore gave him a tea-spoonful of brandy in some warm fluid, and applied warmth to the surface. He speedily rallied, and at 12 he felt quite well, and had not the slightest pain on very firm pressure of every part of the abdomen.

At 1 on the morning of the 28th, an hour after the sister left him, the dresser visited him, and found that a great and most unpleasant change had taken place. The pulse was 115 in the minute, small and sharp; the tongue dry; the countenance anxious; the breathing hurried; and he had such severe pain in the abdomen, that he could not help crying out, and tenderness, especially of the hypogastric region, so extreme, that he could not bear the slightest pressure upon it. The dresser therefore abstracted four ounces of blood, both to ascertain the state of the blood, and whether the pulse was inclined to rise or sink, and not with any hope of subduing by so small a quantity the intense peritoneal inflammation which evidently existed. The pulse became fuller and harder, and the blood was very much cupped. The orifice was therefore opened afresh, and as the blood flowed the pulse rapidly became stronger, and more ample, and continued to rise until 20 ounces more had been taken. It then suddenly fell, and the patient became rather faint. The orifice was instantly closed.

The patient found the pain very much relieved, but there was still great tenderness. He was ordered to have immediately—

Opii gr. iss. hyd. submur. gr. j.
Hirudines xxx. abdomini.

The leeches lessened the tenderness considerably, but did not entirely remove it; therefore at 5 A.M. he began to take—

Opii gr. ss. hyd. submur. gr. ij.
4ta q. horâ.

1 P.M.—The pulse is not quicker than it was before the last attack of inflammation, but it is small and sharp. There is some tenderness of abdomen.

Opii gr. j hyd submur. gr. iv.
4ta q. horâ.

This was ordered, with the intention of producing a mercurial action on the system, to remove the degree of inflammation which was believed still to exist.

During this day he was rather low, but made no complaint. The tenderness gradually diminished until none remained.

29th.—Is evidently sinking: he has had hiccup this morning. Complains of no pain.

He was allowed to return to his former diet, and as the mouth had become sore, the quantity of calomel was diminished to gr. j. every four hours.

He took a considerable quantity of stimulants this day, but he continued to sink rapidly, and died quite easily at 8 A.M. on the 30th.

The wound had assumed a very healthy appearance some days before his death, all the sloughs, which were by no means extensive, and not at all implicating the skin, having separated.

Examination 8 hours after death.—The peritoneum investing the intestines, as well as that lining the walls of the abdomen, presented a perfectly healthy appearance. It was perhaps unusually pale and bloodless.

The bladder was quite free from disease, as was the cellular membrane surrounding it. Every part of the wound was in a most favourable state, and the section of the prostate was a most satisfactory one, not presenting the slightest appearance of laceration or bruising. The kidneys were very much diseased. They were rather shrunk, and presented externally a number of flattened rounded eminences. The structure of the gland was converted into a whitish substance of a very firm consistence, and contained several small cavities, apparently enlarged infundibula filled with pus. It appeared to be a very advanced stage of the mottled kidney. The ureters were filled with pus, which flowed out when they were cut through. The liver was tolerably healthy, but the gall-bladder was filled with bile, of a yellower colour than usual. The smaller ramifications of the bronchial tubes showed some chronic inflammation of their mucous lining, and the cellular tissue of the lungs was filled by serous infiltration.

The heart was also the subject of disease. The walls of the left ventricle were exceedingly thickened, and the cavity reduced to a third of its usual size. The aortic valves were thickened, and contained a few points of bone. The semilunar valves on the right side were thicker than natural, and both the tricuspid and mitral valves were thickened and opaque.

The points of interest in this inspection are, that such a degree of peritonitis as existed at one time should not have left the slightest trace of its effects, and that with such considerable disease of the kidneys there should have been a plentiful secretion of nearly healthy urine up to the day before his death.

The calculi were composed of alternate layers of lithic acid, ammoniaco-magnesian phosphate, and phosphate of lime.

NOTICE.

We have received several Letters on the subject of the sham subscription for the *soi-disant* "Free Medical Press:" some of these we shall probably be able to give next week.

W. WILSON, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

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Medicine and the Collateral Sciences.

SATURDAY, MARCH 21, 1829.

AN ESSAY ON THE EXEMPTION OF OPERATIVE TANNERS FROM PHTHISIS PULMONALIS;

And the Aroma which is disengaged during the Process of Tanning proposed as a Remedy in the Treatment of that Disease *.

By Andrew Dods, M.D.

The business of the tanner, I believe, has long been considered by those who are acquainted with its nature, to be a remarkably healthy occupation; but I am not aware of its ever having been generally supposed that operative tanners were, from the nature of their calling, more exempt from phthisis pulmonalis, especially in its tubercular form, than other classes of men. The fact, however, of their being so, will, upon inquiry, be found to be so remarkably apparent, that I am surprised the circumstance, viewed in connexion with the history of this disease, should have so long remained unnoticed by medical men; but the paucity, probably, of their number, which, in Great Britain, does not appear to exceed ten or eleven thousand, and the manner in which they are scattered throughout this and other countries, may perhaps be assigned as the cause of the omission.

My attention was first drawn to the investigation of this subject from having, some years since, observed a remarkable instance of recovery from pulmonary phthisis to have occurred in the person of a married man (a patient of my own), twenty-five years of age, upon his becoming a labourer in a tan-yard whilst he suffered under the disease; to which employment, he said, he had resorted for relief, from having been told that tanners were never seen to be affected with complaints similar to that which he then laboured under.

The person mentioned was a weaver by trade, and had, previously to my having been consulted, suffered much from pulmonary complaints. When I first saw him, I found him affected with cough, purulent expectoration to a very considerable extent, pain in the left chest, quick pulse, night perspirations, wasting of the body, and, with the exception of diarrhœa, with all the other symptoms that usually characterize the presence of the last stage of pulmonary phthisis. Under such unfavourable circumstances, I had no hope of rendering him any other benefit by medical treatment than that of mitigating his sufferings during the short period I considered he had to live. I therefore ordered him a suitable diet, and prescribed such medicines for him only as were, in my judgment, best adapted to allay the febrile excitement, which was at the time I saw him very great. My attendance upon him was but of short duration, not having exceeded the period of three weeks; at which time he unexpectedly, and without my knowledge, quitted his residence, but whither he had gone I knew not, nor did I ever expect to have seen him return alive. About twelve months afterwards, however, I was, to my great astonishment, accosted by him one day, dressed in the garb of an ope-

* Read before the Westminster Medical Society 14th March, 1829.

rative tanner, when he related to me the reason of his being so attired, which I have already mentioned; and he said, moreover, that soon after he had commenced the business of tanning, his complaints left him, and that he had enjoyed uninterrupted health ever since; of the truth of which assertion his appearance certainly bore evident testimony, for instead of it being of a consumptive character, it had now become that of a strong, stout, healthy man.

Having been made acquainted with this remarkable case of recovery from consumption, and the circumstances in connexion with it, I could not but suspect that there probably might be something connected with the process of tanning that was specifically favourable, *prophylactically* as well as *curatively*, to the tuberculated or ulcerated lungs of a consumptive person; and to imagine also, should future experience and observation confirm my suspicions, that benefit similar to that which had been received in the case of the person just mentioned, might probably be extended to others who were affected with pulmonary consumption, beyond the precincts of a tan-yard. It was in consequence, therefore, of these suspicions, that I was induced to make the present inquiry.

1st. To ascertain if operative tanners be more exempt from phthisis pulmonalis than other classes of men.

2dly. To discover the cause of such exemption, were it found to exist; and,

3dly. To consider if it could be applied in practice, in the treatment of consumption.

In regard to the first part of the inquiry—viz. if tanners be more exempt from phthisis than other classes of men, I shall briefly state, that, from my own personal observations which have been made for the last seven years, and the concurrent testimony of others, with whom I have conversed on the subject, I have not been able to discover one unequivocal instance of death to have taken place in an operative tanner from phthisis, in its tubercular form, in any part of this kingdom. I confess it is very difficult for an individual to obtain correct information on a subject of this nature, from the manner in which this particular class of men are dispersed throughout the country; but if there be any part of England better adapted than another for obtaining a correct estimate of the deaths which might happen to take place amongst tanners from phthisis, it is certainly Bermondsey and its neighbourhood, where, perhaps, there are more of these men located than there are to be found in any other part of this country. I have taken much trouble, therefore, and bestowed much time, independent of that which I had formerly bestowed in other places, since I have resided in London, to obtain all the information I possibly could on this interesting and important subject, from the most intelligent and best informed medical practitioners and master tanners of that place; and it may, perhaps, appear to be a surprising circumstance that none of those gentlemen whom I have consulted have been able to furnish me with an unequivocal instance of an operative tanner having died of tubercular phthisis, in Bermondsey, within their recollection.

Mr. Steney, the oldest medical practitioner, perhaps, in the parish of Bermondsey, does not remember, he says, to have met with a case of the kind during a practice of above thirty years; nor does his son, Mr. Henry Steney, whom he did me the favour to consult on the subject, recollect to have seen one. Mr. Castle, another intelligent practitioner of Bermondsey, has also informed me that he does not remember to have met with a case of this nature occurring in an operative tanner, during a practice of twenty-three years. There are, besides, several other medical gentlemen, who practice in this tanning district, of whom may be mentioned Mr. Hillus, Mr. Mesken, and Mr. Greenwood, that I have consulted on this subject, and they all have declared their inability to furnish me with an instance of a tanner having died of tubercular phthisis during their several practices that has come within their knowledge; and I have likewise been informed that such cases have never been met with in the practice of the public hospitals. I have been told likewise, by tanners themselves, that consumption is a disease never almost met with amongst those who are engaged in the business of tanning.

I have not been able to ascertain the exact number of operative tanners that reside in Bermondsey and its neighbourhood; but from all the information I have received on the subject, I should

consider the minimum to be 700; of which number, according to the usual calculation made in this country, five might be expected to die annually of this complaint; and that three of the cases out of the five would, in all probability, be of the tubercular form of the disease. If, therefore, operative tanners were as subject to tubercular phthisis as other classes of the community, the deaths that would have taken place amongst them by it in Bermondsey would have amounted, in the practice of Mr. Steney of 30 years, to 90; and as this gentleman is surgeon to the parish and the workhouse, it is more than probable that the greater number of such cases, *had they occurred*, would have fallen under his observation. But as neither Mr. Steney, Mr. Castle, nor any of the other medical gentlemen whom I have mentioned, can recollect to have seen a single instance of death to take place in an operative tanner by tubercular consumption during the whole course of their several practices, the most natural inference which I think can be drawn from the fact is, that the tanners of Bermondsey are peculiarly exempt from the disease; but I am persuaded also, from the observations I have made on the subject in many parts of the kingdom besides Bermondsey, that the same conclusion may be made a general one as regards this class of operatives; indeed, I may with much confidence, I think, assert that tubercular phthisis is a disease almost wholly unknown amongst them in any part of this kingdom.

In respect to the liability of tanners to the other forms of consumption that are met with, I am persuaded that it will likewise be found to be much less in them than in the generality of mankind; for during the whole course of my inquiry on the subject, I have only been made acquainted with three instances of this nature which terminated fatally. One was said to have occurred in Scotland, one in London, and the third in Devonshire; but as there were some circumstances connected with these cases which raised a doubt in my mind as to their real nature, inasmuch as they seemed to be cases complicated with other diseases, I do not think they can be considered as unequivocal instances of pulmonary phthisis.

Although it would seem that operative tanners were especially exempt from pulmonary consumption, yet it is otherwise with their families, for the offspring of tanners appear to be as liable to the disease, and to suffer from it in the same proportion as other classes of the community do. I have not only witnessed the disease in them myself, but I have likewise the concurrent testimony of other medical men in support of the fact. It is worthy of remark, however, that it is especially amongst the females that the disease is observed to occur, or in such of the males as are not immediately engaged in the operation of tanning; from which circumstance it may be presumed, I think, that there is something connected with this process that protects those who are engaged in it from this fatal disease. Those who live in the neighbourhood of tan-yards are observed to be unusually healthy, although not always to be exempt from consumption; yet there appears to be much less of the disease in Bermondsey than in the neighbouring parishes. A remarkable circumstance, in elucidation of what has been stated, was communicated to me by a person extensively connected with the business of tanning; viz. that the females of a tanner's family, that lived close to a tan-yard, died of consumption; while the males, who were constantly engaged amongst the tan-pits, survived the disease, although they were evidently affected with the complaint, from being exposed no doubt to the more powerful effects of the protecting cause peculiar to the operation of tanning, which I shall now endeavour to investigate.

It must appear evident, I think, to every impartial observer, that operative tanners must be as liable to the predisposing causes of tubercular consumption as the generality of mankind, when it is considered that they are taken indiscriminately from the lower ranks of society in almost every part of the kingdom.

Tanners also, from the nature of their occupation, are probably as much exposed to the exciting causes of the disease as any other class of operatives. The business of tanning, it may be observed, is in most instances carried on in low damp situations; and as the men who are engaged in it do not work under cover, they are consequently continually exposed, in all seasons of the year, to the inclemency and changes of the weather, which is supposed to be th

most fertile source of pulmonary diseases. They are, likewise, from the laborious nature of their business, subject repeatedly to alternate heats and chills; and as they are continually working amongst water, they are frequently exposed to damp feet, notwithstanding every precaution used by them to avoid it. In their moral habits, and their mode of living, tanners resemble most other classes of operatives.

As operative tanners, then, appear from what has been said to be exposed to the same causes which are especially known to produce consumption in other persons, while the complaint is scarcely seen amongst them, it is reasonable, I think, to suppose that there must be some protecting cause, exerting at the same time a specific effect upon the lungs of these men, to exempt them from the disease.

What this particular cause of exemption is, for there are several departments of a tanner's business in which he is engaged, we have probably yet to discover; but I consider it myself to be the inhalation of that peculiar aroma, or volatile matter, which is constantly arising from the tan-pits, during the process of tanning with bark, that especially preserves the tanner's health, and exempts him from consumption; and I am the more convinced of the correctness of this opinion, from having observed that those men who are particularly exposed to this aroma in its concentrated form, from working amongst the pits, are more healthy than those who are occupied in other branches of the tanner's business; and it is also the case, that those who tan with oak bark, enjoy better health than those who tan with other ingredients.

With the constituent principles of this aroma I am as yet unacquainted, as I have not been able to obtain a correct analysis of it. It appears to me, however, to be a compound substance, consisting, probably, of a peculiar acid, and an extractive matter, which it holds in solution. But whatever may be its constituent parts and combinations, it is certainly disengaged only, and probably formed during the combination of the tanning principle of the bark with the gelatine of the hides, as it cannot be detected by our external senses in either of these substances before they are combined, nor am I aware that it is produced by any other means than by the process of tanning. Its sensible qualities, however, are very apparent. It is very volatile and diffusible, and imparts to our senses a very peculiar odour, familiar to every one, of a strong, pungent, penetrating, acid nature. It seems to differ from galic acid in its being volatilized at the common temperature of the atmosphere. That it possesses antiseptic properties I think there can be little doubt, as it is connected with one of the most antiseptic processes with which we are acquainted; and it is probably owing to these powers being exerted upon the living body that tanners are so peculiarly exempt from consumption.

Having mentioned these particulars, then, regarding the exemption of operative tanners from phthisis, and stated it to be my opinion that probably it depends upon the antiseptic powers of that peculiar aroma which is generated and disengaged during the process of tanning, which they continually inhale, in fortifying the lungs against the morbid effects of the different exciting causes of the disease, to which, from the peculiar nature of their employment, they are so much exposed, that tanners are especially protected from the disease—I come now to the consideration of the last, and probably most important, part of my inquiry, viz. the employment of this aroma in medical practice as a remedy in the treatment of phthisis pulmonalis.

The topical application of different vapours and gases to ulcers and tubercles of the lungs of consumptive persons, by inhalation, is by no means a novel kind of remedy in the treatment of pulmonary diseases. It was a favourite one with many of the ancients, and the practice has still been continued in modern times.

Various substances have been employed in this manner at different periods, particularly such as contain balsamic matter; and the last of such remedies that has been introduced to the notice of the profession is the vapour of boiling tar, with the effects of which in phthisis few, perhaps, are unacquainted.

Perhaps, then, it will not appear surprising, that I should, on the present occasion, recommend to particular notice, the inhalation of a gaseous substance, whose effects upon the lungs of those who necessarily breathe it appear to be such as to protect them from

consumption, as a remedy in the treatment of this fatal complaint in others.

If it be admitted that this peculiar aroma possesses antiseptic powers upon dead animal matter, of which, I think, there can be little doubt entertained by those who have witnessed the process of tanning, and who consider how very strongly both the tanned and the tanning materials are impregnated with it, it may not be impossible, I think, that in its gaseous form, it may exert similar powers in the living body, in checking the septic process that appears to be generally going on in the tubercles in the lungs of those who are consumptive, so as to prevent their progressing to disease, or to produce even their complete resolution; and it may possibly even effect also such a change upon pulmonary ulcers, as that nature shall be thereby enabled to accomplish their cure.

That the inhalation of this aroma protects many persons who are predisposed to consumption, and who would otherwise have, in all probability, fallen a sacrifice to the disease, I am myself persuaded, from being made acquainted with several instances of persons who were of a phthisical habit of body, being always better when they breathed it, than when they did not; and I am able to record, I think, an instance that came to my knowledge, of a person who seemed to be evidently affected with phthisis, having recovered from his complaints whilst he was employed in turning bark that was recently taken from a tan-pit.

It has long been the opinion of the vulgar, that the smell that emanates from a tan-yard is conducive to health; on which account many have been known to resort to the neighbourhood of such places for their recovery. And I have been informed by tanners, that in some places it is not unfrequent for persons in declining health to seek for employment in their tan-yards, and who upon obtaining it have evidently recovered from their complaints. I have also been informed upon good authority, that the people who live in Long-Lane, who necessarily breathe this aroma constantly, from the number of tan-yards situated there, are observed to be much more healthy than any of the other inhabitants of Bermondsey; and if it be admitted that any analogy exists between external and internal ulcers, the singular effects which the tanning liquor or ooze, which contains this aroma in a condensed form, possesses in curing the former (a fact well known to tanners), is a circumstance, I think, very much in favour of the opinion, that it may probably produce similarly good effects upon the latter when applied to them in its gaseous form.

From what I have stated, then, upon this subject, I think it may be reasonably expected that the same cause which protects tanners from phthisis will prevent the disease in others who shall be exposed to its influence.

Tanning is an operation that is carried on in almost every part of this and other countries, but, wherever performed, the process is the same, and the effect it has in preserving those who are engaged in it from phthisis is so remarkably similar, that I am induced to recommend the inhalation of the aroma that is disengaged during the operation, as an auxiliary remedy in the treatment of this disease. For this purpose I should propose that the chamber of the consumptive be strongly impregnated with this volatile matter, by placing a large vessel in it containing a quantity of the liquor and bark that has been recently taken from a tan-pit, in which the process of tanning has been performed; or, it may be breathed by the patient, in a still more concentrated form, by means of a cask with a close cover, placed upon a stand of a convenient height, connected to a bellows beneath by means of a tube made of tin metal, which passes down inside to the bottom of the cask. By means of this contrivance, a stream of atmospheric air may be made to pass continually through the liquor, which becomes highly impregnated with the aroma, and is breathed in this state by the patient through a mouth-piece, which is fixed to the cover of the cask. As the tanner's ooze is expensive, it may not probably be in the power of many to procure it; in this case the spent bark recently taken from a tan-pit may be used, but as it soon loses its volatile matter, care must be taken to have it frequently renewed.

I am sorry to state that I cannot yet furnish any practical evidence of benefit having been derived, by any one, from the inhalation of the aroma of tan in the manner I have recom-

mended, as the remedy is only with myself, *sub judice;* but I think I have brought forward sufficient presumptive proof of it protecting those who otherwise breathe it from consumption, to encourage us in the trial of it, bearing in mind the sentiments of Dr. Young, "that we must have witnessed the failure of any new mode of treatment of consumption in at least fifty cases, before we are fully authorized to suppose, that it has been less successful than the most effectual remedies previously known."

CASES IN SURGERY.

By James Boyle, Esq.
Colonial Surgeon, &c. of Sierra Leone.

Case I.—*Extensive Lacerated Wounds of the Upper and Lower Extremities, from the Bites of a Shark—Amputation of both Arms—Recovery.*

On the 28th Sept. 1828, I was suddenly called to visit Thomas Corrigle, an apprentice on board the Britannia merchant-ship, (about 17 years old,) who, it was stated, was dreadfully mutilated by a shark whilst bathing up the river Sierra Leone *, where the vessel was employed loading with timber.

On proceeding to examine the injured parts, I found that the left fore-arm had been removed within about two and a half inches of the elbow; the joint having been deeply penetrated by the animal's teeth, and the head of the ulna abruptly broken off from the body of the bone remaining attached.

The metacarpal bones of the right hand were denuded and fractured, whilst the ligamentous attachments of the wrist superiorly were all cut through, and both radius and ulna fractured at their lower extremities. There was also a deep ragged wound in the palm of the hand, exposing the flexor tendons.

In the right groin there were two nearly parallel wounds, one about three, the other about two and one-half inches long, the latter dividing the skin and cellular substance, and bringing into view the lower portion of the tendon of the obliquis externus muscle.

The greater part of the testicle of the same side was exposed by an extensive division and a partial removal of its scrotal covering.

The right thigh, which afforded the most appalling spectacle I had ever seen before in the form of a wound, had yet to be closely examined. In the attack on this extremity the shark's teeth came in contact with the abdomen, about four inches internally to the centre of the spine of the ileum. From this, no doubt on account of its elasticity, the teeth glided down to the hip-joint, dividing and removing in their course the common integuments to the breadth of about two inches. Here the solidity and consequent resistance of parts were favourable to the gratification of the animal's instinct, and he succeeded in penetrating to the neck of the femur externally; thence he conducted a frightful wound downwards till within about four inches of the external condyle, where its course abruptly changed, crossing the thigh, and completely dividing the rectus femoris.

In the whole of this continuous track the femur was laid bare; all the fleshy mass covering the outside of the extremity admitting of such elevation, that it might have been easily removed by one sweep of the amputating knife.

Internally, a little behind the condyle, about the size of a man's clenched fist of the adductor muscles was altogether removed: this latter wound, continuing to the extent of about three and a half inches upwards, exposed the femoral artery.

It was for a moment a question how to dispose of so many alarming wounds then exhibited: the state of the thigh, particularly in a hot climate, appeared to call for amputation at the hip-joint; but the absolute necessity of removing both arms, in addition to the consideration of a probably extensive loss of blood previously to the patient's getting out of the water, rendered the prospect of success so faint as to be despaired of; it was, therefore, determined on to amputate both arms, which was accordingly immediately done—the left above the elbow, the right above the wrist—and to bring the divided fleshy mass of the thigh as nearly in apposition as its excessively lacerated condition would admit of. To accomplish the latter, 18 stitches by means of curved needles were made in the thigh alone, removing a few loose fleshy particles *en passent*,

* Twenty-five miles distant from Freetown, whither he was brought for medical assistance.

and completing the dressing by sticking plaister, soft, simple dressing, and 18-tailed bandage. All this the heroic boy bore without murmur, simply remarking, that the worst, mortification, was yet to come.

After the operations the patient complained of uneasiness from the water he had already drunk, and a continuance of thirst. Thirty-five drops of tincture of opium in an ounce and a half of peppermint water were given, and he was directed to suck oranges instead of gratifying his thirst by drinking fluids.

Morning of the 29th at 7.—Had slight vomiting, and but little sleep in the night. A dose of castor oil was ordered, but this not operating in the usual time, was followed by a saline purgative draught. This latter operated four times, and had the effect of removing slight mental aberration previously observed: the pulse too, which at the time of the morning visit was 118 in the minute, was now only 100. The patient in good spirits.

30th.—Had a tolerably good night; skin a little hotter than natural, but no return of vomiting; pulse 100; the patient desirous of eating; to have a soft boiled egg, with a little rice and tea; nitre julep occasionally throughout the day.

1st October.—Slept much, and tranquilly, throughout the night; pulse about 100; tongue slightly furred; thirst; complains of shooting pains in the thigh. The dressings of this extremity were all removed, and the wound in many parts, such as in the first instance admitted of being brought in contact, were firmly united, and the discharge, which was moderate, was also healthy. About the middle of the wound, however, two distinct portions of the vastus externus, each about the size of a hen's egg, protruded. To the water which washed the wound, tincture of myrrh was added, and over its more lacerated parts a little finely powdered camphor was strewed: the dressings were then applied as at first, and the bowels were kept open by small doses of infusion of senna with Epsom salts.

On the following day the boy was entirely free from fever, and from this time not one unpleasant symptom took place. Wine and bark in small quantities, gradually increased, with a generous diet, were admitted. The ligatures came away in due time; but little alteration was found necessary in the local applications; the stumps and wounds, in short, healed gradually, and the spirited youth, in robust health, and *without lameness*, quitted Sierra Leone for England on the 25th December, taking passage in the Champion timber-ship*.

Case II.—*Extensive wounds of the Face, Head, and Arm—Recovery.*

On the morning of the 19th July, 1828, at two o'clock, Mary Javiett, a liberated African, was brought to my house for surgical assistance, it having been stated that her husband, who had shot himself, had previously to the perpetration of that act of madness, inflicted several dangerous wounds on her person.

On examination I found upon the left side of the face, running from the centre of the upper lip backwards, a continuous wound to the extent of six and a half inches, so completely dividing the cheek that it hung down in the most hideous manner, leaving entirely bare both jaw-bones on that side. Running from the right side of the head posteriorly there was another wound, in a rather transverse direction, about three inches long, exposing a portion of the occipital bone and the atlas.

The left fore-arm was greatly mutilated, having a long oblique wound a little beneath its middle through the radius; the ulna being very badly fractured still lower down, with a dislocation, and laceration of the ligaments at the wrist.

Amputation of the fore-arm a little above the seat of injury was immediately performed. Seven stitches were put into the wounded cheek, and three into the wound behind the head, both being afterwards still further secured by sticking plaister, bandage, &c.

On the 22d following, three days after the operations, the wounds and stump were undressed: that behind the head was quite united, that of the cheek nearly so, and the stump in as favourable a condition as possible. On this occasion the patient pointed out a tumor on the inner surface of the left breast, accompanied with considerable hardness in the centre of the organ,

* We have seen this patient since his return to England, and so far as *scars* can go, we can bear testimony to the accuracy of the above account.—Ed. G.

occasioned by a milk abscess: this, which is noticed because it was likely to retard the patient's cure, was appropriately dressed. All the ligatures came away within seven days, and all were completely healed, and the woman in good health, going abroad as usual about her affairs, in three weeks from the time of her misfortune.

Freetown, Sierra Leone,
24th Dec. 1828.

MORTIFICATION OF THE LEG—AMPUTATION.

To the Editors of the London Medical Gazette.

Gentlemen,

Should you deem the enclosed interesting case deserves a place in your most respectable and valuable journal, I shall feel obliged by your inserting it.

Your obedient servant,
William Thornton,
Surgeon, West Middlesex Militia.

Uxbridge, March 1829.

On Friday, 5th Dec. 1828, I was called upon to attend John Bird, residing at Uiesley Moore, aged 18, who had been accidentally shot by another man, and was wounded in the anterior part of the right thigh. On examining it, found a wound extending along the course of the rectus femoris, about four inches in length, terminating an inch above the patella. Some of the shot had taken an oblique direction, perforating the vastus externus and sartorius muscles, and penetrating to the os femoris, but had not wounded the femoral artery, or its branches, as there was no arterial hæmorrhage. The anterior part of the thigh was completely filled with shot, and some had also lodged in the inside of the other thigh, but had only entered the integuments, and were easily extracted. The patient complained of a violent pain in his knee-joint, and coldness of his leg and foot. The circulation languid; pulse 90, full; tongue clean; bowels irregular.

Ordered.—Venæ sectio ad ℥xij.
Saturnine lotion to be applied to the wound, and fomentations to the foot.
A purging mixture.
Vespere.—Haust. Anod.

6th.—Passed a restless night; bowels freely opened; pulse 95; tongue clean and moist. A considerable swelling had occurred in the thigh and knee, which was very painful. He complained of numbness of the limb, though sensation was far from being totally lost.

Fomentations to be continued, Catap. Lini to the wound.
Haust. Salin. 3tia quaque hora.
Opii gr. ij. hora somni.

7th.—Passed a better night, and slept some hours. Pulse 100, and weak; tongue clean; bowels regular. In this short interval, it was astonishing to see how great an alteration had occurred. The leg from the toes to the knee, and a little above it, was mottled in appearance; the hue of the leg was dusky and brown, similar to that which attends the diffused inflammation and sloughing of the cellular tissue.

The foot was œdematous, and discoloured with vesications, varying in size, and irregularly scattered on the surface. On opening the vesications, serum of a port-wine colour escaped, and the cutis beneath had a dark and mahogany tint.

The swelling of the thigh had increased; an offensive discharge from the wound. An incision was made an inch above the knee, dividing the fascia, and exposing the cellular membrane in a state of slough, with putrid pus deposited under it.

℞ Haust. Effervesc. c. Tinct. Opii ♏xx. 4ta quaque hora sumend.
Catap. Cerevisiæ to the wound, and fomentations to the knee and leg. ℥ss. of brandy in arrow-root every two hours.
Vespere.—℞ Opii gr. ij. h. s. sd.

8th.—Slept some hours in the night. Pulse 90; tongue moist; countenance sallow and depressed, and the patient evinced altogether a morbid anxiety and restlessness.

A free discharge of putrid pus from the wound. The emphysema in the thigh, however, being felt, an incision was made through the fascia and muscles to the os femoris, and a quantity of pus escaped.

The relief which was obtained by this incision induced me to make on the inside and outside of the leg similar incisions, each of which disclosed the cutis and cellular membrane more or less disorganized.

Rep. Med.

9th.—Had a good night. Pulse 94. Emphysematous crackling was felt all over the leg and foot. Free incisions were made, and the cellular membrane found to be in a state of slough.

Fomentations, &c. continued. ℥j. brandy in arrow root to be given every three hours.

Vespere.—℞ Opii gr. iij. h. s. sd.

10th.—Restless night; pulse 100, and weak. The leg and foot had assumed a more dusky colour; the cellular texture very black and sloughing. A pint of ale to be given in the course of the day.

℞ Sulph. Quin. gr. ij. Infus. Rosæ, ℥iss. Tinct. Opii, ♏xx. f. haust. quarta quaque hora sumendus.

Vespere.—Opii, gr. iij. h. s.

12th.—Passed restless nights; pulse 105; mortification had extended two inches above the patella. The wound had assumed a black sloughing appearance. Medicines, brandy and ale, continued. Omitted catap. fomentations.

℞ Ol. Terebinth. ℥j. Ol. Oliv. ℥iij. M. ft. linim. Lint to be soaked, and applied to the wound.

Vespere.—℞ Opii, gr. iv. h. s. s.

16th.—Passed good nights. Pulse 84. A line of separation has formed on each side of the patella, and a healthy discharge from the wound. Brandy and ale continued.

Rep. Haust. Quin.

Vespere.—Opii, gr. iv. h. s. s.

18th.—The terebinth. liniment producing much pain, was ordered to be discontinued, and the wound dressed with a solution of opium.

App. Catap. Lini. Rep. haust., Brandy, Ale, and Opium.

21st.—The patient's condition had very much improved. Pulse 84; appetite good; discharge from the wound healthy. It being decided upon that amputation should be performed as soon as possible, at 1 o'clock P.M. I removed the limb 8 inches above the knee; some bleeding followed the incisions, although merely that blood which was in the limb was lost; the parts divided by the knife were sound; the femoral artery had been cut across at the spot where two middling-sized branches arose from it, on which account three ligatures were used. The patient was removed to bed, having borne the operation with the greatest heroism, which was completed in fifteen minutes.

Opii, gr. ij. statim.

℞ Haust. Efferves. c. Tinct. Opii, ♏xx. Quartis horis sumendus.

Vespere.—Pulse 100, soft; tongue and skin moist; slept two hours since the operation.

22d.—Passed a good night; pulse 100, soft; complains of a soreness of the lower part of the abdomen. Ordered to be fomented. At 4 P.M. he was seized with a violent vomiting and purging. Pulse quick and weak; countenance pallid and dejected, and appeared to be sinking. The artery at the groin beat strong. There was a little oozing from the stump.

℞ Tinct. Opii, ♏xxxx. Mist. Camph. ℥iss. fiat haustus, statim sumendus.

Ordered a wine-glass of brandy in arrow-root every two hours, and the following mixture:

℞ Mist. Cretæ, ℥iv. Conf. Aromat. ℥ij. Tinct. Opii, ℥ij. M.
F. mist. capiat Cochl. ij. 2dis horis.

Vespere.—Much better; vomiting relieved, and purging not so frequent. Pulse 120. Fomentations to the abdomen.

23d.—Passed a restless night, being slightly delirious; stools involuntary; pulse weak; tongue red and smooth.

Brandy and Medicines to be continued.

26th.—Much better. Pulse 90. Dressed the stump to-day; partly healed; looks well.

Ordered him Sulph. of Quina and Opium.

11th Jan. 1829.—Passed a restless night. Was seized with a rigor this morning. Stump painful, and hot; a watery discharge from the stump, mixed with some shot.

Ordered catap. lini to the stump.

Vespere.—Opii, gr. iij. h. s. s.

14th.—Had another rigor. Several shots came away with the dressings.

Vespere.—Opii, gr. ij. h. s. s.

5th March.—From the date of last report he continued to improve, and is now quite well.

This is an important case, and one which shews well the absolute necessity

of supporting the nervous system, after so severe a shock, by administering very frequent and large doses of brandy and opium.

HYO-EPIGLOTTIDEUS MUSCLE.

To the Editor of the London Medical Gazette.

Sir,

In the last Number of your valuable Journal I find a description, by Mr. O. B. Cooper, of a musele under the name of hyo-epiglottideus, on which I think myself justified in making a remark or two, as I conceive Mr. Cooper has not fairly stated the share I had in directing attention to a fact so long overlooked by modern anatomists. Mr. Cooper observes, that a few days since a *gentleman* who had been dissecting the tongue and larynx of a sheep pointed out to him a musele arising from the os-hyoides and inserted into the epiglottis; but he forgets to inform your readers that the same gentleman likewise suggested, not only to him, but also to Mr. Cæsar Hawkins, that from the important office the musele in question appeared to perform in the lower animal, an analogous muscle would very probably be found to exist in man, though it had escaped (as we *then* thought) the notice of anatomical writers. That I made this remark is well known at the school, as well as that I proceeded to satisfy, and did satisfy myself of its accuracy, so soon as I could procure a human larynx and tongue. On shewing, after lecture, the muscle in the human subject to our respected teacher, Mr. Cæsar Hawkins, I for the first time learnt that I was forestalled by Mr. Cooper, whose situation as assistant gave him the advantage of an earlier opportunity of examining the parts than I possessed. That he may thus be entitled to the claim of priority, by a few minutes, in demonstrating the muscle in the human subject, I am not disposed to dispute; but I submit it was no great achievement, after I had pointed out to him where it was to be found.

The subjoined description and plate were intended for the pages of the Medical Gazette, but on shewing them to Dr. Chambers and Mr. Hawkins, and learning that the musele they were meant to illustrate was not a new discovery, but the revival of a forgotten fact to be found in Winslow and Albinus, I abandoned the intention of publishing my remarks; and they would never have seen the light if Mr. Cooper's communication did not imply that I had stumbled upon a fact, but that it was left for him to discover whatever degree of importance belongs to it.

I have the honour to be, Sir,

Your obedient servant,

G. A. Sabine.

32, Devonshire-Street, Portland-Place,
March 14, 1829.

[We do not think it necessary to insert Mr. Sabine's description or drawing of this muscle, as it does not essentially differ from that given in our last Number.]

ORIGIN OF TUBERCLES.

To the Editor of the London Medical Gazette.

Sir,

Through a letter inserted in the last monthly number of the Medico-Chirurgical Review, signed *Medicus*, it appears that the public are to be favoured with a series of communications on the origin of tubercles; that Dr. Alison's views upon this subject are not only to be considered erroneous in their nature, but injurious in their tendency; and that the observations which were made on his last paper in the Dec. No. of Dr. Johnson's Review, are opposed to the experience of this writer. Regarding it as a conceded point, that before opinions can form the subject of honest criticism, they should *at least* be understood, we have taken this earliest opportunity of informing *Medicus* that he fails in this qualification, and that his letter is an unequivocal proof he neither understands Dr. Alison's theory, nor the spirit with which that theory was examined in Dr. Johnson's review. That he misunderstands the theory, is seen in his supposing that the Dr. considers *active* inflammation necessary to generate tubercular matter; and that he misconceives the review, is evident by his believing that the original and the review advocate the same sentiments. Now, the most careless reader will see that in *both* it is stated that *active* inflam-

mation will *not* form tubercles; that such bodies are elicited by a *slow* and *slight* action; and that the injection of quicksilver, in the experiments detailed, was so frequently followed by tubercles, because the irritation it occasioned seemed generally productive of *such* inflammation. This opinion is supported by facts and cases which it will devolve on *Medicus* to answer and explain; and, if any definite idea can be contained in language so unphilosophical, we would imagine, from the following passage, that he differs from us more in sound than sense. *The matter of tubercle I consider to be a peculiar morbid secretion, preceded by active congestion in the invaded organs; and that congestion may in one case be the effect of languid circulation in the exhalent arteries as a consequence of debility; while in another case it may be the result of passive inflammatory action dependent upon idiosyncrasy.*

This, then, is the Dr.'s theory of the origin of tubercles in many instances: whether the tubercles thus formed be the same with purely scrofulous formations is a point we hold to be yet uncertain, and *Medicus* must be satisfied that this is the opinion expressed in the review if he will refer to its concluding page, where Dr. Alison's opinions are controverted.

These remarks have not been made with the desire of discouraging our correspondent from Exeter from prosecuting this interesting subject; on the contrary, we shall look with anxiety for the result of his investigations, but it was necessary to set the moot point in a proper light, that his strength and talents might not be wastefully expended.

I am, Sir,
Your obedient servant,
CRITICUS.

March 4th, 1829.

MEDICAL FEELING IN GLASGOW.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IT may, perhaps, be not uninteresting to those concerned in the honour of the medical profession, to know the sentiments entertained by their brethren in different parts of the country, on the conduct of the mercenary set who have attempted to fill their own pockets at the expense of the characters of others, by pandering to the vulgar love of hearing all those abused who have raised themselves to eminence. The spirited behaviour of the Westminster and of the London Medical Societies, in expelling one of the calumniators, has been the theme of general admiration here; and from occurrences that took place among ourselves we can the more easily understand the working of the libel-mongering system with you. The many reports of cases, plainly tinged by malice, that had appeared in the Lancet, had unquestionably shaken any confidence in it which the novelty of its plan had gained for it among those who had not examined minutely into its character, and had also abated the admiration of some whose sanguine tempers are too apt to lead them to consider every novelty as an improvement. The atrocious attack on Mr. Bransby Cooper staggered even its warmest supporters. Still there might be some doubt, and it was but fair to suspend opinion till the result of the trial should be known. In the meantime, in an evil hour for itself, the Lancet admitted into its pages communications from a little knot of silly half-educated boys here, who had formed the design of making themselves of consequence by abusing their superiors, and were elated with the dignity of appearing in print to such a degree that one of them used to divert a medical society by calling the President "Mr. Editor." The character of the gentleman they first attacked was proof against such puny foes: his real fault in their eyes was, that he possessed too much independence to fawn upon any individual, or to cringe to any party, and that he discharged, on all occasions, fairly, openly, and ably, the duties of his important office. Wakley must have been infatuated by his hatred of hospital surgeons, to permit such apes to write in his journal. The nonsense and twaddle they crammed him with are almost incredible. One wrote a letter about a natural stool, and another a long complaint of a physician's having accidentally stood between him and the operation table. A fair account of the proceedings of the hospital surgeons might have been of use to many; and criticisms, however

severe, if well executed, would have gratified some. But the criticisms of "the wise men," as they are usually called, were the most childish of all childish productions;—Wakley's praises of himself, which are growing sufficiently stupid, are nothing to them. These papers, followed by the hoax extraordinary of Maxwell Calder, rendered the Lancet completely ridiculous, and it is now read, when read at all, only to be laughed at. I have had considerable opportunity of knowing the general opinion, and I have never heard one practitioner, and scarcely one student, attempt to defend it. One of the unfortunates who had published sundry columns of nonsense, growing angry that nobody took any notice of him, and being more bold, or less cunning, than some of his neighbours, wrote impertinent letters to the surgeons, for which, with very little ceremony, he was turned out of doors. From the Directors of the Infirmary he appealed to their constituents, the whole body of subscribers, in a letter which, after being purged of some of its grosser vulgarities, was inserted in the newspapers. He told his story his own way. No one thought it worth while to contradict him; and after all, at a general meeting of subscribers, consisting of many hundreds of all ranks, parties, and professions, not one was found to take his part, or even to mention his name, while his expulsion was confirmed by a silent vote!! His bile was now at its height: he talked of a pamphlet, and he talked of a prosecution; he consulted his printer, and he consulted his lawyer; but either they possessed honesty or he wanted money, for he was obliged to be contented with a declaration signed by 35 out of 500 students, disapproving of the *form* merely of his expulsion; and many of these 35 insisted, in spite of the entreaties of the tool who was employed to beg signatures, upon adding after their names, that they disapproved entirely, at the same time, of the second Lambert's behaviour. Some of them, too, exacted a promise, which of course was not kept, that their names should not be published; while one student, who seems to be as wise as the ostrich, which puts its head in a hole and thinks its whole body concealed, would permit only his initials to be given to the world. He shews some sign of grace in being ashamed of his company, and I shall not at present publish his name. Nothing can exceed the forlorn state of the party now. Their imaginative faculties seem quite gone—they can produce no more "intellectual surgery." The "precocious youth" may be seen perched on the back benches of the operation theatre, and looking very demure and forlorn. Poor fellow! let him mind his studies instead of the journals; let him try to improve himself, instead of finding fault with his neighbours; and who knows but one day his follies may be forgotten? In short, the "wise men" are in bad odour here—it is considered a disgrace among the students to be seen in their company. A staunch reformer from the London Hospitals has been sent down, it is said, to help their barren wits; and if we may judge from his learned lectures to some of the pupils in the lobby, something particularly bright may be expected from his pen in an early number of the Lancet.

Such is the melancholy state of affairs among the friends of the Lancet here. If you can find room for my remarks, I may let you know occasionally how matters are going on among us, and perhaps offer a few observations on matters of higher importance than the subjects of my present letter.

I am, Sir,
Your most obedient servant,
GLASGUENSIS.

Glasgow, March 3, 1829.

APOTHECARIES' ASSISTANTS.

To the Editor of the London Medical Gazette.

February 21, 1829.

SIR,

HAVING occasion to send to Apothecaries' Hall, a short time since, for an assistant, I was surprised to find that out of twenty young men who applied to me, not more than two could translate a prescription correctly. I think a hint through your valuable Journal would stimulate the Examiners to put into full force that useful part of the Apothecaries' Act which obliges assist-

ants to pass an examination previous to taking a situation. With apologies for thus trespassing on your time,

I remain, Sir,

Your obedient servant,

A LICENTIATE.

ANALYSES OF BRITISH MEDICAL JOURNALS.

EDINBURGH MEDICAL AND SURGICAL JOURNAL.

January, 1829.

ORIGINAL COMMUNICATIONS.

"I. *Clinical Observations on the practice of Bleeding in the Cold Stage of Intermittent Fever.* By WILLIAM STOKES, M.D. Licentiate of the King and Queen's College of Physicians, Physician to the Meath Hospital and County of Dublin Infirmary."

INTERMITTENT fever has recently prevailed to some extent in and about Dublin, and thus afforded a good opportunity for putting to the test the proposal of Dr. Mackintosh to bleed in the cold stage. This was accordingly done by Dr. Stokes, from whose observations we draw the following results.

The effect *upon the rigor* was frequently a temporary suspension of the fit, which, however, returned after an ounce or two of blood had been drawn, and generally continued till about 12 ounces had been abstracted, when it ceased, but generally returned when the arm was tied up, and continued for five or ten minutes. In some instances the intensity only of the rigor was diminished; in others the stages of the paroxysm were protracted; and in others no perceptible effects whatever were produced. The cutting short of the rigor seems to have been a very rare result of the operation.

The effects on the *hot and sweating* stages depended upon what had happened with regard to the rigor; where this had been cut short, the subsequent stages were mitigated. Frequently the hot fit was not well marked, moisture appearing on the surface in some cases even before the rigor had entirely passed away. Instances were not wanting, however, in which both the hot and sweating stages were increased in duration and severity; and the most frequent result, upon the whole, was no apparent control being exercised over the latter stages of the paroxysm.

On local symptoms, the effects of blood-letting appear to have been more beneficial, the pain in the loins invariably disappearing with great rapidity. Cough and oppression about the chest were also, in most instances, speedily relieved. It is remarkable that new local inflammations appeared occasionally as the result of bleeding in the cold stage, particularly in the stomach, throat, and lungs.

In some cases the type of the fever became changed immediately after the bleeding, generally from tertian to quotidian; sometimes to continued.

The following are the results drawn by Dr. Stokes himself, from which it will be seen that much encouragement is not held out for the continuance of this practice:—

"It may be remarked, that in the great majority, quinine had to be administered before the disease was eradicated; that many of them had an extremely slow and dangerous convalescence; that in several instances the disease, so far from being relieved, appeared exasperated by the practice; that local inflammatory affections occurred several times after the operation; and, lastly, that the bleeding appears to leave a tendency to convert intermittent into continued fever. In one case, death from pneumonia and softening of the brain occurred. In none of my cases did any bad effect from sinking of the powers of life follow the practice immediately. But I am informed, that in the practice of a highly respectable individual, there occurred two cases in which the patients did not recover from the collapse produced by bleeding in the cold stage. These facts should make us very careful how we interfere with nature by means of the lancet in simple intermittent, when we have so certain, and, as far as I have seen, so infallible a remedy as the sulphate of quinine."

"II. *Some Remarks, chiefly of a speculative kind, relative to the question, Is the Blood a Living Fluid?* By JOHN DAVY, M.D. F.R.S. Physician to the Forces. Communicated by Sir JAMES M'GRIGOR, Bart."

The author asks whether it be pro-

bable, or even possible, that a fluid itself devoid of life, should, while it circulates, impart vital energy; and when it ceases to circulate, that this should give rise to speedy death? He then proceeds to state the arguments on either side of the question. Among the arguments in favour of its vitality, one of the strongest perhaps is, that lymph, one of the constituents of the blood, when effused, becomes organized; yet, on the other side, however extraordinary the blood may be, chemically considered, it is nearly approached by vegetable juices. The paper, however, is entirely speculative, and leads to no conclusion. The most interesting fact relates to some experiments on leeches: two years ago Dr. Davy travelled into Italy during a period of severe cold—some leeches were frozen in their bottle, and enclosed in a solid mass of ice, nearly all the way from London to Modena, when the ice thawed, and the leeches, with one exception, revived.

"III. *A brief notice of the disease popularly termed Puerperal Fever.* By Samuel Cusack, A.B. M.D. Member of the Royal College of Surgeons in Ireland, and Superintending Accoucheur to the Wellesley Dispensary for Lying-in Females, Mercer-Street, Dublin."

The author of this paper agrees with many of those who have preceded him, in thinking that there does not, in all instances, exist such a difference between puerperal fever and peritoneal inflammation as to admit of their being considered as diseases perfectly distinct from each other. He adopts the term puerperal abdominal inflammation, under which he describes three species of disease—the first being inflammation, resembling common peritonitis; the second, a low form of inflammation, with fever of a typhoid character; the third, a disease intermediate between the two preceding, resembling both, and yet differing from either.

It is, as regards the pathology of the second, or low form of inflammation, that the author attaches the character of originality to his observations. He considers it as a disease which consists essentially in local inflammation of a peculiar kind, and fever of a typhoid type; as not by any means confined to the puerperal state, though modified by it; and occurring occasionally in persons of both sexes from wounds, or even without any obvious cause. In short, he considers it as akin to diffuse cellular inflammation; but that the inflammation need not of necessity have its seat in the cellular membrane, inasmuch as morbid action of a similar character may take place in the peritoneum, uterus, ovaries, or other parts; nay, that the disease, when it attacks puerperal women, is not exclusively confined to the abdomen, but may attack the cellular membrane of the lower extremities. The following is a general description of the post mortem appearances found by Dr Cusack in this form of disease:—

"The pathology of this form of inflammation is quite characteristic, being of a nature totally different from that of the foregoing species. In this the copious effusions of lymph which present themselves in the other species are not to be met. The effusion into the peritoneal cavity is moderate in quantity, amounting sometimes not even to a pint. Its nature is peculiar, being sometimes of a dark aqueous appearance, perfectly free from any traces of lymph, presenting somewhat the appearance of stale beer; sometimes it is of an oily purulent appearance; but the peculiar and remarkable seat of disease which has been observed in some of the best marked cases of this low form of inflammation, is the subserous and the pelvic cellular tissue.

"Two kinds of effusion are met with in the cells of those tissues, one a reddish serum, occasionally so copious as to pervade not only the cellular tissue about the uterus, the pelvic cavity, and the iliac regions, but even sometimes to distend the cells of the delicate cellular tissue, which connect together the two layers of the mesentery. The other species of effusion is not of so fluid a nature, resembling jelly in appearance and consistence. This also occupies the cellular tissue, and is most conspicuous where the looseness of the peritoneum admits of freer effusion. Thus the lax nature of the cellular tissue connecting the layers of the peritoneum which form the broad ligaments of the uterus, admits of its being poured out in considerable quantities in that situation.

"The uterus frequently is softened and flabby; that diseased state just de-

scribed extending to its interstitial cellular structure. Darkly coloured softened patches are often observable in different parts of both small and large intestines. The ovaries in some instances undergo a remarkable change, becoming much enlarged and quite altered in appearance, and converted into a soft mass of the consistence of coagulated blood, so that those bodies seem to undergo a process resembling the *ramollissement* of other parts. This softening takes place to such a degree that it is almost impossible to take them in the hand without destroying their texture; and this softening is not the only morbid appearance in the ovaries, as they often are much enlarged, equalling the size of a large apple.

"The thorax also is the seat of effusion in this as well as in the preceding forms of this inflammation; but there is not ever found that coating of lymph (on its pleura), or effusion of the same nature into its cavity, which is to be met with in the first form of the disease.

"Should blood have been taken from a patient labouring under this affection, it does not exhibit the buffy coat, but forms a soft coagulum broken up by the slightest violence."

In speaking of the treatment of the first variety of the disease, the author takes occasion to state his objection to the frequent practice of abstracting blood in the erect posture; the mere act of sitting up often producing syncope prematurely, and thus preventing the necessary depletion. He recommends that the patient be placed in the recumbent posture, that a large orifice be made, and that, if faintness do not supervene, when a quantity such as we deem sufficient is abstracted, the patient be made to sit up. Leeches, fomentations, calomel, and purgatives, are to follow, and mercurial action produced as rapidly as possible.

As the second form of the disease consists in low inflammation and typhoid fever, it is argued that the method of treatment must be diametrically opposite to that which has just been described. The atmosphere in which the patient is placed should, if possible, be changed; for which purpose it is recommended that, in crowded states of hospitals, recourse should be had to tents; a suggestion which he thinks warranted by the benefit which resulted from their employment in the late epidemics of fever which prevailed in Dublin. Calomel is to be given in doses of from five to ten grains, followed in two or three hours by a draught containing six drachms of oil of turpentine, a like quantity of cinnamon water, and a drachm of syrup of ginger: such draught to be repeated every two hours, till it operates. After the bowels are opened, opium to the extent of two grains may be given, which, if there be much debility, is to be combined with camphor and ammonia. Wine in liberal quantity, but diluted, and light nourishment, are to be given. The abdomen "should be completely covered with a blister," which is not to be removed until it has risen fully, unless, from peculiarity of constitution, the patient should suffer much from its "irritative effects." Calomel is to be administered as in the former species of the disease.

In the third variety of inflammation, the treatment recommended is the application of leeches and blisters, and the exhibition of calomel and oil of turpentine.

"IV. *Report of a Case in which the Passage of the Fœtus was obstructed by a Stone in the Bladder.* By James Threlfall, one of the Surgeon-Accoucheurs to the Liverpool Ladies' Charity."

The author was sent for to visit a patient in labour. The pains were frequent and forcing, but the delivery was prevented by a tumor which was pushed down before the head of the child. After sufficient time had elapsed to afford the efforts of nature an opportunity of overcoming the obstacle, the perforator was introduced and the child extracted. The patient, however, rapidly sank. On examination, the tumor was found to have been formed by a stone in the bladder. It measured in length, $3\frac{5}{8}$ inches; in breadth, $2\frac{7}{8}$; in thickness, $2\frac{1}{4}$; and weighed 6 oz. 5 drachms, 34 grs. It consisted chiefly of the ammoniaco-magnesian phosphate and phosphate of lime. It was ascertained that, though she had borne several children, considerable difficulty had been experienced at each accouchement.

"V. *Case of Operation for Imperforate Anus, and of subsequent extrac-*

tion of an Alvo-urinary Calculus from the Rectum. By JAMES MILLER, Esq. Surgeon, Methven. With an Analysis of the Calculus by Dr. CHRISTISON. Communicated by Mr. LISTON."

Mr. Miller was sent for to a child, about thirty hours after its birth, in whom there was no anus, and the meconium was passed by the urethra. An incision was made in the usual situation of the anus, an inch in length, and the same in depth; a trocar was then pushed upwards in the direction of the rectum, and the meconium flowed through the canula. Sponge tents were introduced, but, in spite of every effort, it was necessary to use the knife for the purpose of enlarging the opening repeatedly in the course of the next eight months, at which time he was sent to the Edinburgh Infirmary, where the principal remedy appears to have been the introduction of tents. After this the child returned home, but little better as regarded the local affection. As soon as he began to walk he acquired a habit of eating cinders, which, sticking in the rectum, repeatedly required operations for their extraction. Notwithstanding this, he continued for several years to thrive extremely well. At length, however, Mr. Miller was sent for, in consequence of an impediment to the alvine evacuations. On examination, a calculus was found of large size, filling up the hollow of the sacrum. Instruments were contrived for boring it in different directions, and it was at length removed by means of a free incision and persevering efforts.

By the last report, a recto-vesical communication which had been made appears likely to be healed up, and the sphincter had regained its power.

The calculus consists of a nucleus of primitive green stone, a stratum of spongy texture, composed of the fibrils of the pencil of the oats discovered by Dr. Wollaston in alvine concretions occurring in Scotland. The outer crust, which is nearly an inch in thickness, is chiefly composed of the ammoniaco-magnesian phosphate.

"VI. *Case of Aneurismal Condition of the Posterior Auricular and Temporal Arteries.* By JAMES SYME, Esq. Lecturer on Surgery, &c."

The author was consulted last summer by a lady about fifty, for a tumor situated over the mastoid process of the right side, and of the size of a gooseberry. It had the appearance of a common encysted tumor, but it readily yielded to the fingers, and a depression could be felt in its place. When pressure was removed it immediately filled again. Below the tumor, the posterior auricular artery might be felt enlarged, and beating violently; when it was compressed the tumor became flaccid. Pressure had been tried, but without success, and Mr. Syme proposed to tie the artery. On shaving off the hair for this purpose, it was discovered that the posterior and middle branches of the temporal artery were involved in the disease. A single ligature was applied round the posterior auris, a little below its entrance into the tumor. The coats of the artery were very thin. On the 12th day, on examining the wound, Mr. Syme found, in the seat of the ligature, a small pulsating bag. He removed the ligature and applied graduated pressure. At the end of three days suppuration was established, and the wound was soon cicatrized. For some time the tumor remained flaccid, but became tense, and began to resume its former condition when the patient returned to her ordinary duty and exercise. Mr. Syme now resolved, with the assistance of Dr. Ballingall, to attempt a more effectual remedy. He divided the tumor lengthways, and then dissected it out. It was composed of large irregular cells, invested by a firm capsule. The vessels were included in ligatures by means of a small needle. The wound was filled with caddis, and a firm bandage applied round the head. No inconvenience followed, the wound speedily healed, and the cure appears to be permanent.

Mr. Syme refers to some other cases of this disease which have been recorded. Among others, to that of Mr. Wardrop, of which he appears to know nothing except from the very imperfect account published in the Lancet, although the termination of the case, illustrated by wood-cuts, was originally published by us, and afterwards copied into the most extensively circulated Journals of the day.

[To be continued.]

MEDICAL GAZETTE.

Saturday, March 21, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ANATOMY—THE HERALD—COBBETT.

LAST Friday Mr. Warburton obtained leave to bring in a bill "to legalize and regulate the supply of dead bodies for the purpose of dissection." The mode suggested for procuring the necessary supply is that which has been so often recommended in this Journal; namely, permitting the governors of hospitals, and overseers of poor-houses, to give up the dead bodies of those who are not claimed within a certain time; while it is to be legal to conduct dissections in all towns where there are schools "which confer degrees in anatomy," or which have an hospital containing fifty beds. Thus, we trust, will end at length the horrid system of exhumation, and the yet more horrid system of murder. "It is now absolutely necessary, (said Mr. Peel), that something should be done to check the evils of the existing law, were it only from regard to those feelings which we all hold in the highest respect." This appeared to be the general sentiment of the House, and may be looked upon as that of the country at large.

There are some persons, however, whose narrow views never extend beyond the sphere of their own immediate and daily drudgery; and as it is perhaps fair to infer with regard to any newspaper that its very existence shews its manner of handling the subjects of which it treats to be adapted to certain kinds of taste and gradations of intellect, we shall here take notice of some of the most illiberal parts of a series of articles written for the purpose of prejudicing this cause in public estimation; that our readers may be prepared to answer the objections they contain, should they meet with any weak enough to have been influenced by them. The Editor of the Herald, under the preposterous head of "City," introduces the following observations on this subject:—"Thus it appears that the poor and the miserable, destitute, friendless, and wretched, are to be subjected to the last punishment inflicted on murderers, merely because they are poor, miserable, destitute, friendless, and wretched." And then he supposes a soldier, who has fought the battles of his country, brought to the "human shambles," and exposed to the knife of the anatomist, and the "rude gaze of rabble boys." Now, either writing of this nature has some design or it has not; if the design be to prevent the bill from passing, what plan has the Herald to propose for removing an evil which Mr. Peel, and every other intelligent man who has attended in the least to the subject, declare "absolutely" to require a remedy? If the design be merely to speak to the prejudices of the people, then the motive for adopting arguments at variance with common sense, and making statements at variance with truth, are sufficiently intelligible. The pseudo-pathetic story of the soldier may please the readers of the Herald, perhaps; but we can tell them, that in the army, soldiers are invariably opened after death; and the dissection is carried on, not covertly, but with the knowledge of all the companions of the deceased; yet is there never a thought of any degradation, injury, or indignity being offered to the dead. Besides, what worse off is the *soldier*, bating the figurative description of the "human shambles," and the "rude gaze of rabble boys," than the *sailor*, who, when he has lost his life

" in the battles of his country," is thrown into the sea, to be food for sharks: are *they* less rude than " rabble boys?" are *their* teeth less to be dreaded than the " knife of the anatomist?" Yet who supposes that the watery grave of the honest tar is less peaceful than that of the proudest potentate who rots in velvet?—it is not for all the art of man to arrest the common doom—" dust thou art, and unto dust thou shalt return." We would advise the writer in question to pay a visit to Dr. Macartney's museum in Dublin, where he might pick up a few ideas on a subject of which his knowledge at present seems very limited. Among the curiosities which immediately attract the attention of visitors, there is a cabinet, one of the most strange combinations possible: it contains specimens of every known way of disposing of the human body after death. Here we have the putrefactive and disgusting process of the common grave, with specimens of *rats' dissection*; the liquifactive process in the leaden coffin; broiling and burning; the effects of a watery grave, adipocere; drying in vaults; suffering the moist parts to exhale and be dissipated in the atmosphere; mummy, in all its unnatural hideousness, &c.; whilst all around, the spectator sees the methods adopted by the human anatomist to convert the body to an honourable and useful purpose.

There is another very singular argument adopted by the Editor of the Herald: he contends, that as anatomy was equally well understood a century ago as it is now, any farther " cutting up" of the dead is unnecessary, unnatural, and, in fact, resorted to merely to fill the pockets of a set of selfish teachers; and this sagacious opinion he has, with the utmost candour, consented to share with another eminent reviler of the medical profession, Mr. Cobbett. Such an idea as that above alluded to does not require serious refutation even with those most ignorant of the subject: for example, we would simply ask the Editor of the Herald, or the resurrectionist of Tom Paine's bones, whether, in the event of either of them requiring to be cut for the stone, they would apply to a surgeon who had learned anatomy practically on the human body, or a dilettante operator, whose knowledge was derived from books and drawings?

The worthy Editor does not appear to believe that anatomy is necessary to surgery. " But we are told, (says he), that if some such measure as the one now proposed is not carried, the science of surgery will be lost, or nearly so. We do not believe this assertion, nor do we believe what is often asserted, namely, that this science has made great progress within the last thirty years." To this we answer, that long experience has demonstrated the impossibility of acquiring skill in any mechanical science by description alone. When Peter the Czar wished to know how ships ought to be built, he did not send to Amsterdam for books and drawings, but took the adze into his hand, and worked in the dock-yard. Suppose the Editor of the Herald wanted some compositors, and that a set of operatives presented themselves who had read all the books that have been written on the art of printing since the days of old Caxton, but who had never handled a type, never made up a page in their lives, would he think of employing them? Would he not fear that the combination of letters they produced might have as little to do with the " copy" as his late articles on dissection have with the price of the funds, with which he has thought fit to connect them? And if *practical* acquaintance with an art, comparatively so simple as that of setting up types, be necessary to secure its skilful performance, how much more is it required in one so difficult as surgery?

And here be it remembered, experience, if not obtained on the dead, must be obtained on the living. As to surgery not having improved during the last thirty years, the writer must know the assertion to be erroneous, or else he is even more ignorant of the subject than we supposed. The ligature of the great vessels for aneurism, in which thirty years ago the patient was left to his fate, will alone suffice to disprove the imputation, though it is rather on the decrease in the number of operations, owing to improved methods of treatment, the result of a more intimate acquaintance with pathological anatomy, that we would found the triumph of modern surgery.

Such arguments as those above alluded to would prove the grossest ignorance on the part of those who use them, did not their repeated misrepresentations evince a less excusable motive of their unremitting and vituperative invectives against the medical profession. Thus it is invariably assumed by such writers, that the cultivation of anatomy is pleaded for the benefit of science alone — of "dear science," as they sneeringly call it — forgetting that it is as an essential constituent of an art highly useful to the community, that we claim protection for it; and those who maintain that it is merely a science, betray their ignorance of what science means. It was the necessities of the community, accidents, and disease, that *created* medicine; rude at first, but gradually, and mainly by the agency of anatomy, advancing to the degree of perfection it has attained. It is the lot of few to pass through life without having recourse to its ministrations, a sure proof that it is necessary, and some presumption that it possesses a soothing, if not always a healing, balm. Those who would discard the study of anatomy from the schools, would not only check the progress of the healing art, but throw it back to its pristine empiricism. Fortunately, however, their efforts are likely to prove impotent. People begin to estimate as they deserve the appeals that have been so artfully made to "natural feelings."

We deny that there is any natural feeling against dissection in the abstract. The work of anatomical teaching is allowed to go on in places as well known to the inhabitants of London as are their parish churches. The "sacrilege" is tacitly permitted till some person learns that the body of a friend or relative has been disturbed in its last asylum. Then, indeed, the lecture-room is unresistingly invaded; and it is on occasions of this nature that we charge the public press with indulging, unnecessarily, in descriptions and language injurious to science and humanity, and unjust to medical teachers. In the reports given of such visitations the public would be made to believe that a band of cannibals had been surprised at their orgies, seasoning with loose merriment their unholy feast. It would be wiser, and more consonant with good taste, to throw a veil over the scene; or, if public curiosity must be gratified at the expense of propriety, the picture ought at least to be faithful. The dank, unwholesome chamber ought not to be omitted in the representation, with its anxious inmates, intent, among the dead, to acquire that knowledge which shall enable them to avert or remove the sufferings of the living. Dissection is not, in itself, the most agreeable occupation: it derives its interest from the disclosures which it makes of beneficent design in the human fabric, and the light which it throws on the ailments allotted to man. For these objects—the theme of philosophers, philanthropists, and divines—the student is now forced to toil by stealth, under disadvantages which render his task expensive, loathsome, and dangerous; even

so dangerous, that young men are known to fall victims, every season, to wounds received in dissection.

But, again, we are told, that the present bill is brought forward, "not so much, be it remembered, for the advancement of science, as that avaricious persons may fill their pockets, and pupils without number be turned forth upon the world with that flimsy smattering of knowledge, which, as far as practical utility is concerned, is often much nearer allied to ignorance than to any knowledge at all."

We pass by the monstrous absurdity of asserting that any kind of knowledge is more nearly allied to ignorance than to knowledge, (*i. e.* more nearly *allied* to something else than to *itself*), and come at once to that part of the quotation, which, however incorrect the sentiment may be, is at least sufficiently intelligible; the charge, namely, against the profession, of acting in this matter from "avaricious motives." At present there is a large number of well-educated medical men in Britain, either in actual practice, or candidates for it: they perceive that if the present system is allowed to continue, there will be great difficulty in those entering on their studies acquiring a competent knowledge of their profession; and they almost, with one voice, petition the legislature to remove these obstacles,—to what?—*not to their own education,* for that is completed—*not to their own practice,* for with that the question has nothing to do; but they pray the government to prevent them from being without any competent rivals—to prevent medicine and surgery from being a monopoly in the hands of the present race of practitioners.

This is the burthen of their prayer; and no man of common understanding can avoid perceiving that the greatest possible service which could be rendered to all the members of the medical profession now in Great Britain, would be to prevent the proposed bill from passing, by which there would be no risk of the rising generation ever being able to supplant them. What a singular perversion, then, it is of common sense, or common candour, to represent this question as one arising from "avaricious" motives on the part of the medical profession!

"This atrocious measure (says the same writer) has excited in the minds of the people feelings of unutterable disgust and abhorrence." This is not true. The people care very little about the bill, and would never think of it at all unless an attempt was thus made to inflame them, by speaking to their ignorance and their prejudices. We cannot follow this writer through all his elaborate misrepresentations, but there is one other point on which we shall just touch. He quotes, in proof of intelligent men having a dislike of dissection, the examples of Shakspeare and Dr. Parr: rather an odd combination, certainly. Now, as to the former, the opinion of a man flourishing in the days of Queen Bess is rather a far-fetched illustration of the feeling on the subject at the present moment; but the fact is, that Shakspeare does not say a word about the matter. When he directed to be put on his monument—

> "Blest be the man that spares these stones,
> And curst be he that moves my bones;"

it was manifestly in allusion to *exhumation*—an evil dwelt upon in all the petitions to parliament, and which it is one of the objects of the present bill to do away with. As to Dr. Parr, we cannot imagine how he is brought in any more than the other. He gave certain directions concerning his funeral, as many men do, but without a syllable about whether his body was or was not to be previously dissected.

It is high time that the public should be told the truth. The laws enforce

dissection as an indispensable part of the education of medical men — the public require it of them; they must, therefore, either tolerate it, or dispense with medical and surgical responsibility. If natural feelings are outraged by the mode in which a knowledge of anatomy is at present acquired, it is for the legislature and the public to provide a remedy. The profession have long called for one, and are, at this moment, with one voice, entreating parliament to adopt a plan which shall place their profession on the same footing as it is in other countries, or relieve them from obligations which, for inconsistency and oppression, have no parallel but in Egyptian exaction of old. Let us hear no more, then, of "natural feelings" against interfering with the dead; at least, not from such a quarter. We would beg to ask the Editor of the Herald, where the "natural feelings" of his friend Cobbett were when he dug up the bones of Thomas Paine?

PROFESSIONAL SKETCHES.

The gentleman who told the readers of the New Monthly Magazine that Mr. C. Bell's theory explained "the influence which the mind has over the body," and that Mr. Brodie had discovered that the circulation might go on "for many hours after the heart had wholly ceased to beat," has written several letters to prove his utter contempt of our strictures —one to the supposed Editor of this Journal (inserted in the Lancet), and one to ourselves. These we should not have noticed but for this circumstance, that of all kinds of literary dishonesty we most abhor a false quotation, and it appears that there is a typographical error in our article alluded to, which bears this interpretation. After speaking of the functions of the sympathetic nerve, we say, "Nor is this all—there is another provision *unconnected* with the nerves," &c.; whereas the words of the author are "*connected* with the nerves." That this was a mere error of the press is obvious from the context; besides, the absurdity of the passage depended in no degree on whether certain functions were or were not connected with the nerves, but upon attributing to Mr. Bell certain discoveries as old as Hippocrates.

We laughed at the author of the Sketches (who very properly terms himself a "poor harmless devil") for saying that the circulation could be kept up for many hours after the heart had ceased to beat, and this is the only point which he ventures to argue in his answer. For this purpose he quotes,— not from Mr. Brodie's own account of his experiments, but from Gregory's Practice of Physic, the following passage:—

"According to the statement *of persons worthy of credit, however, the action of this organ has been* RENEWED *by artificial respiration, after all marks of it had* WHOLLY *ceased;* and here it is probable that the left side of the heart, which could be no longer excited to contraction by venous blood, was stimulated by blood which had become arterial during this process. Mr. Brodie has shown that it will support circulation for many hours in small animals, even after the complete destruction of animal life by cutting off the head."

We could not have imagined so much ignorance as this defence exhibits. The former part of the quotation, which is printed exactly as above, proves that the action of the heart may be *renewed* by artificial respiration after it has ceased; so that the first step in restoring the circulation is the renewing that very action, independent of which the author asserted that the circulation might be carried on "for many hours"; being a position diametrically opposite to that which he intended to establish. The latter part of the quotation has no reference of any kind to the question at issue. It is a well-known fact that the circulation may be kept up for a time after the *heads* of certain animals have been cut off; but what has that to do with their *hearts?* In such experiments the heart continues to beat if respiration be carried on; and so long and no longer does the circulation remain.

To enter further upon the discussion with such an antagonist, would be to break a fly upon the wheel. It is really amusing to see a writer, who chooses to puff one set of men and to traduce another, himself so thin skinned as to cry out the moment he comes under

the lash of the critic, and silly enough to complain as an individual of ridicule thrown, not upon himself, but upon his *anonymous* lucubrations. He dares us to write such another article as our former one—we cannot, unless he gives us such another opportunity. It will be time enough to throw down the gauntlet when Mr. Campbell publishes any more of his Sketches; meanwhile we subjoin the "*reclamation*" which has been sent to us. By the by, the article in the Lancet is dated from Bath: this, we apprehend, must be a *mistake*—at least various letters which we have since heard were written to some of the subjects of these same "Sketches," and claiming the merit of the authorship, were dated nearer home.

To the Editor of the London Medical Gazette.

March 2, 1829.

Sir,

You have conferred a very great honour upon me by dedicating your leading article—your weekly *bonne bouche*—to the consideration of my papers in the New Monthly Magazine; and I feel grateful for your flattering testimony in favour of the interest and importance of the "Sketches," especially as it is my intention, by and by, to reprint them in a collected form, with numerous additions, and an especial inquiry into the conduct, motives, and abilities of the conductors of the medical press. Indeed I possess some curious and amusing information upon this momentous subject.

There is one "leetel" inconsistency in your article, which I would beg to point out to you, namely, the palpable absurdity of devoting so much of your valuable space to the consideration of so much "trash." The Editor of the Medical Gazette—the poor, sleepy, nerveless, marrowless, mawkish Medical Gazette—to talk of "trash!" Goodness! gracious! oh la!

I remain, Sir,
Your very obedient and
Obliged servant,

The Author of "Professional Sketches."

It then appears that this writer does not like the Gazette; we can readily believe it. "*Quand nôtre merite baisse, nôtre goût baisse aussi.*"

MARCH OF INTELLECT.

"A True Story."

A few days ago, as Mr. Earle was o-g ing round the wards at St. Bartholomew's Hospital, he was told that a person wished particularly to see him; and, immediately after, a butcher of prodigious dimensions made his appearance, and, accosting Mr. Earle, informed him that he had left his body for dissection at the hospital, and that he was anxious the circumstance should be known before-hand, that no impediment might be thrown in the way of his wishes being accomplished. Mr. Earle was evidently a little at a loss to know whether the communication was made in jest or earnest, and answered, "I should think, Sir, you will be as large a bequest as ever was made to St. Bartholomew's—in truth, as fat a legacy as we have ever had."—"Very like, very like," replied the butcher; "but I wish to do away the *wulgar* prejudice against cutting up people after they are dead, and I hope the thing will be done." Mr. Earle, seeing he was in sober earnest, asked if he had a wife, or friends, because they might not like it, and it was fair that their feelings should be consulted in so uncommon a display of his love of science? To which our fat friend replied, "As for that, I've tackled the old woman, Sir: I have left her, in my will, the choice of either my body or my money—if she likes to keep *me*, look ye, the *money* comes to the hospital; so there is little doubt which way it will go." Mr. Earle then begged that, if convenient, he would die in the winter, as, in a hot summer, it might be difficult to do justice to so "*extensive a subject*—but that, at all events, he should be made into a skeleton, and his name be honourably mentioned in the records of the Hospital." With which assurance the scientific butcher departed perfectly satisfied.

ANALYSIS OF WAKLEY'S SUBSCRIPTION.

To the Editor of the London Medical Gazette.

Sir,

Your readers will remember the melancholy termination of Wakley's former attempt at notoriety—*the public dinner*. The thing would not do—the public had no appetite for it, and so the

champion of reform sent his excuse; not that the guest was unwilling, but *mine host* was not forthcoming.

Let us now trace the progress of his next attempt to force himself upon the public notice. For a libel on the character of one of his professional brethren, a jury compelled him to pay 100l.; and the lawyers added to this their little bill of 545l. 3s. 6d. The friends of "surgical reform" and of "a free medical press," were respectfully invited, at a public meeting (J. Paty, Esq. in the chair), to defray this small charge, and four lists of subscribers have already appeared. Let us look at these, and try if we cannot find in them some of the "*signs of the times.*" Let us first inquire whose names are *not* there, and then whose names are there. It is with proud satisfaction I observe, that not one single name appears in the list to give it even the shadow of respectability. It is wonderful, indeed, how a man of the least *tact* should have ventured on such a measure. The names of Lawrence, of Wardrop, of Blundell, would have given some *eclat* to the thing, but the reader will seek *them* in vain. What is still more strange, we do not find even his staunch correspondents there: "Don Pedro" sends none of the produce of his mines—"A Blast from the North" is hushed at the sight of the begging petition—"Erinensis" contributes nothing but words—"God save the King" cannot part with a sovereign—and "A Twenty-Pounder," on this occasion, is not worth twenty shillings. But what will your readers say when they learn that his zealous friends, his *witnesses*, hold back their money? Even Mr. Partridge is not game—the potatoe-merchant gives him not the value of a potatoe—Mr. Lambert's part in the drama is not yet announced—Mr. Clapham keeps his sovereign in his pocket for his own law expenses—Mr. Joachim Gilbert finds other employment for his spare cash—and Mr. Paty's subscription is still in the back-ground. "Call you this backing your friends?"

Well, but to make up for this sad falling off in quarters where much might reasonably have been expected, whom have we? Your readers shall hear. First and foremost we have "*A Friend to the Poor, 50l.*"—I suppose that means a friend to poor Wakley; for a *friend* to the poor at Guy's Hospital would have disposed of his money otherwise. A few nameless persons are set down for 10l. and then there comes a host of minor sums, for which all possible combinations of letters have been provided—as, for instance, F. S. 1l.; Z. ditto; F. W. ditto; M. D. ditto; J. P. ditto; G. R. ditto; F. W. R. 1l. 1s.; H. K. 10s.; H. ditto; P. L. ditto; J. T. T. 5s.; J. R. ditto, &c. &c. Next, to vary the scene, we have "A Surgeon" and "A Country Surgeon," "A Friend" and "An Old Friend," "A Quaker," and "A Correspondent," "A Pupil" and "Another Pupil," all subscribing (or said to subscribe) various sums from 5l. to 5s. The next class of contributors comprise the wits of Mr. Wakley's acquaintance: they form a small but highly-amusing body. The following is a specimen taken at random—we cannot go wrong:—"Pollard's Ghost, 1l." (an honest ghost that); "Anti-Gang, 10s.;" "A hater of Bats, 1l.;" "A Surgeon, but no Bat, 1l. 1s." Next come a few conscientious folks, who subscribe, and conceal their names evidently from sheer modesty: take, for instance, "Humanitas, 10s.;" "Another Friend to the Poor, 1l. 1s.;" "Well-wisher, ditto;" "Mite of a Medical Pupil, 5s.;" "A Friend's Mite, 5s.;" "*A Lady*, 2l. 2s."

Of such materials is the subscription to defray Wakley's law expenses mainly composed. A few real names (we suppose) do appear, but very few addresses. We have Mr. Harrison, and Mr. Rogers, and Mr. Pidduck, and Mr. Jenkins—a most convenient class of contributors, as no one can tell who, what, or where they are. In the name of reason, why should Wakley's friends thus conceal themselves: are they *afraid* of the exposure, or *ashamed* of the connexion? There is one shrewd fellow amongst them, whose *nom de guerre*, I think, is a clue to the mystery. He thus announces himself—"*One who dares not give his name*," 1l. And why?—because he has sense enough to see and to feel that the bubble has burst; that the eyes of the profession and of the public are open; that the wretched arts by which the Lancet rose into notice are exposed; and that men are no longer to be humbugged by the dramatic sketches of Mr. Wakley's *soi disant* hospital reporters, nor by the criticisms of the worthy editor himself.

Does Wakley think so meanly of the understandings of his readers as to persuade himself they will be gulled by this display of pretended subscribers? Does he fancy that any one credits the story of 50l. from a Friend to the Poor; or of that sum having been really received from all his nominal subscribers put together? Does he actually intend to carry on the farce until he has got his sum total of 645l. 3s. 6d.? If he does, then is he more besotted than even I expected. Let him, for once, take advice, and drop the subscription, unless he can get a few really respectable names to grace the list. Mr Skemp may be a very good man in his way, but he will not prop the waning fortunes of the Lancet. No, nor Mr. Dennis Fitzpatrick, nor Mr. Lewis Pilton, even with the able help of Mr. John M'Michael, backed as he is by Mr. Brewster, Mr. Hoskins, and Mr. Foster!

John Bull is gullible enough in all conscience, and the medical profession are not free from this besetting national sin: but there is a point to stop at. Four lists are amply sufficient to prove Wakley's skill in the art of nomenclature; and, besides, advertisement duty is heavy, and I should be really grieved if he was out of pocket by it.

Yours, EXPOSITOR.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

March 14, 1829.

DR. JAMES SOMERVILLE IN THE CHAIR.

A PAPER by Dr. Dods was read, which we have given in the preceding part of the present number.

In answer to questions put by the President, Dr. Dods replied that the wages of the tanners in Bermondsey averaged about fifteen shillings a week; that their occupation was laborious; that they were much exposed to atmospheric vicissitudes; and by no means sober, at least in that place. Of the fatal cases of consumption detailed in the paper, one shewed considerable disease of the liver, and the second was supposed to be a similar case, though no dissection was performed to prove it.

MR. EVANS RIADORE had for four or five years attended a considerable number of tanners, and in consequence of the vulgar notion that prevailed, had known consumptive people resort to tan-yards, and females take up a residence in the neighbourhood. Out of all these persons, however, Mr. Riadore never saw one receive benefit; indeed, he considered it a parallel prejudice with that which leads people in consumption to resort to cow-houses.

MR. BINGHAM observed, that it was well known that men who pass much time amongst putrid animal substances are particularly exempt from phthisis pulmonalis. Catgut makers, butchers, slaughtermen, glue manufacturers, &c. are examples; and tanners are placed under similar circumstances, for they receive the raw and recent hides, and considerable decomposition of acidulous matter takes place in the tan-yard, the odour of which is peculiar and highly offensive. Mr. Bingham alluded to the report concerning the remarkable healthiness and freedom from consumption of the knackers of Paris and their families; and cited them as furnishing a case in point with respect to cow-houses. Mr. B. mentioned that a medical gentleman of his acquaintance converted his cellar into one, and allowed the odours, not exactly

"Spicy gales from Araby the blest,"

to be wafted thence through a grating into the parlour where his family, who were consumptive, sat.

MR. HUNT conceived, that individuals following a certain occupation might be greatly exempted from a disease, although that occupation would fail to cure the very same disease when it had begun. He put it as a question to Dr. Dods, whether he believed that the aroma prevented the formation of tubercles in the lungs, or arrested their progress when formed?

DR. JAMES JOHNSON remarked, that theorists are notoriously quick at finding facts which are for their views, and equally obtuse in discovering those which are against them. Without meaning to apply any censure to Dr. Dods, whom he complimented highly, he regretted that such was human nature. Dr. Dods had stated, that out of 700 tanners the annual average of deaths should be five, and out of those five that three should die of phthisis pulmonalis. Dr. J. however, had never known the deaths from consumption computed at

a higher rate than one in four and a half, or five; and therefore considers Dr. Dods' statement as much overcharged. Certain professions are very well known to predispose to consumption, as cotton weaving, needle manufacturing, &c.; whilst other classes of persons, as fishermen, &c. are remarkably free from it. It is the general mode of life, rather than this or that item in it, which determines the particular exemption in question. Thus, fishermen are constantly exposed to the atmosphere, and are steeled by that exposure against the influence of its changes; whilst persons cooped up in a crowded room will be constantly liable, on slight application of cold, to catarrh. Dr. Johnson, however, did not deny that astringent matter floating in the atmosphere might act favourably on ulcers in the lungs; and that this, conjoined with the necessary exposure to the open air, might occasionally prove beneficial. The case of recovery from consumption, related by Dr. Dods, was unsatisfactory, because, from the want of physical signs, no one could pronounce it to have been one of genuine phthisis.

Dr. Milligan believed that the exemption of tanners depends on their general mode of life and exercise in the open air, conjoined, perhaps, with a certain tonic effect of the bark.

Dr. Stewart was of opinion that several principles were involved in the question. First of all there was the exposure to a particular aroma; secondly, the action of putrescent animal matter; thirdly, the low situation of the tan-yard, for, it is said, that where intermittents prevail, consumption is, *cæteris paribus*, rare; and lastly, there was the general mode of life, combined with these, in his opinion the most efficient cause of all. Dr. S. did not consider with Dr. Dods that the essential part of the tanner's operation, as a preservative against phthisis, consisted in the mere aroma disengaged.

Mr. Green related the case of a young lady of a consumptive family, on whom the air of the tan-yard seemed to produce good effects.

Mr. Burnett remarked, that the naked fact of so many remedies having been brought forward for the cure of consumption proved, that none was of any great value. The tar vapour, the inhalation of the effluvia from putrifying animal substances, tanning, &c. were each in their turn lauded by their authors. With regard to a popular belief being taken as the test of value in a medicine, Mr. Burnett stated that in some parts of the country a fungus, growing from the bark of the oak was thought to cure consumption, but yet there were few, he should think, who, on that account, would deem it a specific.

Dr. Dods maintained that the vicinity of tan-yards was notoriously healthy. At the time that the case of consumption cured or relieved by this air, and detailed in his paper, occurred, the stethoscope was not in general use, and consequently there were no means of ascertaining the physical signs of the disease, though the usual symptoms of phthisis were present. As for the ageney of putrid animal matters, the tanners of Bermondsey were divided into two distinct parties, one receiving the recent hides, and the other working in different yards, the latter of whom were the healthiest. Butchers, too, undoubtedly die occasionally of consumption. Those families of tanners which live *in* the yards, Dr. Dods has never known to be consumptive. A gentleman of consumptive habits, of Dr. D.'s acquaintance, is never free from phthisical symptoms except when in the air of a tan-yard, and is always kept in it on that account by his friends. The lowness of situation cannot, in Dr. D.'s opinion, be ranked as an efficient cause; for the coal-meters of Bermondsey, who are placed under similar circumstances in that way, are extremely subject to the disease. In answer to a question from Dr. Gregory, Dr. Dods stated that he had not applied to the stewards of the benefit societies on the subject, but had his information respecting the immunity of tanners from phthisis, from what he considered even better authority, the resident medical men. Whether the aroma of bark employed in the manner he recommended should prove of the same service as the air of a tan-yard, he could not pretend to affirm, and sincerely wished to prove.

Some other interesting remarks were made in the course of the evening, but the above were those which related more particularly to the question under discussion.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

OBSERVATIONS ON THE CHEMICAL NATURE OF URINARY CONCRETIONS,

Particularly of those contained in the collection belonging to the Norfolk and Norwich Hospital.

By John Yelloly, M.D. F.R.S.

The account given by the author of his examination of the urinary calculi contained in the Norwich collection, the total number of which is 649, relates more particularly to those which have been either purposely divided, or accidentally broken in the extraction, and which amount altogether to about 330. He gives a tabular view of the results of his analyses of these calculi, and states, in the order of their occurrence from the centre, the consecutive deposits of the different materials of which they are composed. About one-half of the specimens consist only of one description of substance, and the remainder are formed of alternating layers, more or less numerous, of most of the substances which enter into the composition of human urinary calculi. The distinction between the lithic acid and lithate of ammonia, though generally recognised abroad, was scarcely attended to in this country, until noticed by Dr. Prout. The lithic calculi form, as is usual, the most numerous class of concretions in the Norwich collection, where they amount to nearly a third of the whole number; and if the number of those containing either lithic acid or lithate of ammonia as a nucleus, be taken into account, it will appear, as already observed by Dr. Prout, that not less than two-thirds of all urinary calculi either consist of the lithates, or have those substances as their nuclei; whence it may be inferred, that a large proportion of them probably owe their existence to the previous formation of such a nucleus. The deposition of the phosphates is not followed by that of the other materials. The oxalate of lime is the only substance entering into the composition of urinary calculi, which is ever found in the form of distinct and specific crystallization; and it then forms what is called the mulberry calculus. The author is led from his observations, to suspect that carbonate of lime, although rarely found in a separate form in calculi, is not an unfrequent concomitant of phosphate of lime. With the assistance of Dr. Prout and Mr. Faraday, he ascertained the presence of carbonate of lime in some of the specimens which were not previously supposed to contain it. This result was also confirmed by the analyses of several specimens of calculi from the collection in the Hunterian Museum, and also from the Museum of Guy's Hospital, which he was permitted to examine.

The author is in hopes of being able to make some additions to this communication, if he can obtain permission to divide some of the remaining calculi in the Norwich collection, so as to give to the Society the result of the whole analysis.—*Philosophical Magazine.*

ON THE LIMITS OF THE PULSE IN THE ARTERIES OF THE HUMAN BODY.

By Lacon Wm. Lamb, M.D.; communicated by Dr. Roget, Sec. R.S.

The limitation of the pulse to a certain portion of the vascular system, has been usually ascribed to the dilatation of the arteries consequent upon the systole of the heart. If a fluid be injected into an elastic tube, part of the fluid will move forwards in the direction of the canal, while another part will remain to distend the tube, being detained by the various causes of retardation to its passage. If the injection intermit, the detaining force, bearing always a fixed relation to the velocity, will intermit also, and the fluid that remains will now be pressed forwards by the elastic parietes of the tube; it is, however, opposed in its turn by a resistance proportional to its velocity, and consequently a permanent tension is maintained throughout the vessel. The fluid which remains during the injection increases with the length of the tube, for the resistance increases with that ratio; hence the velocity due to the injection must diminish, and that generated during the intermission must increase, as we increase the length of the canal. These velocities tending to equality will ultimately become equal, provided the tube be of sufficient length, and the result will be an uniform mean velocity.

The principles now stated are considered by the author as strictly applicable to the circulation of the blood, which receives intermitting impulses from the action of the heart; hence arise inequa-

lities of pressure, and variations of velocity, producing that succession of dilatations of the vessels which is termed *pulsation*. The author then enters into a mathematical investigation of the length necessary in given vessels to equalize the velocities and the pressures, and endeavours to show that the point of equality determined from these data, lies within the limits of the arterial system. The calculations are founded on the assumption, that in arteries of different sizes the perpendicular pressure on their walls varies as the area of their section, and that the time of the heart's systole is nearly the half of the whole time of a pulsation; and upon the formula given by Dr. Young, in the Philosophical Transactions for 1808, for estimating the friction of fluids moving in pipes: in the application of that formula the mean dimensions of the circulating vessels are assumed as in Dr. Young's Croonian Lecture, published in 1809. He thus arrives at the conclusion — that the motion of the blood becomes uniform at the 26th division of the arteries, reckoned from the aorta; and that at this point the pressure, as measured by the corresponding heights, is reduced from 90 to 80 inches.

As there are cases on record of universal venous pulsation, the author pursues the inquiry into the mechanical conditions which tend to favour the production of this effect; and also applies the results of the analysis to the explanation of the throbbing, or extension of the pulse into parts where, in a state of health, it is not met with, which accompanies phlegmonous inflammation.—*Ibid.*

EXTIRPATION OF THE LACHRYMAL GLAND.

A late number of a French journal* contains an account of some cases of extirpation of the lachrymal gland, by MM. Daviel and Guerin, performed many years ago, but which do not appear to have been published till now.

Case I.—L. S. a peasant, 63 years of age, consulted M. Daviel, August 11, 1741. He stated that eleven years before he had received a blow on the upper part of the right orbit, for which fomentations and other remedies were employed; notwithstanding which the eye is represented as having projected from the orbit so as to produce considerable deformity, and to impede its functions, in which state it continued for eleven years. On careful examination M. Daviel discovered a fistulous opening, about a line in width, which penetrated the orbit. By introducing a stilette, an extremely hard body was felt between the globe of the eye and the bone, which was likewise discovered to be carious at the upper part of the orbit. The following operation was performed:—A director was introduced into the sinus, and an incision made with a bistoury moderately bent, extending from the small angle till within a line and a half of the great one. By this incision the ball of the eye was exposed, and the caries of the orbit seen, and several pieces of it removed. Nearly an ounce of grumous matter escaped, which had been contained in a strong cyst, and which, as well as the lachrymal gland, was removed. This last was nearly as large as a pigeon's egg. A small fatty tumor was also removed from the small angle; after which the eye was easily restored to its natural situation; and squinting, which had been present before the operation, disappeared. The wound was simply dressed, except that little dossils of charpie dipped in tincture of myrrh and aloes were applied to those points of bone which were exposed. In less than a month the patient was radically cured; the eye being as moist as the other, and capable of weeping, as if the lachrymal gland had been present.

Case II.—Madlle. C. G. aged 18, had suffered from considerable swelling at the upper part of the ball of both eyes for nearly a year. The eyelids appeared œdematous, and the conjunctiva injected: the left eye was much more affected than the other. The disease produced considerable pain, and much inconvenience. On the 1st August, 1745, the following operation was performed:—A vertical plait was made on the upper eyelid, which was divided along with the orbicular muscle and the membrane which attaches the eye to the orbit. A grooved director was then introduced into the incision, which was prolonged to the small angle of the eye by a curved bistoury. A fatty encysted tumor presented itself, in removing which it was found to be attached to the lachrymal gland. This was altered

* Journal de Médecine Pratique, &c. Bordeaux. Janvier 1829.

in structure, and was therefore extirpated. The same operation was performed on the left eye. Two points of suture were applied in each eyelid, and the patient entirely cured in ten days, the eyes being moist and capable of weeping, as in the former instance.

Case III.—M. D. aged 50, consulted M. Daviel, 7th March, 1752, on account of a tumor which had appeared on both eyes about a year a half before. The complaint had come on with great itching of the eyes, particularly the right, the upper lid of which had swelled immediately after he had been bled in the arm. A little tumor was perceived, which gradually increased, and pushed the eye towards the cheek: it seemed to penetrate deeply into the orbit, to the upper part of which, as well as to the ball of the eye, it was attached. The tumor was livid, loaded with varicose vessels; its surface unequal, and projecting nearly an inch from the orbit. The patient suffered from pain in the head, and vision was disturbed. He was seen by MM. Bonow, physician to the king of Poland, and Sue, professor of anatomy, who looked upon the case as very formidable; but M. Daviel, encouraged by his two former cases, gave a favourable prognosis, and performed an operation similar to those above described. A large quantity of fat was removed along with the lachrymal glands, which were scirrhus, and of the size of very large olives. The eyes returned into the orbits. General bloodletting, and various local remedies, were required, and the wounds twice opened to give vent to matter formed within them. In a fortnight the patient was cured, and the functions of the eyes restored as completely as in the preceding cases.

In a future number the cases of M. Guerin are promised.—*Lancette Franç.*

LIGATURE OF THE SPERMATIC ARTERIES IN A CASE OF IMMENSE VARICOCELE.

A Greek, about thirty years of age, had attained his fifteenth year when, without any obvious cause, a tumor made its appearance on the right side of the scrotum: at first it produced little inconvenience, but soon it began to impede his walking, and afterwards became painful. Several surgeons at Vienna had been consulted, but they had only recommended emollients topically, and rest. Last October he consulted M. Amussat: at this time the tumor was as large as a child's head at birth, and was so inconvenient that the patient was obliged to have it supported when he walked.

M. Amussat was of opinion that the only prospect of success depended upon producing wasting of the testicle by tying the arteries. The parts were divided as in the operation for inguinal hernia, and the arteries separated, not without difficulty, from the surrounding parts, owing to their being very small, and the veins very large. Several ligatures were applied. The operation was followed by reaction, requiring general bleeding, and rigorous diet. On the 5th some matter formed, and a few days after shreds of sloughy cellular membrane came away, and an abscess formed, which discharged a good deal of pus. The parts healed slowly, but the object of the operation was gained: the testicle wasted, and the varicose veins were converted into hard cords. The ligature of the spermatic arteries has been performed by M. Maunoir for diseases of the testicle, but it ought not to be rashly attempted, as it is neither free from difficulty nor danger.—*La Clinique.*

PSORIASIS CURED WITH ARSENIC.

A case of inveterate *psoriasis*, of many years standing, is reported in a late number of the *Journal Hebdomadaire*, as cured by Fowler's solution, in doses of four drops gradually increased to twelve. The cure only required twenty-six days for its accomplishment: no constitutional effects were perceived, but the patches of the eruption became hotter and more active; the larger scales broke and fell off, leaving the skin red beneath, which continued for a short time to disquamate, the scales being thinner each time.

NUMBER OF PATIENTS IN THE PARIS HOSPITALS.

The usual number of beds in the Hotel Dieu, at Paris, is about 900; that in La Pitié 500. During the present season the severity of the weather and the variations of temperature have produced an increase of patients, so that at present there are in the Hotel Dieu 1124, and in La Pitié 700. At the former there are no fewer than 823 *medical* cases, and only seven physicians, a number greatly too small for such a charge.—*La Clinique.*

HOSPITAL REPORTS.

GLASGOW ROYAL INFIRMARY.

Affections of the Chest succeeding Operations and Injuries.

[Continued from last Number, p. 493.]

III.—James M'Cormick, æt. 14, calenderer, was admitted Nov. 14th, having had his left arm dreadfully lacerated by machinery. From near the middle of the humerus to within three inches of the wrist, the skin was torn from the fascia for the greater part of the circumference of the arm. The muscles of the fore arm were in some parts bruised, lacerated, and separated from each other, and the bone exposed. Bleeding was profuse. It being determined to try to save the limb, the edges of the wound were brought together by stitches and adhesive plaister, and a bandage applied. In two days symptoms of gangrene appeared in the limb, and after an ineffectual attempt to arrest its progress, amputation was performed on the 21st. The patient did well till the 3d December, when he had slight rigors. A trifling cough was observed, which he had had, he said, since admission. On the 5th he had severe rigors, with pain of the left hypochondrium, aggravated by cough, deep inspiration, and pressure. On the 8th he still had pain of thorax (none on the right side), cough, and quick respiration. P. 120, feeble. He died on the 13th. On the first detection of disease of the lungs, blisters were applied first to the one and then to the other side of the thorax, and with partial relief. Calomel and opium were also prescribed; but the boy's strength was so exceedingly exhausted that more active treatment was impracticable.

Inspection.—Eight ounces of sero-purulent fluid were found in each side of the thoracic cavity. The pleura over posterior part of lungs was covered with a thin layer of lymph. Nearly a half of each lung was consolidated. On cutting into them, they presented numerous depositions of lymph, in some places circumscribed, in others gradually passing into a perfectly sound structure.

IV.—David Jenkins, mason, æt. 20, Nov. 29th. The wheel of a heavy waggon passed over his arm, and about three hours after the accident he was brought to the hospital. The left arm and fore arm are greatly swollen, and tense from effused blood. Blood flows profusely from two wounds, each half an inch in length, one over inner condyle of humerus, the other two inches below elbow joint, on radial side of fore arm. The hand is cold and benumbed; no pulsation is felt at the wrist. Inner condyle of humerus is fractured, and the elbow joint laid open. The upper extremity of the radius and the external condyle of the humerus are comminuted. His previous health good. The arm was amputated that evening by the double-flap operation*.

Dec. 11th.—Dressings removed; flaps not adhered. Discharge healthy, and parts look well. Bowels open.

13th.—Slight rigors, followed by feverishness.

14th.—Complained of tenderness of epigastrium; relieved by leeches.

15th.—Tongue white. Bowels open, but stools dark. Pulse 112. Stump doing well. To have grs. vj. of calomel, and, if necessary, in the evening, a purging enema.

16th.—At 2 o'clock this morning bleeding from the stump took place, to the extent of ℥iij.; easily stopped by pressure. Has had no rigors since the 13th, and complains of no pain. Tongue white, and dry. No appetite. Thirst considerable. Pulse 130. Bowels freely opened by medicine. Stools dark.

17th.—Complains of slight pain on pressing epigastrium, and occasionally vomits greenish bitter matter. Slight delirium. Had leeches over epigastrium. In the afternoon he became so violent as to require restraint to keep him in bed. He was somewhat quieted by an anodyne, and at 6 p.m. answered questions distinctly, and said he felt comfortable. Abdomen tense and tympanitic. Epigastrium tender on pressure. At half-past 6 he complained of faintness, vomited a quantity of dark-coloured matter, and almost immediately expired.

Inspection.—Pleura covering lower part of right lung was covered with coagulable lymph. The inferior lobe of right lung was dense, though still slightly crepitous. On a section being made of it, it was found in a state of purulent infiltration. The pericardium contained ℥iss. of serous fluid. The blood-vessels of the brain were distended, and effusion was found between the pia mater and arachnoid, and also in the ventricles. No other marks of disease were observed.

The first and second of these cases were treated by Mr. Cowen, the other two by Dr. John Couper.

[We would recommend our intelligent correspondent at Glasgow, in the event of such cases occurring again, to examine the state of the veins *at the seat of the original injury*.—Ed. G.]

ST. THOMAS'S HOSPITAL.

Calculus—Hour-glass Contraction of the Bladder.

W. H. æt. 14, was lately admitted under Mr. Tyrrell.

Had been subject to the usual symptoms of stone in the bladder from infancy. Had

* The double-flap has been the favourite operation at this infirmary for some years. The circular incision has been performed two or three times this winter; but as far as the present writer has had an opportunity of observing, the double-flap deserves a preference.

passed three small calculi, not larger than a pea, from the urethra.

Mr. Tyrrell attempted to sound him, but found the instrument impeded by a stricture situated near the neck of the bladder, and which no sound would pass. This was gradually dilated by bougies, and when the opening was sufficiently large to admit a sound, it was introduced into the bladder by Mr. Tyrrell in the presence of Mr. Travers and Mr. Green.

Instead of a stone, a ridge, extending across the posterior surface of the bladder, was felt by each of the surgeons. Mr. Green, in withdrawing the instrument, felt the stone.

On Feb. 20th, Mr. Tyrrell performed the operation with his usual instrument, a long narrow-beaked knife. The stone had previously been felt by several. After cutting into the bladder, the operator found that he had opened a cavity seated behind the prostate gland, and that from this a small aperture led into another cavity, which contained the stone. In other words, there was an hour-glass contraction of the bladder, and the stone was in the posterior and superior cavity. As the stone was large and very highly polished, it was in this state of the parts very difficult to seize it, and when seized, to retain and extract it. In consequence, the operation was a difficult one. It was, however, completed with perfect success; and the patient up to the 8th March, has not had a bad symptom.

Mr. Tyrrell, in a clinical lecture on lithotomy, made some observations on the remarkable success which, during the last ten or twelve years, has attended that operation at St. Thomas's Hospital.

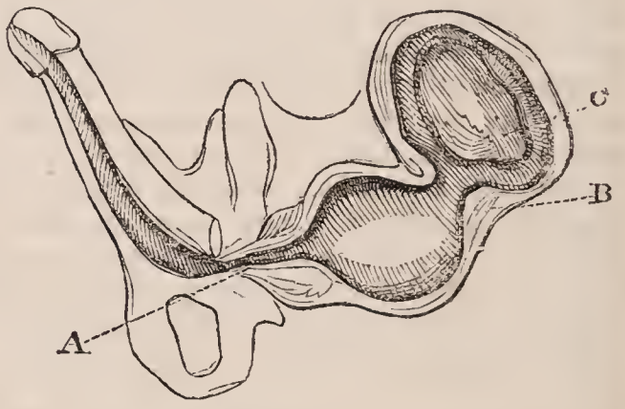
In that period he believed that nearly a hundred operations for stone had been performed in the hospital, and that out of that number only three deaths had occurred. Since he had been surgeon to the hospital, a period of six or seven years, he had lost only 1 out of 23 or 24 on whom he had operated, and that one by erysipelas, which had existed in the ward previously unknown to himself. Mr. Green had cut at least double the number, and had lost two; and Mr. Travers, who had performed the operation about half the number of times that he himself had, in the same period, had not lost a patient. These together made a total of more than 80; and he was convinced that in the three or four years previous, a sufficient number had been cut to make the amount a hundred.

This remarkable success was mainly to be attributed to the treatment of the patients before and after the operation. They were always placed in the same ward, under the care of a "sister" who had long had experience in the treatment of these cases, and who could ascertain and inform the surgeon of any unfavourable circumstance which might render the operation improper, and who, after the operation, could instantly give the alarm on the occurrence of any unpleasant symptom.

Perhaps it is not be going too far to add, that to the sagacity and attention of the sister a great part of the success may be attributed.

Mr. Tyrrell also gave his reasons for employing the beaked knife. He had performed the operation on the dead subject a great number of times, and with every instrument which he could obtain; and he found that with the knife he made the most satisfactory section of the prostate gland.

It is necessary to add, that, of Mr. Green's two fatal cases, one is recorded in the present report, and the other was that of a man with very diseased bladder, whom Mr. Green had twice before cut for stone, a record of which is also to be found in our pages. G.



This sketch is intended to give the student an idea of the state of the parts in hour-glass contraction; but the woodcut is not well executed.

A, the neck of the bladder.
B, the point of contraction.
C, the Stone.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Lithotomy—Large Calculus—Death.

On Thursday, the 12th, Mr. Lawrence operated for the stone on a very corpulent man, between 50 and 60 years of age, who had suffered from symptoms of calculus for about three years. He was an unhealthy subject, with a very bloated appearance, and his pulse intermitted.

A very free incision was made in the perineum, and the neck of the bladder and prostate completely divided. Considerable difficulty was experienced in grasping the stone in the blades of the forceps, apparently in consequence of its being very closely enveloped by the bladder. The stone appeared lodged above the pubes. Great force was required to extract it, and the forceps twice slipped. At length it was removed, and exhibited rather a singular appearance, having a curious nipple-like process at its extremity, which was partially covered with loose portions of the mucous lining of the bladder. The stone was oval shaped, very large, and weighed four ounces seven drachms. Symp-

toms of peritonitis came on the following day, with constant vomiting; and we regret to say, that notwithstanding the most judicious remedies, the patient died on the Saturday morning.

On examination, an extensive effusion of blood, and of a turbid fluid, was found between the lower part of the abdominal muscles, and the loose cellular texture connecting them to the peritoneum. Very firm, old adhesions, existed between the small intestines and the bladder. All the parts in the tract of the wound bore evidence of the force that had been required to extract the stone. The peritoneal inflammation had not advanced far, the effusion within the abdomen being slight. No disease was found in the heart to account for the irregular pulse.

It was remarked that it would have been impossible to have performed the high operation, in consequence of the enormous depth of fat.

BALTIMORE INFIRMARY.

Paralysis—Subluxation and Fracture of one of the Cervical Vertebræ.

Priscilla Hilton was admitted into the Baltimore Alms-House, November 14, 1827, with nearly total paralysis of both superior and inferior extremities. The history obtained of the case was as follows:—

A week previous to admission, the patient had fallen down a long flight of stairs, striking, as was supposed, on the back of her neck. The accident was not immediately discovered, and the young woman lay for some time insensible. When found by the family, her consciousness had returned, but she was unable to rise, or to use any of her limbs. From that time the paralysis continued, as when admitted in the Alms-House, nearly total.

In connexion with the general paralysis existing when this patient was admitted, there was a tumid tense state of the abdomen, resembling tympanitis. The bowels were torpid, not having acted since the injury but from medicinal excitement; the flow of urine free, but altogether involuntary; pulse slow and soft, heat natural, respiration unembarrassed, senses perfect, no pain, but tenderness of the abdomen. On examining the neck of the patient, there was some degree of swelling, and great sensibility to pressure. The head was turned and fixed so as to direct the face somewhat to the left side, and all attempts to restore its natural position gave pain, and was resisted by the patient. She preferred being placed on the right side. Diagnosis: subluxation, and probably fracture of the fifth or sixth cervical vertebra.

After this patient had been a day or two in the infirmary, she was observed to sleep naturally for some hours at a time, but was liable to be aroused by spasmodic attacks, and was once or twice affected by convulsive muscular action so violent as to throw her out of bed. She had little appetite, and it was found that efforts to vomit generally ensued a few hours after eating; the egesta commonly green and fœtid. On the third day after her admission the tendency to vomiting became greater; every thing swallowed was soon rejected, and stercoraceous matter in considerable quantity became at last mingled with other substances thrown off by the stomach. The attempts to procure intestinal evacuations by the usual cathartics, with enemata, having failed, croton oil was ordered, in combination with tinct. rhei and ol. ricini.

℞ Ol. Croton. gutt. ij. Tinct. Rhei. ʒiv. Ol. Ricini ℥j. ft. mist. ʒiij. om. horâ donec alvus movetur sumendus.

The first dose suppressed the vomiting; the second procured two or three sufficient alvine movements. The vomiting did not again occur, and the tympanitic state of the abdomen relaxed very much; but the patient manifested an increased state of prostration, and notwithstanding the liberal use of cordials, gradually sunk, and expired on the following day, the fourth after admission. The mental functions continued free from disorder to the last moment.

A careful dissection disclosed the following circumstances. The entire cervical, and part of the dorsal spine, was cautiously exposed, and the vertebræ freed from muscular matter. It was then obvious that there existed partial dislocation, with fracture, at the junction of the fifth and sixth cervical vertebræ. The inferior anterior margin of the fifth cervical vertebra projected four or five lines in advance of the margin and body of the sixth vertebra. The ligament of the left transverse process of the fifth vertebra was torn up, the articular surface exposed, and the process itself dislocated, and partially separated from the body of the vertebra by fracture. The whole cervical column, above the point of injury, was turned or twisted from right to left, so as to present the range or line of its spinous processes, considerably to the right of the line of the same processes in the column below. Hence the turn of the head and left aspect of the face, noticed as existing when the patient was admitted. The theca spinalis was surrounded, (the vertebra canal filled,) some distance above and below the point of injury, with semifluid grumous blood. The three lower cervical and first dorsal nerves at their exit between the vertebræ were covered and deeply coloured by the same bloody effusion, and the ligament around the injured articulation stained and blackened by the same matter.

The history of the preceding case, with the facts disclosed by dissection, serves to

illustrate some of the doctrines of the nervous functions predicated on physiological anatomy, and concurs with the pathological data inculcated by eminent modern surgeons, in reference to injuries of the spinal column, more especially in regard to injuries of the cervical spine, as determined in their nature and effects by the particular point and location of such injury. In the case above recited, the lesion occurred between the fifth and sixth vertebræ, and voluntary motion was almost wholly extinguished in all the muscles supplied by nerves communicating with the spinal marrow below the point of injury. But respiration was not seriously impaired, indeed not sensibly embarrassed, because the nerves holding dominion over the more important respiratory apparatus were not directly involved in the injury, deriving their origin above the seat of lesion. Hence the protraction of life for many days, although the accident was fatal in its nature, chiefly perhaps from its influence upon the gastric and alimentary functions.

There were some peculiarities in the present instance, or a few circumstances not analogous to the phenomena described as usually attendant on cases of similar injury. Some distinguished surgeons mention retention of urine as among the consequences of injury of the dorsal and cervical spine. The opposite state existed in the subject of the preceding account; the urine flowed continually and involuntarily. This incontinence has been found to occur frequently in females under circumstances which usually produce retention of urine in males, a result probably caused by the difference in the relative structure and connexions of the urethra. Surgeons also (Mr. Cooper and others) represent involuntary intestinal evacuations as attendant on injuries of the spinal cord. Obstinate constipation, scarcely to be overcome by the most powerful purgatives, attended every period of the case above reported. There existed also in this case more faculty of sensation in the parts below the injury, than is common, according to surgical authority, in such lesions. The sensibility of some parts, the trunk especially, was preternaturally great, instead of the torpor and insensibility generally described.

Writers on injuries involving the spinal marrow, speak of a considerable degree of tympanitic affection of the abdomen resulting from such violation, attributing the effect to torpor of the gastro-enteritic functions, from defective nervous excitement. Probably, irritation through the ganglionic system of nerves, may be concerned in producing the effect in question. It has been already noticed that the subject of the foregoing history was apparently tympanitic, the abdomen being prominent and tense. The tension lessened a good deal after the full operation of a cathartic, but the enlargement of the abdomen was not sensibly diminished. The continuance of the latter state was explained by dissection. While cutting out the cervical with part of the dorsal spine, it was observed that when the cavity of the thorax was penetrated, a thin serous fluid flowed out of the chest in great quantity, far more than is ever naturally present in that cavity, or accumulated by mere infiltration or transudation after death. On opening the abdomen afterwards, it was found filled with water containing as much fluid as is usually present in the mature state of abdominal dropsy.

Here then was hydrothorax and ascites apparently produced by injury of the cervical spine, and so rapidly produced as to have been matured in a few days. The effusion would appear to have been strictly the consequence of the spinal injury, because the subject seemed to have been, and reported herself to have been in good health at the time of the accident. How shall this phenomenon be solved? Is it to be considered as the result of the violent shock communicated to the system, embarrassing the natural functions, and determined more particularly on the capillary series of circulation and transmission, or shall it be regarded as the consequence of irritation suddenly devolved on the serous tissues of the abdomen and thorax, analogous to that subinflammatory diathesis in those textures which commonly gives occasion to hydropic effusion?

The abdominal viscera in this subject were generally in a natural state, with the following exception. The coats of the bladder were very much thickened, particularly where the peritoneum is reflected over the fundus vesicæ. Besides the morbid density of the coats and peritoneal covering of the bladder, numerous patches of quite black matter, of considerable surface and thickness, were deposited upon both the bladder and its peritoneal covering: those deposits were of various extent, and appeared of recent formation. Many spots or patches of the same melanose substance, were observed on the colon and mesentery.—*American Jour. Med. Sciences*, No. 5.

ERRATA.

Page 469, in the note to Dr. Latham's paper, *for* "most common," *read* "least common."

Page 482, *for* "one of the gentlemen whose name is prefixed," *read* "whose names are prefixed."

In our last number, in our account of Mr. Gaskell's observations on Ergot, we stated that labour was completed in "fifteen hours" after its exhibition. This was a typographical error in the Medical and Surgical Journal, from which we copied it—it ought to have been "fifteen minutes."

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MARCH 28, 1829.

PATHOLOGICAL ESSAYS ON SOME DISEASES OF THE HEART;

Being the Substance of Lectures delivered before the College of Physicians,

By P. Mere Latham, M.D.

Physician to St. Bartholomew's Hospital.

ESSAY VII. *concluded from p. 470.*

Causes exterior to the Heart capable of producing its Disorganization.

Writers, systematic writers especially, inform us, that enlargements of the heart are often capable of being traced to some previous inflammation of other organs of the body; not in consequence of disease having actually befallen the heart while inflammation was present elsewhere, but in consequence of its being placed under the necessity of an inordinate exertion, whence its natural irritability is sometimes so overwrought that it cannot again recover its balanced action, and that thus it becomes by its own excessive efforts the cause of its own disorganization.

A priori, this might be deemed a probable event, and the mode of its production probable also. But my own experience does not furnish a single instance in which it ever came to pass.

In like manner, it is stated that simple fever, by the excitement which it gives to the heart's action, becomes a frequent occasion of its dilatation, and other changes of its structure. But neither have I the knowledge of any case in confirmation of this belief.

It is true that in every fever, and in every acute inflammation, causes are in operation suitable to the production of organic changes in the structure of the heart, but they are not, I suspect, *continued* in operation for a period long enough to allow them to compass these effects.

Again, passions of the mind, by the hurry which they impart to the circulation, are apt (we are told) to lay the foundation of organic diseases of the heart. If it be really so, my own experience must have been unfortunate in having never brought me acquainted with a single instance, in which a pure nervous palpitation of the heart ever ended in its organic disease. Is it not possible that the common language of mankind, making *the heart metaphorically expressive of all moral emotions*, may upon this point have done some secret prejudice to the observation and better judgment of physicians?

Dr. Baillie once said in my hearing, that there was no complaint for which he was more frequently consulted than for nervous palpitation of the heart; and that of the patients so affected, one half he never saw again, and the other half, whom he did see, got rid of their disorder; and hence he thought it fair to conclude that they all got well.

But may not very sudden paroxysms of fear or rage, exercising (as for a time unquestionably they do) a tremendous power over the heart, permanently derange its action, and thus lay the foundation of its organic disease? I will not say that they may not do so. Very striking cases are reported in books, which seem to give a colour to the belief. Senac reports the following:—

A man was on the point of perishing by shipwreck. Afterwards, he complained of palpitation and difficult

breathing. His pulse became irregular, and so feeble that it could scarcely be felt. He spit blood, and died. Upon dissection, the heart was found enlarged, and both ventricles dilated, and, moreover, the aorta obstructed "par des caroncules," by those depositions of cartilage or bone, which are so often met with.

Surely this dissection brought to light what was the growth of years. Granted, that the alarm expedited his death, but it had nothing to do with the formation of his mortal disease. Any thing which can stimulate the vascular system into inordinate action, may kill the man who has a dilated heart. You may frighten him to death, or you may put him in a passion, and so kill him. But it is not the mental emotion which causes the mortal disease. The mortal disease was there already; and the mental emotion brings it to its fatal consummation.

Sixteen or seventeen years ago I saw two cases much more striking than any I ever heard or read of, as bearing upon this question, but still not conclusive of it.

A man passing through Spa-Fields one night, was unmercifully beaten and plundered, and then thrown into a ditch, and there left to die. Die, however, he did not, but lay there he knew not how long; for he was insensible. The next day he was found and taken home, where he lay for some time, disabled by the bruises he had received. In the meanwhile, he began to complain of palpitation and difficult breathing, and was never again able to return to his ordinary occupation. After some months he was admitted into St. Bartholomew's Hospital, dropsical and bearing all the symptoms which denote active dilatation of the heart. He soon died, and his heart was found to be of a size which was almost incredible. All its cavities were enormously dilated, and all its muscular substance enormously amplified.

Nearly about the same time, a poor fellow who died in St. Bartholomew's hospital with the same symptoms, and in whom, upon dissection, were found the same conditions of disease, ascribed his complaint to a paroxysm of rage, and referred its origin distinctly to a particular occasion. He was naturally irascible; and one day, his wife having vexed him, in a transport of passion he seized a knife, and was just plunging it into his own throat when the poor woman rushed upon him, disarmed him, and disappointed his purpose. Some neighbours came in, and secured him until his rage had burnt itself out: but from that day he had always been sensible of a palpitation of the heart, which gradually increased, until it incapacitated him for work; then he became dropsical, was admitted into St. Bartholomew's Hospital, and soon died.

For many a year I treasured these two cases in my mind, as proofs that organic changes of structure in the heart may derive their origin purely from mental emotion: but use, and a little more acquaintance with the fallacies which are apt to perplex and disappoint our best conclusions upon pathological subjects, make sad sceptics of us all. What was the condition of the lining of the heart and the pericardium in these two cases? They were perfectly free from disease. What was the condition of the thoracic aorta? unfortunately I do not know: therefore a doubt must still suggest itself, whether there might not have been found in this vessel something more familiar to pathologists as a cause of disorganization of the heart than any single paroxysm, however violent, either of anger or of fear.

Whatever theory may say to the contrary, no large disorganization of the heart, amounting to a change of its form, its bulk, and its capacity, seems ever to take place, but from causes long and uninterruptedly applied. In fevers and inflammations (I do not mean inflammations affecting the heart itself) the actuating cause of irritation is intense enough, but it does not last long enough. The fever or inflammation ceases, and the heart recovers its healthy and balanced action. In violent passions of the mind, the force of irritation falling upon the heart is terrible, but it is short. In disorders called nervous, the irritation is indeed more constantly felt and resented by the heart; but in the worst disorders of this kind there are long intervals (intervals of sleep for example), during which nothing is felt, and the circulation becomes tranquil.

All those causes of disorganization of the heart which are best authenticated—those appertaining to its own

structure, and consisting in adhesion of the pericardium, or thickening, or ossification of its internal lining; and those appertaining to neighbouring organs, and consisting in dilatation or narrowing of the aorta, or chronic inflammation of the lungs—all these are known to operate with a continually abiding and a gradually augmented force of irritation from first to last.

But still the question remains respecting a very numerous class of cases in which the form, and bulk, and capacity of the heart are changed, while there is no mark of disease in the pericardium, none in the internal lining, in the aorta, or in the lungs, to which the disorganization can be ascribed: the question is, where are we to find the causes which *really have produced it?* Reasons have been given for excluding certain causes to which popular belief has attributed an influence which is not their own: but if we exclude these, where are there others capable of exercising that permanency of impression which we have presumed requisite for changing the structure of the heart? They are to be found (I believe) in constitutional temperament, or in disordered modes of action *permanently* induced upon every function of the body by perverse habits of life. These things do not admit of being accurately defined, therefore it is necessary to use some caution in speaking of them.

In the phenomena of health and of disease, there are things concerning which the present state of our knowledge is totally inadequate to explain how they are or why they are: yet of many such things we may still know more than their bare existence. We meet with peculiar organic diseases, and we may be at a loss to explain the exact physical process of their production; yet we may remark many circumstances so constantly preceding or accompanying them, that we can hardly doubt that there exists between them *some* kind, although we know not *what* kind, of physical alliance. It has never occurred to me to meet with active or passive dilatation of the heart in a body otherwise perfectly sound. The concomitant diseases have not indeed had, at all times, a strictly accountable connexion with the disorganization of the heart; yet they have, in a manner, rendered its existence more intelligible.

For example, I have very often found the heart small in size, and attenuated and soft of texture, in strumous and cachectic habits, where there has been at the same time an extensive deposition of tubercles in the lungs, and perhaps in many other organs of the body. Now, the coincidence of a habit so diseased and of organs so diseased, with such a condition of the heart, however frequent it may be (and indeed it *is* very frequent), suggests no clear idea of the exact physical process by which they are connected; but it convinces us of the fact that they *really are* connected, and makes us better satisfied with our knowledge than we should be if the same condition of heart was found in bodies otherwise perfectly healthy.

Mr. Burns, of Glasgow, has described the small, and soft, and attenuated heart, and noticed its frequent coincidence with tuberculous disease of the lungs; and he has laboured to prove, by reasons which are not altogether satisfactory, that the disease of the lungs is among the effects produced by the diminished size of the heart. But the attenuated heart is as little accessory to the deposition of tubercles in the lungs, as are the tubercles of the lungs to the attenuated heart. They are in no way directly instrumental in producing each other. Both are probably the natural offspring of a strumous and cachectic constitution.

Again, I have often found the heart greatly amplified in its muscular structure and enlarged in its cavities, and at the same time no *single* cause to which the disorganization could be expressly attributed—such as constriction of its orifices or a contracted aorta—but the liver, the spleen, or the kidneys, enlarged and granulated; or transparent membranes, such as the pleura and peritoneum, thickened and opaque. These are the evidences of chronic inflammation in the parts to which they belong; and although the precise mode of connexion between chronic inflammation of these parts and active dilatation of the heart may not be apparent, it is something to know that their coincidence is very frequent; and this coincidence leads to a reasonable suspicion that they bear some kind of relation to each other. But it cannot exactly be a direct or necessary relation, or the relation of immediate cause and effect; because there is not one of the morbid con-

ditions specified that does not present itself more frequently unaccompanied by this disorganization of the heart than in alliance with it. The connexion must consist in their being the concomitant effects of the same exciting cause.

From the history of particular cases, as well as the kind of diseases with which this disorganization of the heart is associated, there is reason to believe that the exciting cause consists in the constant and excessive stimulus of spirituous liquors. My own experience is every day furnishing me with instances in confirmation of the fact. Notorious dram-drinkers are the most frequent subjects of active dilatation of the heart, occurring independent on any cause within the organ itself, the aorta and the lungs; and the classes of society from which these subjects are furnished are sailors, stage-coachmen, and low prostitutes and nurses of hospitals.

Active dilatation of the heart at the early periods of life is a most rare occurrence, unless it arises from one cause, viz. inflammation and adhesion of the pericardium. The exceptions, however, to the general fact within my own observation, have wonderfully confirmed the efficacy of the other cause now in question. The practice of an hospital brings one acquainted with many a poor wretch who, at the age of five-and-twenty, has already been a hard and habitual spirit-drinker for years. Among these I have found instances of constant and incontrollable palpitation during life, and after death the heart enlarged in all its dimensions.

A large florid woman, 25 years of age, a prostitute, and well known in the neighbourhood of Smithfield for her excessive intemperance, became my patient at St. Bartholomew's hospital. Her legs were swelled; she breathed with difficulty, and expectorated a thin phlegm tinged with blood; and her heart struck against her ribs with an enormous impulse: I could hear it and feel it far beyond its natural situation within the chest. Its contractions, however, were rhythmical, and the pulse regular. She died a month after her admission, and, in the meanwhile, almost every organ of the body gave evidence of injury to its functions, or structure. Her liver was hard and painful to the touch; at times she was delirious; at times she purged blood; patches of erysipelas appeared in different parts of the skin, and an abscess formed in the breast. At length the whole cellular texture was loaded with fluid. The abdomen was hard and distended, and she could only respire when she was propped up in bed, or in a chair, with the trunk bent forwards upon the knees. This was her posture day and night. Many days before her death the forcible action of the heart had ceased.

This poor creature had every known symptom indicating every known condition of disease which can result from dram-drinking, as its exciting cause; yet she was only twenty-five years of age. Dissection discovered disease, or change of structure, in every organ where the symptoms denoted it would be found, and among the rest, in the heart; fluid in the cavity of the abdomen; the peritoneum every where of a dusky colour, and here and there, especially upon the surface of the liver, streaked with lymph; the liver itself greatly enlarged, and its structure changed by an interstitial granular deposition; the mucous membrane of the intestines loaded with blood; fluid in both cavities of the pleura; the lungs in part loaded with ichorous frothy serum, and in part condensed; and, lastly, the heart enlarged in all its dimensions, with its pericardium stained and streaked, but free from adhesion, and with its internal lining discoloured and perhaps thickened in parts, but no where offering an impediment to the transmission of blood.

But there are yet numerous cases of enlarged and dilated heart, where we can neither find *in* the organ itself *or near* it the more acknowledged causes of its production, nor in other viscera which have been mentioned those forms of disease which suggest, at least, the mode in which it may have possibly arisen. In such cases, however, something is often found elsewhere, which I cannot help believing to have a real connexion with the enlarged and dilated heart. The coincidence which I am going to mention is very familiar to my own observation, but has not (as far as I know) been remarked by any pathological writer. It is the coincidence of an enlarged and dilated heart with the marks of chronic inflammation very extensively diffused throughout the ar-

terial system, but no where advanced far enough to produce material disorganization. The internal lining of the heart itself, or of the arteries, here and there, in various situations, and upon the whole to a great extent, has lost its transparency, and become a little thickened; but neither in the heart or arteries is the change of structure such as could be thought capable of producing injury simply by mechanical impediment.

This condition of the internal lining of the heart and arteries—this diffused chronic inflammation of the arterial system—is (I believe) peculiar to the habitually and grossly intemperate. It generally accompanies those changes of structure in the solid viscera which are best know to result from modes of diet which constantly excite and maintain a febrile state of constitution: but it is often found alone, when the habits of the patient still furnish the presumption that it has proceeded from the same exciting cause. Spirituous liquors (there is good reason to suspect) tend to excite a diffused chronic inflammation of the arterial system just as easily as those diseases of other parts, which are more familiarly reckoned among their effects.

Concerning this chronic inflammation of the arterial system, I am aware that what I have ventured to state will hardly be understood; inasmuch as the records of medicine furnish but rare and casual notices of its existence, and scarcely seem to recognize it as a distinct disease. Nevertheless it *is* a distinct disease, capable *perhaps* of being defined by its symptoms, and *certainly* capable of being traced to its exciting causes. It is of very frequent occurrence, very formidable in itself, and (if I mistake not) the possible source and origin of inflammation and organic disease in any and every part of the body. The facts serving to authenticate its frequent existence as a distinct disease, and to assign its peculiar symptoms, would not perhaps be deemed uninteresting in their proper place.

I have here been led to speak of it as an occasional concomitant of dilatation of the heart, and serving, as such, to afford a reasonable suspicion whence it might derive its origin, in many cases where dissection has not discovered the more acknowledged causes of its production.

Finally, then, where augmented bulk and augmented capacity of the heart are thus found associated with extensive marks of chronic inflammation in various parts of the same body, in the liver, the kidneys, or the spleen, or in serous membranes, or extensively throughout the arterial system; and where the history of particular cases ascribes to the patients an habitual and intemperate use of spirits; though I would not venture to describe the exact physical process by which the heart arrived at its state of disorganization, yet I would presume to believe that, under such a stimulus, the constant determination of blood to its proper vascular system, with more force and in greater quantity than natural, may be as efficient a cause of its augmented bulk and capacity as it unquestionably is of the lymph, and granules, and tubercles deposited in other parts. At all events, it is much easier to conceive these forms of disorganization, thus simultaneously growing out of the same morbid action, than it is to see (as some have done), in the different products of inflammation in distant parts, so many impediments mechanically operating upon the heart, and mechanically effecting its dilatation.

CASE OF INFLAMMATION OF THE UMBILICAL VEIN,

With Infantile Erysipelas.

By Robert Lee, M.D.

Physician to the British Lying-in-Hospital.

An infant, four days after birth, was attacked with erysipelatous inflammation of both fore-arms, and severe febrile symptoms. Two days after the first appearance of redness and swelling of the integuments of the arms, a similar affection was perceived in those of the hypogastrium, genital organs, and upper part of the thighs. The child died on the twelfth day subsequent to birth, and was examined on the 18th Nov. 1828, two days after death.

The cellular tissue of the affected parts was highly vascular, and in the inguinal regions infiltrated with serum. On opening the abdomen, the peritoneum covering the different viscera was

found in a healthy condition; but the umbilical vein, from the navel to the liver, was preternaturally indurated and distended. On laying it open, a yellow-coloured purulent fluid escaped, and the whole of its interior surface was found lined with a layer of closely adhering lymph: this coating of lymph extended into the principal branches of the umbilical vein, proceeding to the liver, and along the ductus venosus, as far as the vena cava. The umbilical vein and ductus venosus remained pervious, and there was no morbid appearance in the vena cava above or below its entrance. The coats of the umbilical were much more thickened than they are usually found to be at the same period after birth.

Morbid appearances of the umbilical vein in young children, similar to those which I witnessed in the foregoing case, have not been described by any pathologist in this country, as far as I have been able to ascertain. In the writings of Gaithshore, Bromfield, and Underwood, we find little, indeed, that is satisfactory, respecting either the nature of infantile erysipelas or the alterations of structure which accompany it. That inflammation and suppuration of the umbilical vein and its branches not unfrequently occasion fatal erysipelas, or death, without any inflammation of the surface, in new-born children, I am disposed to infer, not from the preceding instance alone, but from the observations of several continental writers on the subject, and from the acknowledged pernicious effects of purulent matter when secreted within the veins of the adult.

Professor Osiander found the lungs inflamed, and the umbilical vein, from the navel to the liver, filled with a yellow fluid, in a child who died of erysipelas a short period after birth. In the body of a child seven days old, examined by Meckel, the umbilical vein was found inflamed, and its inner membrane covered with a layer of pus and perforated with small ulcerations. In another child, attacked soon after birth with vomiting, colic, diarrhœa, jaundice, and fever, and who died on the tenth day, he found the peritoneum inflamed and a puriform effusion in the abdominal cavity. The branches of the vena portæ, and those of the umbilical vein, were swollen, and their coats much thickened.

M. Breschet has repeatedly observed this inflammation of the umbilical vein and its branches in the bodies of children who had died a few days subsequent to birth, and he is disposed to consider this phlebitis as the sole cause of death in many of these cases.

26, Argyll-Street, 18th March, 1829.

CASE OF RETENTION OF URINE FOR AN UNUSUAL LENGTH OF TIME AFTER DELIVERY.

To the Editor of the London Medical Gazette.

Sir,

The following are the particulars of a case, the outline of which I mentioned at a recent meeting of the Westminster Medical Society. If you think them worthy of attention, you will oblige me by giving them a place in the columns of your widely-circulated Journal.

A. B. twenty-eight years of age, residing in the country, at a great distance from medical advice, was delivered of her first child on Monday, February 9, at 3 P.M. She had been in labour twelve hours; during the greater part of which time the head was pressing on the meatus urinarius. The child was still-born; the head, when expelled, was of a sugar-loaf form; the labour was effected by the efforts of nature, a midwife assisting. It was observed that during the whole period of labour no water was passed.

On Friday, February 13, at 12 at noon, Mr. Robert Clark, of Farnham, was sent for. The woman complained of pain in the region of the bladder, and sickness at stomach. Her pulse at 80; skin cool. On applying the hand to the abdomen a sensation was communicated as if another child was there. The bed-clothes were elevated by the tumor; there was no tenderness of the belly, and not the least increase of pain was given by pressure above the pubes. The orifice of the meatus urinarius was full and tense. On enquiry, it was ascertained that not a drop of urine had been passed by the regular efforts since Monday morning; that is, for 105 hours. Occasional involuntary dribblings of urine had however taken place to a small extent.

A catheter was immediately passed, and high-coloured urine began to flow,

which it continued to do uninterruptedly until seven full (measured) pints had passed.

The following day, no natural action of the bladder having taken place, the catheter was again passed, and one pint of urine drawn off. There was no pain, no sickness, nor any unfavourable symptom. The woman was instructed to pass the catheter herself.

March 4th.—She is doing well, but the bladder has not yet recovered its tone.

With reference to the foregoing case, I would wish to inquire of any of your readers; first, what is the exact explanation of the retention of urine under these circumstances? In what manner are we to account for this paralytic condition of the muscular fibres of the bladder? Secondly, what is the greatest quantity of urine which the female bladder has ever been known to contain?

I need scarcely add, that these particulars were communicated to me by Mr. Clark, with whom I was on a visit at the period referred to.

I am, Sir,
Your very obedient servant,
GEORGE GREGORY.

31, Weymouth Street, Portland Place,
March 23, 1829.

SMALL-POX.

Some Observations on the Treatment of Small-Pox, by Puncturing the Pustules.

BY ALEXANDER STEWART,
Assistant-Surgeon,—2d Dragoons.

AMONGST the various lights that are daily thrown upon medical science, few perhaps have been more permanent or successful than vaccination on small-pox. It is true, various circumstances may have occurred partially to obscure it when, without any known cause, (except idiosyncrasy) it has not prevented the subsequent attack, nor fatal effects of small-pox. Besides, there are prejudices amongst many people, of different grades in society, which prevent them from flying to this almost certain preventive—whether they choose "to leave it to Providence" or prefer variolous inoculation. Under these circumstances, I feel called on to lay before you a method I have successfully made use of, and which has also been practised with equal success by others to whom I have pointed it out. Whilst the pustule is yet lymphic, (I would almost say papular) and before much, or any ulceration and suppuration have taken place, a needle is to be passed through it, as near the base as possible, while the surgeon, having a small bit of dry lint in the other hand, is to press the apex gently on the base, and there retain it about a minute or two. This is to be done to all separately, and individually, as they appear. The effect on each is various—in some, an almost immediate cohesion will take place between the apex and the base, and a small superficial scab will be the consequence; the ulcerative action merges into adhesion, the red basis gradually subsides, and when in a few days this superficial scab falls off, the part is healed without pitting;—in others, the little pustule will again fill; if so, it is to be punctured and pressed down: the apex and base may then unite by the first intention, or it may again require the operation a third time, to accomplish the object; but seldom have I in any case known it require more. The constitutional treatment must of course be adapted to the circumstances of the case, as if this mechanical and local one had not been made use of. It may be objected that it is laborious going over each pustule, when a full crop has covered the surface, but we cannot have any thing without trouble, and maternal solicitude will not find it irksome. At first the motion requisite will greatly disturb the child and distress the parent, and perhaps render her unwilling to pursue the task, but the evident relief so shortly produced will raise her hopes, and reconcile her to the process. When confluence is apprehended, and two or more pustules are so close that their inflamed bases are united, let each be punctured separately as far as possible from the other at the same time, and let the surgeon press between them with lint,—a separate bit for each pustule. The contained lymph is absorbed from each as it is pressed out, the adhesion of the apex and base is separately produced, and confluence is prevented. This method is invaluable to females, as little if any pitting is to be found after the part is healed. I am not aware of this treatment having been recommended:—pustules, vesicles, and

papulæ, have been broken down in all the stages of the disease, but it would appear to me, more to obtain fluid for experiment, or to see the nature of the contained fluid, than for a curative purpose, no pressure being used, nor the above mode of practice proposed. The idea suggested itself to me, when in the country, on the 21st November, 1827, in consequence of a man requesting me to attend his son, a fine boy about three years old, then covered thickly with the eruption. Being aware that puncturing after maturation is sometimes recommended, with a view to prevent the absorption of pus, and also considering that ulcerative inflammation is the principal cause of the after pitting on the surface, it appeared to me that by early puncturing, and bringing the parts together before maturation, and while under a comparatively simple inflammatory excitement, a new and healthy action might be produced, and the specific tendency to suppuration and its consequences destroyed:—the event justified this opinion. Mr. John Hunter has demonstrated by dissection, that a slough exists in the cutis in small-pox, answering to the size of the pock, and which he considers peculiar to this disease. Others believe this slough to be the cause of pitting, and as being attendant on each pustule that goes through its course of suppuration and pitting. We must hence be led to infer, that if the inflammatory excitement producing this slough be early employed in producing adhesion, the formation of the slough, and consequently future suppuration and ulceration, will be prevented. But Mr. Hunter seems to consider that the formation of the slough is not so much the effect of intensity and degree as the peculiar kind of inflammation. In reply we must observe, that peculiarity of inflammation is a thing we know little about, except from its tendency and effects:—that if a healthy inflammation be produced where an unhealthy one existed, then the existence of that peculiarity of action becomes of little consequence. The practice mentioned in this paper I have recommended in other cases, not only of small-pox but of severe varicella, and found it successful. I now beg leave to lay it before the profession, most of whom in civil life will have better opportunities of meeting with the disease, and judging of the merits of the practice, than military medical men, the vaccine system being too rigidly enforced to meet often with this formidable disease in the army. Whether the disease, thus destroyed in its infancy, can have the effect of preventing its recurrence in after life, must be as yet only matter of speculation, but it would appear to be of no consequence, for the treatment that once could so easily check the disorder is always at hand to remove it.

Dublin, 14th Feb. 1829.

PHLEBITIS WITH TETANIC AFFECTION.

To the Editor of the London Medical Gazette.

Sir,

The few exceptions to the records of fatality attending cases where inflammation succeeds venesection, will, I presume, warrant me in requesting insertion for the subjoined case of its worst form of occurrence—inflammation of the vein itself, accompanied with marked and decided opisthotonos. Viewing the rise, progress, and termination of the case, whether is this modified form of tetanus to be considered idiopathic, taking into account the precursory symptoms, or traumatic, as the consequence of injury to some of the strong nervous filaments occasionally to be found at the bend of the arm? Again, whether to opium or mercury is to be attributed its favourable termination?—I remain, Sir,

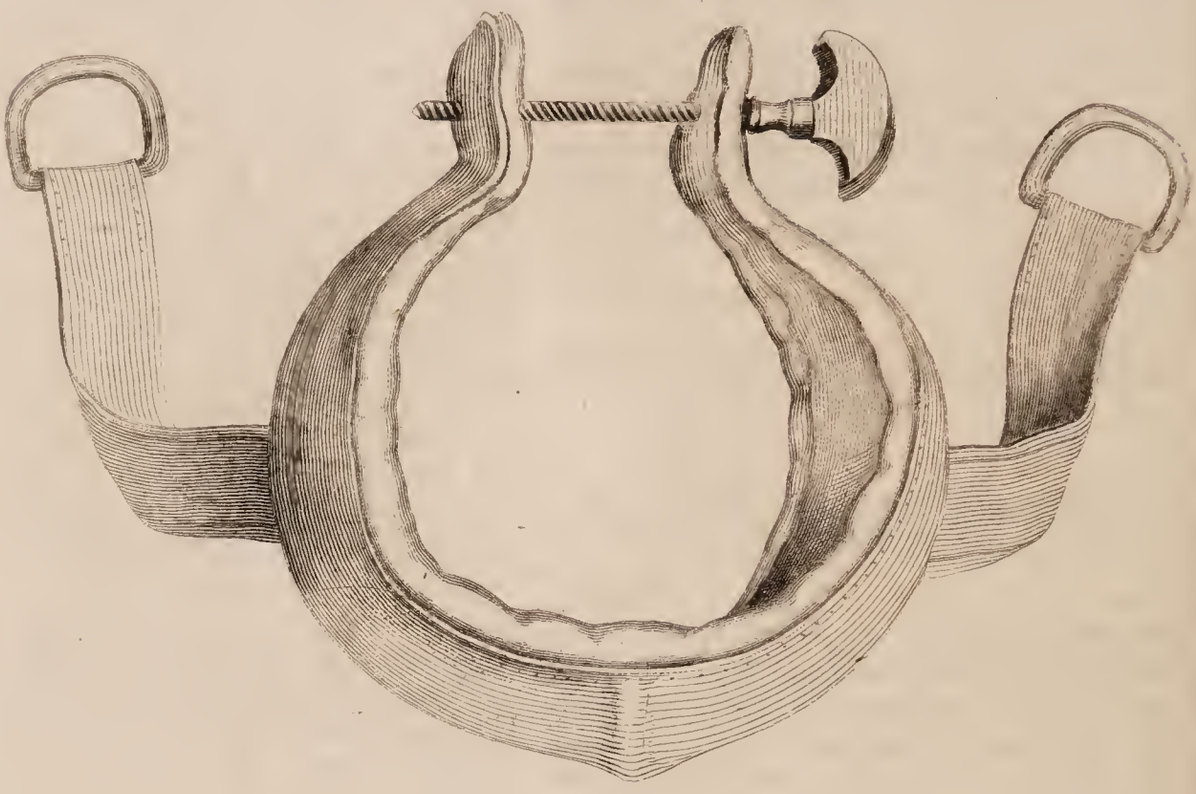
Your obedient servant,

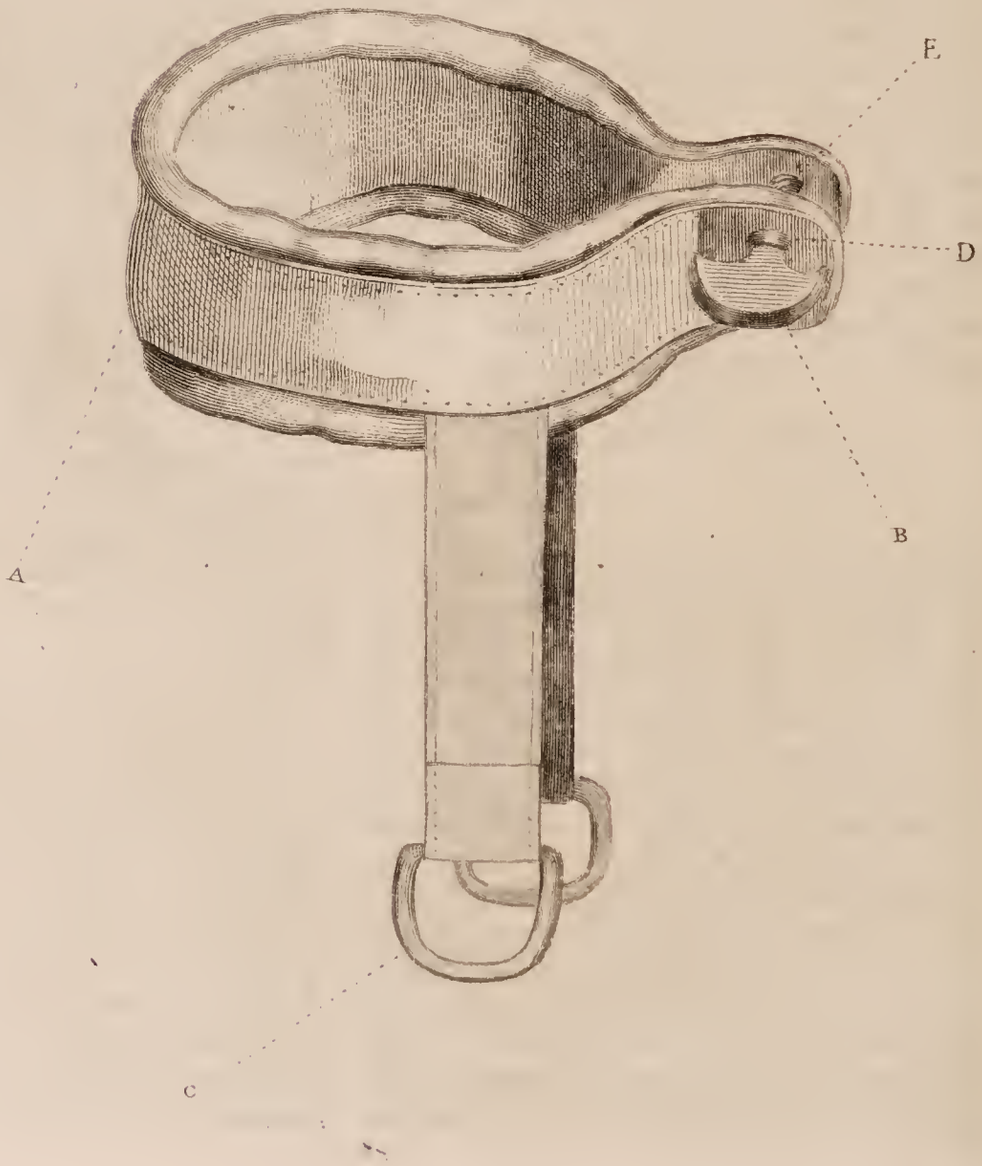
W. Barry.

52, Fore-Street.

In the spring of 1827, E. B., ætat. 26, remarkably large and muscular, complained of much pain and stiffness in the muscles of right side of cervical column, with general twitchings; for which she took aperient medicine, but without obtaining relief. After the lapse of a few days, her period of menstruation having arrived, its non-appearance, together with increased pain and rigidity of the parts previously affected, induced her to have recourse to medical aid. Having accordingly left her service and returned home, she called on Mr. Ayres, an active and respectable surgeon, in Rickmansworth, Herts.

Mottisley's improved bandage for dislocations





Through his temporary absence, the treatment of her case devolved on me, (his assistant at the time). A pulse of 98, strong and full, flushed countenance, and vascularity of the conjunctiva, intimating a necessity for immediate blood-letting, I took from the right arm 16 oz. of blood, the sudden abstraction of which through a large orifice induced syncope. The blood, after standing a few minutes, became cupped and buffy; appearances rarely observable in incipient tetanus. Affection of her neck much relieved; feelings generally more comfortable; a tingling sensation felt in the extremities of her fingers; bowels free.

℞ Pulv. Doveri, gr. xij. to be taken at bed-time.

Second day.—Arm swollen and inflamed; exceedingly painful and tender; the vein itself (median basilic) for an inch below and two or three inches above the orifice, imparts a tense cord-like sensation, upon running the finger along its course; the lips of the orifice rather separated, and disposed to suppurate; pain almost intolerable; has been suffering severely for last few hours under violent attacks of opisthotonos, with only partial interruptions. Muscular contractions so forcible as to bring the occiput nearly into contact with the heels. Directed the affected arm to be completely enveloped in a bread and water poultice, to be applied warm, and renewed frequently. A table-spoonful of a mixture containing musk, castor, æther, &c. to be taken every hour, until relief is procured; each dose containing ℥ss. træ opii.

Third day.—The application of the poultice yielded immediate relief, and under its continuance suppuration took place in the orifice. The swelling of integuments and muscles nearly gone. After taking about six doses of the mixture, a degree of stupor was induced, when the muscular contractions nearly ceased. Bowels being confined, took a purgative powder, Pulv. Jalap. gr. x. Hydr. Subm. gr. v. which brought away a copious, dark coloured, and offensive stool, and a second of quite a natural appearance; after which, the spasmodic attacks became more frequent and violent than before. The former mixture to be repeated at the usual intervals. A well incorporated ointment of the Ung. Hydr. Camph. c. Opio, to be rubbed along the course of the spine, from first cervical to the last dorsal vertebra; the friction to be persevered in until the mouth is slightly affected.

Fourth day.—Head enormously swelled; saliva flowing from the mouth in almost incredible quantity; sordes of teeth and gums; cessation of the fits soon after the friction was commenced, but prior to the mouth's being affected. Strength much exhausted; the pulse has been feeble and frequent all through. To have good beef-tea and arrow-root; to take Ol. Ricini, ℥ij. occasionally, and to be as little spoken to or disturbed as possible. Stomach was nearly incapable of retaining any thing, which, however, was quickly remedied by taking the effervescing draught.

Henceforward convalescent, and soon resumed her former occupation, continuing free from any return of the complaint.

APPARATUS FOR REDUCING DISLOCATIONS OF THE HIP AND SHOULDER JOINTS.

To the Editor of the London Medical Gazette.

Sir,

I take the liberty of sending you an account of my newly-invented apparatus for reducing dislocations of the hip and shoulder-joints, in hopes that you will give it publicity through the medium of your widely-circulated Journal.

My principal object in this invention is to prevent the possibility of the apparatus slipping, which so frequently happens where the buckle and strap bandage are employed—and this when the extension with the pullies has been continued for fifteen or twenty minutes, and the dislocated bone is about to pass into its socket. This accident I have witnessed, and am informed by several experienced surgeons that it occurs in the majority of cases, to the protracted suffering of the patient and great annoyance of the operator. Sir Astley Cooper, when lecturing on the subject of dislocations, at Guy's Hospital, recommended the above instrument to his class, and said "it was a very ingeni-

ous and useful invention, and well calculated to answer its purpose."

Your obedient servant,

SAMUEL WRIGHT MOUSLEY,

Student, Guy's Hospital.

London, March 6, 1829.

The apparatus is formed of two semi-circular pieces of iron, about $1\frac{3}{4}$ inch wide, united by the hinge joint A, and having their opposite extremities projecting parallel to each other, both perforated at D by a plain round hole, and at E by a female screw; through both of which passes the male screw, B. This is for the purpose of tightening the apparatus as may be necessary when on the limb. The inner surface should be convex from side to side, well padded, and covered with soft leather. The size of the apparatus should be such as, when applied to an adult thigh, will admit of its being screwed tight upon the limb, immediately above the condyles; and commonly the smaller size, adapted to an adult arm, would be suitable to the thigh of a child.

C, the ring, to which is attached the pulley-hook.

It is recommended that a wet roller should be passed, as usual, tightly round the limb three or four times, before the apparatus is applied.

The apparatus is very neatly made by Mr. Laundy, surgical instrument maker, and may be seen at his shop, St. Thomas's-Street, Southwark.

MEDICAL CLUB.

To the Editor of the London Medical Gazette.

SIR,

THE meetings at the College of Physicians commenced last year, and, on account of their tried utility, now resumed, have been found so agreeable that many who attend have regretted that, from necessary causes, the interval of separation has been so long. There are many circumstances which seem to me to recommend these reunions. The great and increasing size of the metropolis; the extraordinary fecundity of the triple institutions which give birth to the legitimate children of Æsculapius; the absence of a central faculty, or university, which might link them by a common interest; the efforts made of late to sow dissension in the profession, and the heart-burnings which have long been felt upon some points which call for mature deliberation and temperate reform—all these things, which tend to separate us and call for some counteracting influence, make one hail with satisfaction the spirit of free communication and good will which we see daily gaining ground among medical men. In our day, books are written upon fractional parts of a subject, and those impalpably minute portions which cannot be made into a book, appear as articles in some of the periodicals; even the coruscations of opinion elicited at societies are caught up and distributed to kindle the emulation of the reader, who may be either a mile out of the way or at the Antipodes. All this is very well, but there is something more wanted: there are many things with medical men which require maturation and consultation before they are given to the world; many persons who have a good deal to say, but who have a horror of committing themselves; many objects important to every body, but which are neglected because they are nobody's business; many points of feeling doubtful to individuals, which nothing but the opinion of the mass can decide. We want some point of rendezvous, where all may have an equal right; some neutral ground, where we may meet freely, without pledging ourselves to this or that system; some home to those who have not settled their permanent residence. We must have a *Medical Club!*

I conceive, Sir, that an institution of this sort would tend very much to the benefit of the profession, by giving permanence and continuance to those good feelings which seem to spring from the occasional meetings to which I have alluded. The foundation being that of convenience, would allow all to enter it, without regard to party or opinion: the large number likely to join such an association would prevent the collision of those who might disagree in a more limited circle; while the general tone of opinion which would prevail would become the best and most popular tribunal to which to refer our ephemeral wants and wishes.

On many occasions the co-operation

of large numbers is required. The difficulties which anatomists at present encounter call for the united efforts of professional men: the furtherance of medical charities, which formed the subject of your leading article some months past, mainly depends upon a sympathetic impulse.

Objections have been started to this proposal, and I shall allude to the most prominent.

It is said that the system of life with medical men is different from that of other people, and that those in business have no time to give to a club: but, from what I have seen of the world, it appears to me that, however much the "doctors differ" on professional grounds, they are made of the same materials as other people, and do not differ from them in their social wants. We know that all similar institutions are most constantly attended by those subscribers who are *unattached* and at leisure, while an occasional visit only is paid by those who are *on active service*; but this takes place without any imputed unfairness, because those last are always the most able to support any call upon their liberality, and the former are always willing to relinquish the joys of "*il dolce far niente*," for more profitable employment.

It has also been hinted to me, that our dearly-beloved brethren are such a contentious and irritable generation, that all attempts to combine and amalgamate the different elements of our profession would be unavailing: but, without bating any thing of our claim to *pugnacity*, which I consider very just, I have a faint idea that something of the same kind is found among extra-professional persons. Are all army men such lambs as to "crop the flowery food" of duty in cheerfulness and content? Is there no rivalry between these *terra-firma* gentlemen and those who practice upon the more fluctuating element? I have known navy captains, who had not *passed*, think the *censorship* of the Lords of the Admiralty unjust and frivolous; I have heard of old generals who thought they should be *consulted* in operations of difficulty, and of military critics who dogmatized about things at a distance—as whether a scientific dose of shot had been administered by an unsuccessful frigate, or whether a besieged town should be carried by a *coup-de-main* or be *left to nature*. Yet, notwithstanding all this disagreement, we have seen a very full United Service Club arrive at years of discretion, and in due time bring forth a junior fac-simile. Begging your consideration of the above,

I remain, Sir,
Your obedient servant,
ONE OF THE INFANTRY.

London, March 20th, 1829.

PROVINCIAL SCHOOLS OF MEDICINE—BIRMINGHAM.

To the Editor of the London Medical Gazette.

SIR,

EVERY scientific member of our profession who is zealous in the promotion of medical knowledge, will hail the foundation of provincial schools of medicine with satisfaction: he will perceive in these modern establishments a powerful engine for the diffusion of professional information; he will regard them as so many *points d'appui* whereon will ultimately rest the British temple of medicine, enlarged and adorned by intelligent workmen, who, less mindful of individual distinction than universal good, labour to perfect our most useful science.

But a few years have passed away since London was the sole mart of medical instruction—the only place in England where the general practitioner could study the different branches of the science with success. But now the exigencies of a more educated public have stimulated the chartered powers to extend their protection to several provincial schools. Already at Bristol, Manchester, Hull, Liverpool, Bath, Birmingham, &c. medical schools are established. To the history of the last and most modern of these, after a few general remarks, I shall confine my attention.

We cannot be indifferent, then, to the importance of early medical education, nor can we pass unnoticed two of the most interesting epochs in our juvenile career—the period of our apprenticeship, and that of our subsequent sojourn in town. With respect to the former, I believe that many, both in town and country, have been induced, for the consideration of a large premium, to take more pupils than they could well

instruct; hence a number of young practitioners, who were inefficient from the neglect of early medical education. These have been obliged to obtain, during a very limited residence in London, all the knowledge necessary to fit them for an examination. To many the task has been so heavy that they have sunk under it, and returned to the country with disgust. It must be obvious to all how opportunely provincial medical schools will step in to obviate these evils. They will afford to the pupils in their vicinity the means of early gaining elementary information, which the practice they daily witness will tend to imprint indelibly upon their minds. The business of these schools will teach habits of industry and observation, and the emulation excited by mixing with a large body of persons of nearly the same age, and engaged in the same pursuits, will rouse the sluggish and stimulate the zealous to additional exertions. Nor do the good effects of these institutions end with the pupil; the master will reap considerable advantage from the early education of his apprentice, who will be more useful to him in proportion as he is better informed in his profession; hence much time, frequently so idly spent during a five-years' apprenticeship, will be turned to profitable account.

It is not too much to expect that medical knowledge will thus become more generally diffused, and our profession attain a higher rank in society than it has hitherto held. The village apothecary will no longer afford materials for the pen of the satirist—will no longer figure in every comedy as the most ignorant and vulgar of all the *dramatis personæ*, but be replaced by the gentleman and the scholar. This, and more, we confidently anticipate when *our examinations are made public*, and when they are so regulated that talent alone shall be made the key to preferment. Surely the time is not far distant when France shall cease to laugh at the puerility of our examinations, and the fastidiousness of our countrymen in not permitting public dissections.

I have alluded to the existence of a school of medicine and surgery in Birmingham, and some time ago you acknowledged the receipt of an address and discourse which opened the business of this new institution. As its history affords an example of what too often takes place in forming such establishments, I shall briefly call your attention to it.

Birmingham contains between 130 and 140,000 inhabitants, of whom about 120 individuals are practitioners in medicine. It has a commodious general hospital, exceedingly well regulated; a town infirmary, attached to the workhouse; an extensively useful dispensary; an infirmary for diseases of the eye, established by Mr. Hodgson; a house of recovery for fever patients, and for persons afflicted with contagious diseases; a house of industry; an establishment for the deaf and dumb, chiefly established by the exertions of Dr. De Lys; and a self-supporting dispensary, partly on Mr. Smith's plan; besides other minor charities also furnished with medical officers. It must be obvious to your readers, from the enumeration of her public charities, to which not fewer than thirty medical gentlemen are attached, that Birmingham presents a most extensive field for the cultivation of medicine, and that with all the advantages so many public establishments afford, a school of medicine might be easily founded, and would be well supported. This had been long felt, and we have reason to know that a medical school, connected with the Birmingham Philosophical Institution, a place already provided with the necessary requisites for a school of medicine, had been contemplated, and contemplated too by those individuals who, from their talents and popularity, were probably best calculated to secure its success. These were the choice materials, rarely collected, which promised to found one of the most eminent provincial schools of medicine in the most populous districts of the united kingdom. Unfortunately, however, these intentions were frustrated by the premature establishment of a school by a young gentleman, who had not succeeded as a private teacher. In his hands were vested the lectureships, to give or to withhold.

Public, rather than individual consideration, has place with me in these observations. I therefore omit to mention the names of those gentlemen to whom the lectureships were first ineffectually offered, as well as of those

who from various reasons were induced to accept them. My object is to shew that the proceedings adopted were not the best means of obtaining the assistance of the most eminent men in the construction of the school.

But feeling how deeply the character of the profession is affected by the mode of education of its rising members, particularly in such a field as Birmingham presents, I cannot help commenting on the mode of employing those rare materials for a medical school with which this great town abounds. We would not willingly excite a doubt of the ability of the gentlemen who at present hold the lectureships, yet we regret that men of acknowledged talents resident in Birmingham, men who have greatly added to our stock of medical knowledge, *could not join* this new school. We have reason to know that Dr. De Lys was preparing lectures for the public, and that Mr. Hodgson had long signified his intention to give clinical instruction at the general hospital, which, from his extensive observations, must have been highly valuable; that a young gentleman, distinguished by his acquirements, professional as well as non-professional, was ready to have given anatomical demonstrations; yet we are sorry not to find some of these men attached to the new school; and we feel that the profession in Birmingham, as well as the profession and public generally, have deeply to lament this omission.

We repeat, that a concatenation of circumstances so favourable—nay, so inviting, ought not have been hastily disposed of; and although our feelings of regret cannot replace the lost advantages, yet our noticing the hasty arrangement of so important an establishment may tend to preserve for a more deliberate consideration the disposal of materials so choice, should they ever be found again.

I am happy to add, in conclusion, that although this new school cannot boast of more than 25 pupils, yet they evince the greatest assiduity, and receive the utmost attention from the several gentlemen who conduct the different branches of the establishment.

Your obedient servant,

BIRMINGHIENSIS.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

The Influence of Physical Education in producing and confirming in Females Deformity of the Spine. By E. W. DUFFIN, Surgeon.

THIS is an attractive title for a popular work; but why the book should have been sent to us for review, we have some difficulty in discovering. The author avows that it is written expressly for the "general reader," or for "persons of a well-informed mind;" all of whom, he states, "may investigate the subjects contained in it, as well as the members of the medical profession." Consistently with this announcement, we do not find many things that we can present to our readers as either new or instructive. It may perhaps, however, be gratifying to some of them to see how such subjects may be brought to the level of unprofessional minds; and the following description of the spinal column may serve as an example. "The column of the back consists of a pile of small bones, technically denominated vertebræ, twenty-four in number, placed one above another in succession, so as to form a bony pillar, finally surmounted by the head, which may be considered its capital. Through the centre of this column runs a somewhat trilateral tube, for the purpose of containing the *marrow of the back bone*, and on its summit rests the head, usually, in an adult, from seven to ten pounds troy in weight." The marrow of the back-bone! With an equally happy simplicity the muscles are described—"so called from a Latin word, 'musculus,' a little mouse, because one of them is seen creeping, like a little mouse, under the skin of the temples, when we eat." And he further instructs his "general reader," that, "although in a piece of fresh beef the flesh appears to be only one mass," there are, in fact, many distinct muscles contained in it, "which may be easily understood by the general reader, if he examine attentively a common transverse slice of boiled ham." The sinews, or tendons, again, may be conveniently

learned along with the ham, for they may be seen "by looking to the separated leg of a chicken." How pleasant a pursuit is anatomy, when it may thus be learned off our plates at dinner-time! and how uncalled-for is the bill of Mr. Warburton!

It is not to be expected that our author leads his readers very profoundly into pathological discussions. His object, he informs us, is chiefly to make an exposure of the evils that proceed "from the neglect or actual mismanagement of the physical education of young females; from the vitiated state of public taste with respect to the perfection of female attire, and many absurd customs and useless restraints of society, derived from the vain and ludicrous efforts of modern fashion to attain the very highest point of refinement." Here we have disclosed to us the main points on which he hangs his discourse; which, we must say, is rather prolix in general, though now and then entertaining. He utters many indignant reproaches at the short period devoted to the "study-life of females," a favourite though quaint expression, by which he means the term of years in which a girl is expected to acquire a great many difficult accomplishments: and we do not object to his reprobating this system of cramming young ladies' minds, since he demonstrates that it is to the prejudice of their backs. Neither do we object when he vilifies the "*corsets Parisiens*, such as we daily see paraded in the windows of the more favoured milliners' shops of the metropolis." It is incontestibly the fault of the one, that, while the *absolute quantity of information* necessary to be acquired by young females has *increased, and is increasing*," the space of time allotted for its acquirement is much too limited. And it is the fault of the other (the corsets Parisiens) that too little room is left for the absolute quantity contained, and which may be occasionally increased. "The young ladies must be moulded, and submit to be modified by these machines, in whatever manner the folly of the time considers proper." In short, between the smallness of the time allotted to their studies and the smallness of the space allotted to their food, young ladies are brought to a sad pinch! and it is to Mr. Duffin they must give thanks if ever they get a little relief, whether in body or mind. But here we are constrained to notice a monstrous indiscretion on the part of our author: he has gone too far in his disclosures, and we know not how he can ever hope to be pardoned. Speaking of corsets, he says, "It is well known that many young ladies who are accustomed to lace tightly, are occasionally under the necessity of *relaxing the stay-lace after dinner* (!!!) in consequence of the uneasiness experienced from this cause." Young ladies will blush when they read this—if young ladies ever do read medical works; but it will be with resentment as much as shame. What will his protestations avail him, "that his endeavours are to alleviate the sorrows, and, if possible, to obviate the sufferings, of many of the fairest portion of his kind?" This disclosure, together with the hideous frontispiece, which is a libel in general upon the backs and shoulders, of all women, crooked or otherwise, will quite betray him. We feel some reluctance in telling, even to our professional readers, what we once met with; but it is an illustration of the evils of tight-lacing, and we may therefore venture. At a large and somewhat formal dinner-party, shortly before the ladies left the room, a loud report, like that of a pistol, suddenly startled the whole company—conversation at once dropped—a dead silence ensued—consternation sat on every countenance, and the guests whispered to each other all round the table, "What *could* that be?" At length the deep-crimson blushes of a young lady (*stumpy* and *stout*, according to Mr. Duffin's phraseology, p. 67) fixed the eyes of every one upon her. It was not, however, till many weeks afterwards that the explanation of this singular phenomenon came out; and we had it, not from the young lady herself, but from "authority," that one of the flat steels of her stays, situated over the region of the stomach, had suddenly snapped, and given rise to the mysterious explosion.

But, to return to our author, "what lady, (he asks) when dressed and properly laced in corsets, furnished with steel, bone, or wooden busks, can bend her back, keeping at the same time her knees together and her whole lower limbs straight, while she is stooping forward to raise a pin placed at her

toe? To tie her own shoe-string, even, is an effort requiring from the fashionably attired female not a few manœuvres, and only to be accomplished by her assuming a constrained posture," p. 34. Now we assert that there needs not any corset to prevent a lady, or gentleman either, from being unable to keep the knees together and the limbs straight, and thus to pick up a pin at their toe. As to the fine lady, we can fancy we see all her odd manœuvres: but still the two distinct objects for which she is all the while manœuvring, are rather degrading to the subject. They are not in keeping, as the painters would say—a young lady, in an evening dress, stooping to tie her shoe-string!!

The author gives his advice, at p. 86, about children's pastimes; and we concur with him when he says, "let them be various, mimetic of future life, and exclusive of none but boisterous, violent, vulgar, or ungraceful motions. Above all, *shut out the superintendant*, and we shall soon cease to hear of crooked backs."

But before we dismiss our author, it is our duty, in a more serious way, to deprecate both the style and object of his book; and our observations apply to others who profess, like him, to address only general readers. Supposing the intentions of such authors to be the best possible, yet their productions must be very severely watched by the profession; for those whom they address cannot judge of them: it is impossible for *them* to see their errors and imperfections. Accordingly we have little doubt but that many simple, uninitiated persons, may read Mr. Duffin's work, seeing it is upon a popular subject, and, for aught we know, they may be highly satisfied with it. We have, however, to declare that there are very many imperfections in the book; not only are his anatomy, physiology, and pathology, insufficient for giving correct notions to those who know nothing whatever about the spine, spinal marrow, chest, scapulæ, &c. but there are omissions which we are borne out in saying are positively dangerous. He writes about the deformities of the spine, and yet he passes over entirely those very things which, in a book intended for unprofessional readers, ought most strenuously to have been insisted upon. He never once speaks of there being any difference in the nature of distortions; he never once mentions the angular curvature which results from caries of the bodies of the vertebræ. We have seen with what an easy negligence he described the spine and "the marrow of the back-bone;" saying not a word about the functions of this marrow, but leaving his readers to regard it as the same which they are accustomed to see in a round of beef. In accordance with this, we do not find that there is an allusion made to the dangers of mistaking angular from lateral curvature of the spine; and not a word is said about the impropriety of attempting to stretch the spine, or to put the person upon severe exercises who has this angular curvature. There is nothing said about the peculiarity of the distortions produced by rickets; nor about the question of the pelvis being distorted; nor whether distortion of the pelvis ever accompanies the common lateral distortion of the spine, in which rickets has nothing to do; nor whether machines affect the shape of the pelvis. He says not a word about anchylosis of the vertebræ being an obstacle in the way of our treatment; he knows, or at least says, nothing of the wasting of the limbs, and the irremediable distortion of the spine produced from that cause; nor of the distortion consequent upon hip disease; nor of the malformation of the chest from disease of the lungs; nor of the pains that mimic in common cases the pains attendant on serious affections. But we do him injustice: at the end of the volume, in winding up, he does bestow a caution upon his "unsuspecting and ignorant reader," to beware of a kind of "temporary curvature of the spine denominated *sympathetic*, which arises from disordered bowels, or hysteria." This remark, at the very end, is, perhaps, the most sensible in the whole book.

"The detection of the true nature of such a case," (sympathetic distortion of the bones,) "is rendered difficult, from hysteria and disordered bowels being almost always concomitant of that state into which the whole system is thrown during the formation or actual existence of permanent obliquity of the spine, and is only to be accomplished by careful investigation on the part of the medical attendant."

ANALYSES OF BRITISH MEDICAL JOURNALS.

EDINBURGH MEDICAL AND SURGICAL JOURNAL.

January, 1829.

ORIGINAL COMMUNICATIONS.

[Concluded from page 512.]

"VII. *Observations on the Climate and Diseases of Lisbon.* By JAMES WALLACE, Assistant-Surgeon, R. N."

IN the months of June, July, and August, the thermometer, at Lisbon, ranges at noon from 72 to 78, and gradually falls, during the three following months, to about 50. From April to September there is scarcely any rain; towards the latter end of September, however, the weather becomes wet for ten days or a fortnight, after which there is an intermission: during this period, which lasts till the beginning of November, the weather is comparatively fine. From this time till April the rains are both frequent and heavy. The winter, however, is very irregular, being made up of storms and sunshine, heat and cold, dense fogs and a clear sky, in rapid alternation. The diseases of Lisbon resemble very much those of England, and require similar treatment. At no distant period, Lisbon enjoyed some reputation as a winter residence for consumptive patients; but it appears that phthisis is by no means of unfrequent occurrence among the natives; nor is there any thing in the paper before us which would lead to a restoration of that confidence which was once reposed in the climate of Lisbon in this disease.

"VIII. *Observations on Hydrophobia.* By JOHN CRICHTON, Esq. Surgeon, Dundee."

Hydrophobia seems to have been so rare in the part of Scotland where Mr. Crichton resides, that the oldest practitioners had never seen a case of it, and appear to have been somewhat sceptical as to its existence. While the author was in this way of thinking, a young woman was brought to him who was said to have been bitten by a mad-dog. He wrapped the arm in lint soaked in tincture of opium, and desired her to return home and fear nothing. Some days afterwards he was sent for by express to see his patient, in consequence, it was said, of symptoms of hydrophobia having supervened. On his arrival, he found her in a room crowded with friends in a state of the greatest consternation, while the girl herself was foaming at the mouth and howling. After clearing the room, he handed her a jug of water, of which she drank plentifully; upon which he informed her that she could not possibly have hydrophobia, as such persons were not able to drink. She was relieved by this assurance, became more tranquil, and speedily recovered. The principal cause of her terror seems to have been lest she should be smothered in her sleep, such being the *popular cure* for hydrophobia in many parts of the country. This case, which, of course, tended to confirm Mr. Crichton in his scepticism, we have related principally because it forms a good companion to that of Mr. Hicks, which was some time ago so industriously blazoned in the newspapers, as an example of hydrophobia cured.

Mr. Crichton, however, had, some years afterwards, the misfortune to meet with two real cases of this dreadful disease, in one of which large doses of opium, and in the other copious bleedings, were had recourse to without avail, as they both proved fatal within a few days.

"IX. *Case of Rupture of the Bladder.* By ANDREW DEWAR, Esq. Surgeon, Dunfermline."

An habitual drunkard received some severe blows in a brawl over night; after which he went to bed, got up by times, drank more spirits, went out in a state of intoxication, fell down near his own house, and, being unable to rise, was carried home. Of the symptoms and treatment nothing satisfactory is detailed, as they were not conducted by the narrator of the case, who appears only to have examined the body. On opening the abdomen, a bloody fluid escaped, to the extent of nine or ten pounds, and there were likewise about three pounds of coagulated blood found among the intestines and in the pelvis. The peritoneum was of a dirty red colour, the vessels being highly injected. The bladder was much contracted and

thickened, and had a laceration upon its upper and anterior surface three and a half inches in length. Mr. Dewar conjectures that the rupture took place not in consequence of any of the blows received, but of the fall next morning.

"X. *Case of Rupture of the Pulmonary Artery.* By Mr. William Gunn, Assistant-Surgeon, Royal Navy."

A seaman, aged 46, complained of pain in the head, affecting principally the right side, extending down the neck and arm to the hand, which was benumbed. He had felt unwell for some time, but after a few days, under the use of purgatives and diaphoretics, the symptoms were relieved, and on the 6th of June he was discharged, in compliance with his own wish. In the afternoon of the same day he was brought back in a state of insensibility, and expired in a few minutes. It appeared, that while making some considerable exertion he fell back without speaking, and in a state of exhaustion, from which he never recovered. On opening the chest, the left side was found to be completely filled with blood, the lung having collapsed under the pressure. A rupture existed in the pulmonary artery, about an inch and a half from its origin, and large enough to admit the point of the little finger. The artery was diseased at the point where it had given way.

"XI. *Thoughts on Contagion, and its Effects on the Organs of the Living Body.* By Thomas Masterman Winterbottom, M.D."

This is a very elaborate article, continued from a former number, and embracing not only the subject of contagion but likewise the nature and treatment of fever. It consists principally in an analysis of the opinions of various writers, chiefly among the Germans. It exhibits much research, and a multiplicity of references are made, but the very nature of the paper renders *an analysis* of it impossible.

"XII. *Observations on the Mechanism of the Biliary System.* By Charles Wilson, M.D., Licentiate of the Royal College of Surgeons, &c., one of the Physicians to the Kelso Dispensary."

The objects of the paper are thus stated:—

"The parts which are to be considered as immediately essential to what may be termed the mechanism of the biliary system are, the *tubuli biliferi*, the hepatic duct, the gall-bladder with its duct, and the *ductus communis*; and the questions which arise regarding them are, 1st, by what means the bile is propelled through the various canals? 2d, how it is made to retrograde into the gall-cyst at a certain period of its course? and 3d, by what agency it is again poured forth in considerable quantity, when its presence is required in the duodenum or other intestines, to assist in the process of digestion?"

It is to the second of these questions that the investigation particularly relates, and he thinks it may be answered in this manner:—The *ductus communis* contracts itself considerably as it passes into the gut, where it terminates by an orifice narrower than the body of the canal. At this orifice the inner membrane is disposed in a valvular form; a fact mentioned by Bichat and Cloquet, but without their alluding to its office. According to Dr. Wilson, just at the point where the pancreatic duct joins the *ductus communis*, may be seen two folds continuous with the orifice of the former. These may be demonstrated by means of the blowpipe; their unattached margin points upwards, in a direction opposite to the course of the bile; and the author regards them as performing the office of a valve, which, from being placed between the *ductus communis* and the pancreatic duct, is capable of being applied to either, according to circumstances. Supposing, as, from the observations of physiologists, appears to be the case, that the secretion, both from the pancreas and liver, are continually going on; as the pancreas possesses no cyst, its fluid must proceed constantly forwards, and will thus throw the valve outwards, so as to project into the gall-duct; while the bile, meeting with resistance, will pass only partially into the duodenum, the surplus regurgitating into the cyst. It is only when the gall-bladder is full

that the whole of the *vis a tergo* in the hepatic duct will act upon the orifice at the duodenum so as to produce a free passage for the bile into it; and even then, according to Dr. Wilson, it cannot throw the valve so completely on the pancreatic orifice as entirely to obstruct it. With a view of illustrating this mechanism, "the gall-bladder and duodenum having been previously emptied of their contents, a tube was passed into the hepatic duct, and pushed some way beyond its point of junction with the cystic, and air was then gently introduced by means of it into the *ductus communis,* when it was found that, while the air escaped only in very small quantity into the duodenum, the gall-bladder was easily and speedily distended, and it was not till its distention was completed that that of the duodenum could be said to have commenced,—thus proving that regurgitation from the duct into the gall-bladder is of more easy accomplishment, even under unfavourable circumstances, than any passage from that duct into the gut."

The means by which the gall-bladder becomes emptied is generally attributed to the pressure of the adjoining viscera when distended; an opinion in which Dr. Wilson concurs. In conclusion, he observes that the structure which he has described serves to account for gall-stones becoming arrested in the common duct after they have passed the narrower cystic or hepatic canals.

"XIII. *Observations on the Coagulation of the Blood.* By John Bostock, M.D. In a Letter to the Editor."

This is a very short communication, and is made with a view of correcting an assertion of the author in his physiology, that the coagulation of the blood might be prevented by strong agitation. Dr. Bostock has since been led to believe that agitation merely breaks down the coagulum and divides the fibrin into minute fragments. He thinks that the actual quantity of fibrin in healthy blood is much less than has been supposed, and that its proportion varies much, even without the presence of disease. He states that he has had much difficulty in coming to satisfactory conclusions; he is strongly inclined to believe, however, that, in blood which exhibits the buffy coat, the proportion of fibrin is increased; but as the serum in inflamed blood adheres very firmly to the fibrin, this circumstance, from the difficulty in effecting their separation, has led to the quantity of the latter being over-rated.

"XIV. *On a Peculiar Arthritic Exanthem which prevailed in the West Indies in the latter part of the year* 1827, *and beginning of* 1828. By Thomas Nicholson, Esq. Surgeon, Antigua."

This is an account of the "Dandy Fever," of which we have lately heard so much.

"This epidemic, which, in conformity with the nosology of Good, may be called *Exanthesis Arthrosia,* was ushered in by an intense head-ache, with flushed face, pains in the back, wrists, and ankles, a weariness in the limbs, and great prostration of strength. Flexion of the finger-joints was performed with difficulty and pain. The skin was hot, but rather moist, and acutely sensible of the impressions of the external air, from which the patient shrunk under a load of bed-clothes, quite unusual in a tropical climate. The stomach was generally irritable at the commencement of the attack, and the action of vomiting increased the violence of the head-ache, which at this period of the disease was always the most urgent symptom. In the course of thirty-six or forty-eight hours the febrile symptoms abated, and on the third day the patient probably left his bed free from complaint; but on the fourth, or from that to the eighth day, the eruption, in a great majority of the cases, made its appearance."

The eruption resembled measles in appearance, and went off in the course of 24 hours. The disease was not attended with catarrhal symptoms, appeared to be contagious, and yielded to the treatment adapted to other febrile affections. In no instance, out of several hundred, did it prove fatal.

"The treatment may be summed up in a few words. Brisk purgatives, saline diaphoretics, the warm bath, or pediluvium, formed the chief remedial measures during the febrile stage; and the cold affusion, followed by friction with dry flannel, or same rubefacient liniment, was found most effectual in relieving the sequelæ of the disease."

MEDICAL GAZETTE.

Saturday, March 28, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

THE LANCET AND THE MEDICAL GAZETTE.

We subjoin some observations on the conduct and management of the Lancet and Medical Gazette, from the first Number of a periodical which has just appeared. Of the work and its conductors we were wholly ignorant till after its publication, but we hail with pleasure so decided an expression of those honourable principles which it has ever been our object to maintain. The article will not, perhaps, be uninteresting to the readers of either of the Journals alluded to in it, though we can scarcely be regarded as impartial judges of any thing so favourable to ourselves. It has naturally been the object of the opponent whom we have so successfully bearded, to represent the Gazette as the organ merely of a party; this charge we have scorned formally to deny, trusting that our impartiality would sufficiently demonstrate it to be but a weak invention of the enemy—the artifice of a disingenuous and disappointed rival. We fearlessly appeal to our readers whether the statement in the following article be not true—that our exertions have been limited to the contradiction of false charges, and to placing circumstances connected with individuals who have been traduced in their true light, divested of the false colouring given to them by ignorance or malice: we appeal to them whether this Journal has ever been prostituted to party purposes; whether we have condescended to puff any one, however high his rank in the profession, or even among those who have been said to exercise a control over our proceedings.

The origin of this Journal is alluded to by our contemporary in the article which follows; but in republishing his statement, we would not be understood as tacitly admitting its accuracy: upon this subject we do not feel called upon to say more than this—that none of the conjectures as to the circumstances under which this Journal originated are strictly correct; nor is there almost any instance in which the articles which have appeared in it have been attributed to their real author.

Extract from the Provincial Medical Gazette.*

The first publication of the Lancet, about five years ago, was certainly an event of no little moment in the history of medical literature. The boldness and originality of the plan at once laid hold of the public mind; and the activity, energy, and unquestionable literary talent of the projector, were well calculated to procure it an extensive circulation. Possibly it was no part of his original design to adopt those means of arresting public attention of which he has since so unscrupulously availed himself: the intoxication of success may have overpowered his better sense, and led him to outrage, through wantonness, the common feelings of justice and honour. There may be some people charitable enough to palliate his offence thus far; but we venture to affirm that there is not a man, or a stripling, even among the most ardent of his professional admirers, who would not blush to defend his uncandid criticisms, and illiberal reflections on the conduct and character of the most talented and honoured members of our body. He has in nothing, we think, evinced so little tact, and so little acquaintance with the feelings of a liberal profession in a polished age, as by supposing that there is any considerable number belonging to it who admire

* In this extract we have omitted two quotations from Dr. Conolly's Introductory Lecture, as not immediately connected with our object.

misrepresentation on account of its boldness, or will excuse malice because its weapons may be keenly pointed or dexterously driven home.

But we may be told, in the words of the adage, to "give the devil his due;" and though the Editor of the Lancet can scarcely be classed with the fallen angels, inasmuch as it would be difficult to make *him* acknowledge that he has *fallen*, or any one else that he ever was absolute *purity;* yet, feeling ourselves bound to listen to his defence before delivering him up to condemnation, we shall candidly weigh the merits of his publication against its imputed sins.

One of the circumstances upon which he appears to plume himself most, if we may judge from those frequent paroxysms of boasting with which he encourages his doubtful followers, is that of having set the first example of publishing reports of the practice in hospitals. Now we are neither inclined to deny that such reports are highly useful, nor that, previous to the appearance of his journal, they were very insufficiently supplied. The claim of having been the first to publish hospital reports *at all*, can, however, only impose upon those who were very innocent of professional reading before the birth of the Lancet. The amount of its merit on this score consists in having furnished us with them much more frequently and fully than we had been previously accustomed to. Proud as he might have been even of this, how must he curse his own recklessness through which he has tarnished what might otherwise have been an honourable corner in his scutcheon. It cannot be denied, that in these reports facts have often been misrepresented through carelessness and incorrect information; not to mention the personal abuse in which they have indulged, and the instances of false colouring and wilful distortion of which they have been convicted. We do not desire it to be supposed that we think the great body of the Lancet's reports are substantially incorrect; but the instances of their carelessness and misrepresentation have been much too numerous to permit them to be referred to with sufficient confidence in the cautiousness of medical inductions. On this head, then, it appears that the accused has had the merit of adding to the stream of medical knowledge; but he has also had the disgrace of tainting its source. Let our readers award him his due.

The next ground on which the Lancet claims our acknowledgment is that of reporting the discussions at medical societies; and in this it certainly has had the merit of originality. It is very evident, however, that the advantages to be derived from this new source of instruction must depend most essentially upon the fidelity of the reports; and though actual charges of material falsification have seldom, perhaps, been brought against them, yet they uniformly evince the personal predilection and antipathies of the journal; in the one case, by full, clear, and chosen language; in the other, by compressed and careless, or studiously disjointed diction, enlivened by parenthetic sneers and vulgar slang. This may, no doubt, render them vastly amusing to those who are not over refined either in their morality or their wit; but we take the liberty of questioning whether it exhibit so much the love of truth, as the love of mischief and revenge; and whether it be not less likely to quicken the pace of science, than to quicken the passions and prejudices which oppose it, and to degrade its discussions to the level of debates at Billingsgate.

The publication of lectures delivered at the eminent schools of medicine in London, has brought the Lancet at once powerful enemies and a host of purchasers. It is very natural that the profession in general should be desirous of knowing the improved sentiments of its most distinguished members, and we are strongly inclined to think that the opportunity which the Lancet has afforded them of doing so, has been, beyond all other causes, instrumental in obtaining it so extensive a circulation. There can be no question, however, of the injustice and dishonesty of the proceeding, when it is done contrary to the wishes of the lecturer, as was the case in the first instances which the Lancet attempted. That Lord Eldon should have declared so flagrant a spoliation of property—of property in the strictest sense of the word, as applied to literature—to be equitable, is to us, we confess, most astounding. Does not the *law* defend even the published writings of men from piracy? and will *equity* refuse her protection to them, when they are yet

confined to the lecture-room? Of this, however, we can inform the Editor of the Lancet, that if he should chance to make the experiment of publishing any lectures delivered in Scotland, he will find himself in a less enviable predicament than even when in the Court of Chancery; for the Court of Session, some years ago, awarded heavy damages to Dr. Hunter, the venerable classic, for the piracy of his most original lectures on Philology. The shallow sophistry with which the Lancet attempts to distinguish between publishing the lectures of private teachers and those of hospital lecturers, shews upon what a degree of obtuseness it calculates in its readers. The pupil who gives a fee to a private lecturer for his instructions, has surely, in the eyes of all who are not wilfully blind, just as great a right to publish his preceptor's lectures as he who has paid a fee to a hospital lecturer, or (if the case be such) even to the governors of the hospital, between whom and the lecturer a previous arrangement has been made. It appears to us so impossible to draw any distinction between the two cases, that we are surprised the Lancet's *sagacity* has not come to the aid of its effrontery, by making a stand upon the broad ground of a right to publish all lectures whatever, if given for hire. Beyond this we are not aware that the worthy Ex-Chancellor laid down any limitation to such piratical proceedings. It is of no avail for the Lancet to tell us that though Mr. Abernethy's lectures were published in it without his consent, yet that most of those which have since appeared in its pages have not only been published with the permission of the authors, but, in some instances, from their own manuscripts, and under their own correction. It neither informs us whether this is done without fee or reward, nor whether the authors would have adopted such a course had the law afforded them any protection. If they were obliged to submit to piracy, it was certainly better for them to insure *correct* reports of their lectures, than to run the risk of having their opinions imperfectly elucidated, or, as some have complained, actually misrepresented. But we are told that so great has been the desire on the part of certain people to have their prelections published in the Lancet, that it was impossible to keep pace with the demand. It will scarcely surprise any one that there should be men in the metropolis eager enough to advertise themselves in this manner; in sooth the Editor must be much less wise in his generation than we take him to be, if he have not made some of those "friends," who have given us, through the medium of his pages, such precious proofs of their "intellectual composition," pay pretty smartly in pocket for the opportunity he has afforded their vanity of rendering them so illustriously ridiculous.

Another novelty introduced into our periodical literature by the Lancet was, as we have already mentioned, the discussion of questions on the police and morals of the profession; and this was a field where also much that is useful might have been effected; but it should seem as if it were destined to be recorded of the Lancet, *nihil tetigit quod non turpavit.* The policy recommended in its pages is too often any thing but politic; and its morals, as set forth in its own system of conduct, have, in the opinion of most people, a strong resemblance to *im*morality. We are by no means inclined to deny the necessity of that reformation in the constitution and powers of our medical corporations for which it so loudly calls out; nor shall we be averse to enter on a proper investigation of them upon some other occasion. We are, likewise, ready to admit that, notwithstanding all their intemperance and vulgarity, the discussions on such matters in the Lancet have already done good, and will yet operate much more; but every one must perceive that the vituperation and endless scurrilities which it has mixed up with the subject have done it infinite harm.

Again, we are inclined to think that the Lancet's vigilant superintendance of the proceedings at the public hospitals has had a good effect, though it has been stained with all the usual vices of the journal. It is, therefore, some relief to us that we can instance a subject on the question of police which has been uncorrupted by its ordinary leaven —we mean that of legislative measures to insure a safer and more sufficient supply of bodies for dissection. To the best of our knowledge, the exertions of the Lancet on this important matter have been at once temperate and able, and persevering beyond those of any other journal. Had all the discussions

in its pages been imbued with similar qualities, it would have obtained the earnest support of the profession.

With regard to its personal criticisms of public lecturers and practitioners, we admit that they are within the proper pale of animadversion; but in a science still so imperfect as medicine, and an art yet capable of so much improvement, opinions ought to be analysed with all the caution and candour of philosophy, and practice approved or condemned with modesty and forbearance—facts being carefully ascertained, and fairly stated. Whether the Lancet have uniformly acted up to these rules, the records of justice have repeatedly shewn. The history of medicine has handed nothing down to us so truly disgraceful as was disclosed on the late trial of Cooper *v.* Wakley. The internal evidence of falsehood in the recorded libel—the kind of witnesses produced to verify it—their ignorance, conceit, want of charity, and (at least in one instance) perjury—the tuition and tampering with them before the trial—the apparent attempt of the reporter of the libel* to produce *post mortem*, for the purpose of deception, that which was insinuated to have been perpetrated during life—the attempt of the defendant to influence the feelings of the jury, by producing the models, preparations, and instruments of a harrowing operation, and by an artful, blinding, and inflammatory address—all these have been so ably commented on and exposed to the public by our contemporaries, that it would be superfluous to add any thing on our part. Suffice it to say, they have removed the film from the eyes of those who were before blind to the principle which moves this great engine of discontent; and it is not its undiminished boasting, and stale attempts to identify the freedom of the press with the liberty of libelling—nor the secret assistance of precocious and unruly *homunculi*, who spurn at their indentures—nor that of the little "unknowns," who assembled at the Freemasons' Tavern to condole with the defendant, and resolve that a good dinner is a capital thing—nor their modest pence put down to build him, doubtless, a monument of brass—nor any thing, in short, but unequivocal contrition, and an instant forswearing of those proceedings by which he has so disgusted the profession, that will prevent it from being banished, by acclamation, wherever charity, good sense, or the feelings of candour and honour exist.

In summing up our opinion of this "leading journal," or first of medical newspapers, we beg to repeat, that we think it has, in many respects, been of great service to the profession; and that we consider it to have been conducted with no little talent and activity. But while we may admire its boldness and cleverness, we must detest its want of moral principle; and, admitting the good that it has done, we cannot shut our eyes to the fact, that it has introduced into a previously untarnished literature, a system which, if persisted in and encouraged, would very soon destroy all charity and trust among the members of our profession—sap its respectability—and render it a reproach to belong to it. Let it not be said that we ought to overlook the faults of the journal in consideration of its usefulness, for many a wretch has suffered on the scaffold who was by no means destitute of good qualities. We presume it would somewhat disturb the gravity of the court, if a convicted felon were to plead that he should not "die according to law," because he had done the State some service in the course of his life. Nay, our enmity or friendship to the Lancet ought not even, as we conceive, to depend upon the comparative *quantum* of good and evil it has done: it is our duty, as well as our interest, to obtain the greatest degree of good with the smallest proportion of evil possible; and unless it can be shewn that the good which this Journal does, or has done, cannot be obtained without the great and multiform mischief it has wrought, let all good men and all wise men deny it their support. Has any one formed so mean an estimate of those engaged in the study and practice of medicine, as to suppose that talents and acquirements, of a far higher order than any the Lancet can boast, will be found ready to prosecute whatever has been good in its design and conduct, if properly supported? And who has so degrading an opinion of them, as to think that those talents cannot be found without a deficiency of the moral and nobler

* This person has, since the trial, been expelled from the Westminster and London Medical Societies; a sufficient proof of the opinion these bodies entertain regarding his conduct.

sentiments of our nature? We trust that none can think so; and we call upon every one who thinks otherwise, to aid in stopping the pestilence which is fast corroding all that is vital and honourable in the constitution of the profession.

In alluding now to the London Medical Gazette, we ought, in the first place, to apologise for having represented it merely as *probable* that talents of the highest order would engage in following up whatever is good and praiseworthy in the plan of the Lancet. The wishes of the profession, in this respect, are already fulfilled. Established, as yet, scarcely more than one year, and with all the vast circulation and consequent resources of its rival to contend with, we put it with confidence to any unprejudiced person, whether, in respect to useful information, the Gazette be not already at least on a par with the Lancet? And when, in addition to this, it is considered that its hospital reports proceed from authentic and well-informed sources—not procured by stealth, and bearing marks of imperfectness, ignorance, and perversion—that the information it imparts is, in fact, for the most part, of the very same nature which its competitor furnishes—(lectures, proceedings at medical societies, leading remarks, and correspondence upon the most interesting occurrences of the day, and on questions of professional policy and morals)—when we consider, too, that every thing in its pages is kept free from the false colouring, recklessness, and abuse, by which the Lancet has so disgusted the public, and injured individual character—we should hope that there are few of our readers who have not already come forward to give it their support. If there be any among them, however, to whom, from the remoteness of their beats, it is still a stranger, we would earnestly call upon them to encourage it with their favour, by which they will have the satisfaction to think that they are doing what is in their power to uphold the respectability, honour, and dignity of the profession.

It may be objected, perhaps, that the reports of lectures, and of the proceedings at medical societies, are less minutely and vividly given in the Gazette than in the Lancet. Judging from the comparative space in general allotted to them, this should appear to be the case. We believe, however, that the substance of all that occurs in the societies is faithfully given by the Gazette; a circumstance the reverse of which has been frequently laid to the Lancet's charge, notwithstanding that, by appearing to record the most trivial things that pass, and filling up *lacunæ* from its own stores of invention and wit, it contrives to make its reports more lengthy*. With regard to the lectures again, it appears that in both instances they are printed from the manuscripts of the authors. The comparative merits of the publications, in this respect, must therefore depend upon those of the teachers with whose lectures they supply us; and as it seems there are means taken at most of the schools in London to prevent the Lancet from obtaining reports of the lectures, and it may be supposed that the Editor's particular "friends" have already nearly exhausted themselves in his pages, we anticipate that at no distant date he will be as little able to compete with his antagonist on this field, as he is to enter the lists with him in respect to the general conduct of his journal.

Again, if it be said that the Gazette has less extensive correspondence than the Lancet, we will place the *respectability* of the one against the *variety* of the other; and if "Erinensis" and "Scotus" be excepted from the list, who certainly display much genius and powers of observation, the Gazette may claim as great a superiority over its rival, as to the talents and good taste of its correspondents, as with regard to their character and weight in the profession. There is little left, therefore, for the Lancet to boast of on this head; and if the public encouragement continue to be freely extended towards the Gazette, its opponent will very soon possess not even a *pretence* to superiority on the ground of extensive communication†.

It appears that the Gazette was instituted by means of a subscription among the principal practitioners in London, many of whom had been most unwarrantably assailed in the pages of the Lancet. It has long since, how-

* Since this article was written, the reporter of the Lancet has been excluded both from the Westminster and the London Medical Societies.

† A reference to the present volume of the Gazette will prove that our Correspondents are already greatly more numerous than those of the Lancet.—Ed. G.

ever, put forth sufficient claims on public favour to stand by its own merits; and from the evidence on a late trial, we conclude that it is now independent of all extrinsic support. Looking to its origin, it might have been suspected that every opportunity would be taken to exalt its patrons; and that its criticisms, where *they* were concerned, would be at once timid in censure, and preposterous in praise. But it gives us pleasure to state, that the positive services they have derived from the journal have been confined to the rectification of mistakes, and the contradiction of falsehoods; while we could point out repeated instances of censure directed to them in energetic, though temperate language. One instance in particular we would allude to, where the evidence of one of the most distinguished surgeons in the metropolis, upon a case of Life Insurance, was, not long ago, severely and ably criticised, and, as it appears to us, most justly condemned.

It is perfectly true that the language of the Lancet is, in general, more forcible than that of the Gazette; but its advocates will probably admit that it is likewise some degrees coarser and less select. We confess we are no great admirers of that pungency of language which it is difficult to distinguish from vulgar bravado and impertinence; nor of that strength of diction which is peculiar to cockpits and pot-houses. It is vastly easy for those who are unscrupulous about their expressions, to write in what superficial and inconsiderate people denominate a powerful style—the nearest kennel or highway supplies them with the missiles most offensive to their antagonists; but it is very different with such as feel themselves restrained from taking up weapons which would defile or disgrace them. We dare say there are some people who have a supreme contempt for the qualities which constitute a gentleman, that proudest of English titles; and who look upon all conventional proprieties in the intercourse among men, as being founded in absolute folly, and only to be submitted to by the most spiritless and superlative blockheads: even truth itself may appear to them as a very unnecessary trammel upon the freedom of expression. To such men the style of the Gazette must, no doubt, appear exceedingly heavy; and certainly, if any of the libellous writers in the Lancet be among the number, we admit that none can better appreciate the *weight* of its language than they. It may often have made them *feel* that moderation of language is quite as serviceable to the censor as intemperance, because it is less offensive to good taste, while it is not so liable to be suspected of dishonesty; and they will, doubtless, by this time acknowledge that *truth*, which appeared to them so tame and spiritless, may, in fact, be as cutting as *the lancet* itself, and can, upon occasion, brand as indelibly as the actual cautery.

In conclusion, we would earnestly repeat our appeal to the profession within these districts, that they will not, through supineness or indifference, suffer it to be thought that they approve of this system of slander and abuse, which has been introduced so recklessly into our medical literature. We will not do any of them the injustice to suppose for an instant that they can advocate it, either openly or in their hearts; and if all honourable minds must condemn it, let no one even deign to derive *amusement* from such a source. It is a dangerous thing to nurse a serpent, to whose venom you may yourself, perhaps, speedily become a victim. If there be any, however, who have an irresistible propensity to laugh at their neighbours, and cannot help delighting to see them made appear ridiculous,—surely they have their tastes sufficiently gratified by those weekly journals of general news, which pander so amply to the lovers of detraction, and indulge in language of nearly equal force and offensiveness to that of the Lancet. But, in the name of science, let not the eldest, most honourable, and most useful of all her offspring, be disgraced and enervated by the loathsome poison. What have we, who search after truth, to do with deceit or falsehood, except to avoid them, and set a mark on them, that others may do the same? In the case of the Lancet, the latter good office has been done for us by the Medical Gazette, at once candidly, acutely, and powerfully. On turning over its leaves anew, for a very different purpose, we have been so struck with the accumulation of disgrace it has heaped on that journal, from its own pages, that we confess we are almost ashamed of the mildness with which we have condemned its most reprehensible proceedings.

AMPUTATION AT THE HIP-JOINT.

Extract of a letter dated Edinburgh, March 12th :—

" Yesterday we had at the hospital an amputation at the hip-joint for disease of the femur, from the knee to the head of the bone. The operation was well devised and most dexterously executed by Mr. Liston. The limb was separated in less than a minute. The bleeding was completely commanded, so that, although a great number of vessels required to be tied, not above 10 or 12 oz. of blood were lost, and the flaps met well. The parts were unfortunately in a diseased state; and the patient has suffered and is still suffering from the shock, and I fear is in considerable jeopardy. But whatever may be the result, I am satisfied that in as far as the necessity for the operation, and the manner in which it was performed go, the patient has had every justice done to him.

" P. S.—March 13th. The patient is dead."

LITERARY HONESTY.

In the Morning Herald of last Monday will be found Mr. Boyle's interesting case of injury from the bite of a shark, given at full length, without any reference to this Journal, and as an original article sent to the Herald. In the same page is an extract from the Lancet, which is acknowledged.—*Query:* What influence had our exposure of the illiberality of that paper on all questions regarding the medical profession, in producing this appropriation of our article, and not of that from our contemporary?

BURKING.

The following remarks from the *Gazette de France* form a very good satire on the absurd stories constantly appearing in the English newspapers: they scarcely admit of translation :—

" Les journaux anglais rapportent maintenant une foule d'histoires dont plusieurs faites à plaisir ne servent pas à diminuer les craintes. Tantôt c'est un homme qui a été enlevé par cinq ou six coquins dans un sac et emporte dans un endroit ou on allait le *burker*, lorsque il s'est tiré d'affaire presque par miracle: un autre fois, c'est une femme qui, en passant dans un rue peu frequentée, s'est vue environnée tout d'un coup par cinq ou six hommes ayant l'air d'autant d'ogres, qui, après lui avoir appliqué une emplâtre sur la bouche allaient la *burker* sans l'intervention d'un *watchman*: ailleurs c'est une jeune chirurgien arrivant d'Angleterre à Dublin, qui se met dans une pension bourgeoise, lie connoissance avec une jeune personne, lui fait sa cour, l'epouse, et part pour l'Angleterre afin de passer la lune de miel; mais on n'entend plus parler ni du mari ni de la femme, et tout le monde est convaincu que le chirurgien n'est qu'un *resurrection man*, et qu'il a épousé la jeune personne pour la *burker*. L'horrible histoire parvient aux journalistes, bientôt toutes les feuilles en parlent, et les vieilles femmes des trois royaumes tremblent pour elles, pour leur filles, et pour leur petites filles. Si un bon père de famille ne retourne pas chez lui juste a son heure ordinaire, sa femme et ses enfans se desesperent en pensant qu'il a pu être *burké*. Enfin, M. Warburton est venue proposer à la chambre des communes un mesure, qui si elle est adoptée mettra probablement fin aux travaux des *resurrection men* soit qu'ils suivent la marche du siècle, soit qu'ils aient adopté le système à-la-Burke."

VACCINATION.

Copy of the last Report of the National Vaccine Establishment to the Secretary of State for the Home Department.

March 2d, 1829.

TO THE RIGHT HONOURABLE ROBERT PEEL.

Sir,

The number of persons who have died of small-pox in the course of the last year, within the bills of mortality, amounts to 598; and we have no reason to think that this distemper has abated any thing of its virulence, or that it is more controllable by the expedients of our art, than it was in the times of its more general prevalence; for it still proves fatal to one out of three of those who take it in the natural way. It may seem strange, therefore, that any part of the population of the capital can still be found insensible to the advantages of the protective process,

or careless enough to forego the resource which the charity of parliament most humanely and generously provides for its safety.

We have the satisfaction, however, of finding that more than 10,000 of the poor have been vaccinated in London and its neighbourhood since our last report; and it is particularly gratifying to learn, from the records of the last year's experience of the Small-Pox Hospital, that no patient admitted there under small-pox, after vaccination, had been vaccinated by any officer of this establishment; whence it is fair to presume, that when the operation has been performed with due care and intelligence, it is much less liable to be followed by small-pox, and that such care and circumspection are absolutely necessary to a just and confident expectation that complete protection will be afforded by it.

We have supplied lymph to the army and navy, to the colonies, and to various parts of the Continent of Europe, since our last account; and our correspondence, which has become more extensive than ever, bears us out in assuming that there is no increase in the proportion of cases of small-pox after vaccination, which affords an answer to questions put to us repeatedly as to the gradual diminution and wearing out of the efficacy of the vaccine lymph by time; for it does not appear to us to be weakened or deteriorated by transmission through any number of subjects in the course of any number of years.

We have, &c.

(Signed by the usual Office-bearers.)

COLLEGE OF PHYSICIANS.

THREE interesting papers were read on Monday evening: one by Dr. Clarke, one by Dr. Wilson, and one by Mr. Sewel. We have only room in the present number for an abstract of the first of these.

Abstract of a Paper, entitled "Some Observations on the Effect produced by a Shock of Water in certain Morbid States of the System. By CHAS. M. CLARKE, M.D. F.R.S."

DR. CLARKE in this paper alludes to the effect of a "sudden and lavish" application of water to the face, or the immersion of the whole body, in cases some of which have been generally ranked under the head of hysteria.

Such affections have generally occurred in females of a "pasty" complexion, fat, pale, and weak; or in such as have evinced the common signs of debility, such as feeble pulse, cold extremities, and purpleness of parts distant from the centre of circulation. The age of the patients has varied from ten to thirty years; in many, menstruation has been imperfect, or absent, but without there being reason to regard this as the cause of the disease. The affection has consisted — 1. In actual loss of power of certain muscles, or an unwillingness to exert such power if it existed; 2. In an irregularity in certain muscular actions. These have apparently been brought on by indolence in some cases; in others, by over application of the mind; and in yet others, by sudden and violent emotions. The muscles chiefly implicated have been those of the throat, neck, and lower extremities, but the author does not include chorea among cases of this nature, however beneficial cold bathing may be in that disease; nor are his remarks extended to any form of tetanus.

Sometimes the disease alluded to by Dr. Clarke appears in the form of spasmodic cough, which comes on "several times in every minute during the whole day" for many weeks, except when the patient is eating or sleeping. Sometimes the voice is suddenly lost—at others the patient barks like a dog, or makes other "offensive and unintelligible noises." With regard to deglutition, sometimes the patient can swallow large morsels of food, or drink large quantities of fluid, but is unable to make the muscles act upon small quantities, and lets the saliva run from the mouth. In some examples the power of swallowing has been so entirely lost as to render it necessary to introduce food into the stomach through a tube. Sometimes the diaphragm is affected as in hiccup; in others the breathing is very imperfectly performed, and the oxygenation of the blood interrupted. Lock jaw is uncommon, but an affection of the muscles of the neck, resembling opisthotonos, is not unfrequent.

When the muscles of the lower extremities are affected, the most common condition is a total loss of power, so

that the thigh cannot be drawn up towards the body; or if the limbs be bent by another person, the patient cannot straighten them again. In some cases, Dr. Clarke has known this continue for many years, till at length the muscles have shrunk and the limbs lost their natural form. The arms are much less frequently affected, and scarcely ever are both together.

The affection of the lower limbs, above described, bears no resemblance to paraplegia; there being no evidence of pressure on the brain or spinal column, no numbness of the surface, nor tingling of the limbs.

The absence of constitutional symptoms, and the performance of the natural functions, the author observed, had led many to suspect that such cases were feigned: but he does not think this probable, when it is considered that the cases so frequently agree with each other, without any possibility of this being the result of imitation, and that the patients are debarred the enjoyments of life, and their prospects blasted by the notoriety of their disorder. If it be argued that fear is a powerful agent in removing them, it may be answered, that this is a very strong incentive to action under other circumstances, and frequently produces exertions which could not otherwise have been made.

There are certain circumstances which contra-indicate the use of this remedy; viz. disease of the brain, lungs, or abdominal viscera, but particularly of the heart or great vessels. These, even if suspected, should prevent this treatment from being adopted. With regard to its application, it is generally sufficient to pour from two to four gallons of water (warm or cold, according to circumstances) over the face, only allowing a short interval for the patient to breathe. The most convenient way is to place the patient with the head hanging over the edge of the bed, while she is firmly held by attendants. The first or second application is generally sufficient; but if, after two or three trials, it fails to give relief, it is not worth while to persevere. In old cases, and those which are severe, the whole body must be immersed in water several times, with "very short intervals" between the plunges. The patient not unfrequently suffers from severe head-ache afterwards; which, however, may be relieved by placing her in warm blankets and exhibiting diffusible stimulants—as ammonia.

Four cases were mentioned in illustration: in one, the patient, about 25 years of age, was affected with very violent spasms of the diaphragm. A great variety of remedies had been employed without avail. She was cured by the cold affusion twice repeated. In another, a young lady aged 22, there were spasms of the diaphragm, which impeded breathing, and the power of swallowing was lost, so that it was necessary to feed her through a tube. Menstruation was interrupted; the bowels sluggish; the patient could not stand. After many remedies had been tried, recourse was had to plunging her into cold water. She had severe head-ache, requiring ammonia. Her breathing was immediately relieved, and the power of deglutition restored in a slight degree. She recovered.

In a third instance, the patient was only nine years of age: she had spasmodic cough incessantly, except when she was eating or sleeping. The cough was instantly cured by cold affusion

In a fourth patient, a young lady aged 14, a violent spasmodic affection of the diaphragm and larynx, which greatly interfered with deglutition, was cured with equal rapidity by similar means.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

March 18, 1829.

Dr. Billing, President, in the Chair.

Dr. Benjamin Babington submitted to the meeting an ingenious instrument for the examination of parts within the fauces not admitting of inspection by unaided sight. It consisted of an oblong piece of looking-glass set in silver-wire, with a long shank. The reflecting portion is placed against the palate whilst the tongue is held down by a spatula, when the epiglottis and upper part of the larynx become visible in the glass. A strong light is required, and the instrument should be dipped in water so as to have a film of the fluid upon it when used, or the halitus of the breath renders it cloudy. The doctor proposed to call it the *glottiscope*.

Mr. Leese, jun. exhibited a specimen of diseased aorta, in which two of

the valves were in the retroverted state described by Dr. Hodgkin. The patient died when about thirty-eight years of age, and had laboured under a heart affection a considerable time, and had within this time undergone several attacks of pneumonia. He had a tremendous pulse, which the abstraction of blood, to the quantity of from one to two pints repeatedly taken away, did not subdue. He had also the *bruit de scie*. Mr. Leese was not aware that he had ever been engaged in violent exertions. The heart was found in a state of hypertrophy, with dilatation of the left ventricle. Near the valve not retroverted there was an excrescence. The aorta was dilated, and the lining membrane through the whole course of the vessel was greatly diseased. The valves were thickened.

A discussion ensued as to the effect of the imperfect action of the valves on the state of the heart.

Mr. Leese's preparation having been well preserved for several years in a solution of muriate of soda, led Dr. B. Babington to communicate some curious particulars respecting the action of galvanism in the preservation of animal matter. A slice of meat, he said, placed between a plate of copper and a plate of zinc might be preserved for a very long period. On the zinc side it becomes dry and hard, and on the copper side a jelly is formed. He considered the principle applicable to surgery for the purpose of stimulation, and had tried it in two cases of ulcerated leg. It induced smart action, and promoted the healing process. In one of the cases it could not be borne for more than half an hour at a time.

Dr. F. Ramsbotham detailed an instance of abortion at six weeks, in which the flooding was so profuse as to endanger the woman's life. He introduced his fingers into the vagina, and finding the membranes of the ovum protruding through the os uteri, he drew the ovum away, and the hæmorrhage afterwards ceased. He did not generally recommend interference in such cases, but he thought advantage was derived in this instance.

WESTMINSTER MEDICAL SOCIETY.

March 21, 1829.

James Arnott, Esq. in the Chair.

The subject of the preceding evening was resumed—namely, the exemption of operative tanners from pulmonary consumption, and the proposal of the aroma of oak-bark as a remedy in that disease. The first question is one not capable of elucidation by mere argument; and the second, as no trials have yet been made of the proposed plan, stands in a similar predicament. The discussion was therefore very heavy; much of the same ground was gone over again as on the former occasion, and a lesson afforded, by the drowsy state of the members, which, we hope, will render "an adjourned debate" hereafter of rare occurrence.

LONDON MEDICAL SOCIETY.

March 3, 1829.

This was a special general meeting, for the purpose of deciding whether the proceedings of this Society should be published. The question originated in the unfair manner in which reports had been given by our contemporary, and the feeling was so great against the continuance of the practice, that even under the check of the reports being "accredited," the members were equally divided—viz. 22 for, and 22 against it. The question was decided in favour of reporting, by the casting vote of the President, Mr. Callaway.

HOSPITAL REPORTS.

PARIS HOSPITAL.

Imaginary Affections—Pretended Operation—Recovery.

The two following cases have occurred, one in 1820 and the other within the last few months, under the care of M. Maury, at the Hospital of St. Louis.

Case I.—A young man from the country, a labourer, imagined that he had swallowed a young snake in a glass of water. "It is five years (said he) since the accident occurred; since which time the animal has not ceased to grow. It has now attained an enormous size, and produces great inconvenience: constantly in motion, it traverses the belly, mounts into the chest, and sometimes rises up to the left eye,

when I have a distinct perception of its size and colour. Sometimes its movements are so violent and painful, that I am obliged to constrain them by seizing and squeezing it through the parietes of the abdomen." The patient described a variety of other circumstances connected with his internal enemy, and appealed to the bystanders whether they did not hear it hissing; yet, in all other respects, he was perfectly rational. M. Maury, aware that no reasoning would avail, affected to agree with him. The patient himself expressed his conviction that nothing but an operation could save him. It was practised. In order to render the illusion more complete, a large plait was made in the integuments of the abdomen, the base of which was traversed with a bistoury, and a live adder introduced into the wound in the form of a seton. One of the wounds being covered with the hand, the patient was requested to assist the operator by seizing the head of the "serpent," and unite his efforts in extracting it. No idea can be formed of the joy of the patient without having witnessed it. Next day he declared that he was prodigiously shrunk, in consequence of the extraction of the horrid creature; all the torments which he had suffered for five years were removed; the cure was complete in a few days, and what is more remarkable, it has continued permanent. One circumstance alone for a moment rendered it doubtful: the patient was afraid that the serpent might have left some eggs, but his confidence was completely restored on being assured that it was a *male*.

Case II.—The subject of this observation was a woman, aged 40, the mother of several children, of a nervous temperament, and her health broken by various causes, principally moral. She was admitted into the Hospital St. Louis last November, after having gone the round of most of the hospitals in Paris, and consulted a great number of practitioners, on account of an animal which moved about in the hypochondriac region and left flank, producing pain extending sometimes to the corresponding side of the head. On some occasions she described it as a tape-worm, on others as a worm covered with bristles; sometimes as an adder, and sometimes leeches, which she had swallowed in eating water-cresses. The countenance was expressive of mental suffering and excitement, but the intellect was not deranged, except as regarded her complaint. She had increased appetite and borborygmi, which she attributed to the movements of the animal; she was constipated, averse to exercise, and fond of solitude. These circumstances, it will be perceived, rendered this case more complicated than the preceding. It was evident that, though there might be some real suffering, there was more which was imaginary. M. Maury, however, easily persuaded her that the animal was a serpent, and that an operation alone could remove it: accordingly, an operation similar to that above described was had recourse to. The success, however, was not quite so complete, as she still complained, either owing to her experiencing real pain or that her imagination had not been entirely satisfied. However she left the hospital much more tranquil, and it has since been ascertained from her family that she has nearly recovered her health.—*La Cliniq.*

ST. GEORGE'S HOSPITAL.

Fungus Hæmatodes of the Right Mamma—Amputation of the Breast—Depositions of Pus in the Left Leg, and Gangrene of that limb.

An old woman, named Frances Childs, 66 years of age, was brought into the operating theatre to undergo amputation of the right breast, on the 26th of February, 1829. The mammæ were full and remarkably plump, considering the patient's age: the right was in the gross little larger to the eye than the left; the nipple was unaffected, but below it, in the depending part of the breast, was a certain degree of enlargement, over which the skin was red and inflamed. On applying the hand to the tumor it was found to be seated in the lower part of the breast, something larger than an egg, but of similar shape, with its longest diameter transversely, not painful on handling, not so hard as scirrhus, well defined, and presenting a certain elasticity on pressure. The axillary glands on that side were unaffected.

An elliptical incision, its concave looking upwards, was made by Mr. Brodie on the lowermost verge of the cutaneous redness, and the flap of integument a little dissected from the surface of the tumor. Into the substance of the latter a puncture was purposely made by Mr. B. before proceeding further, in order to ascertain its structure, which proved to be fungus hæmatodes. The dissection of that, the lower, flap was then continued, and the upper incision likewise was made, elliptical, with the concave looking downwards. Between the two incisions were included about two inches

and a half of skin, or more, comprising the nipple and the greater part of the cutaneous redness. The *whole* of the gland was dissected out from above downwards, and the tumor being attached in one spot to the pectoralis major, one or two fibres of that muscle were removed. The operation was finished in the usual way, a couple of sutures being employed to hold the flaps together; the bleeding vessels diligently sought for and secured; and some port wine given to revive the patient, and encourage the bleeding at the time.

The tumor was embedded in the lower portion of the mammary gland, rather than a diseased condition of the whole of it. It appeared to be distinctly circumscribed, was the size of an egg or thereabouts, and presented the genuine medullary structure, looking very like the "pulpy testicle."

The patient was a little old woman of a bad habit of body, who was nearly as often drunk as sober, and whose history, as well as that of her disease, presented one or two particulars worth notice.

Several years before her admission, which was on the 20th Nov. 1828, she had been bled for rheumatic fever, and experiencing afterwards violent pain in the cicatrix, Mr. Brodie removed it with complete relief. Six months before her admission, she first discovered a small tumor in the right breast, which gradually increased, unaccompanied with pain. At the time of her entrance into hospital it occupied the lower part of the breast, was the size of a goose's egg, and had somewhat an elastic semi-fluctuating feel. The skin over it was loose; there were no enlarged glands in the axilla. In the course of a few visits, Mr. Brodie not being satisfied of the precise nature of the swelling, made a puncture with a fine instrument, from which issued a small quantity of glairy fluid, but not a drop of pus.

On the 7th of February she complained of pain extending from the fore finger of the left hand, (which she had cut about a fortnight previously), up as high as the axilla. The absorbents of the hand and arm were inflamed; she had suffered for the two or three days preceding from head-ache and fever; the pulse was 100; the skin hot; the tongue furred. Cold lotion to the arm, calomel and antimony, senna, and salines with antimony, were the means employed, and although a gland in the axilla enlarged, her health improved, and by the 12th the pain and fever had subsided. The bowels were kept open, and on the 20th the gland, which had suppurated, was opened, and about two ounces of pus discharged. She was put upon bark, and the enlargement of the diseased mamma steadily augmenting, the operation was performed, as has been stated, on the 26th.

Soon after the patient's removal to bed a little hæmorrhage occurred, not more than sufficient to stain the dressings, and instantly arrested by the application of ice, without the removal of the straps. She was ordered twenty-five drops of laudanum, passed a tolerable night, and next day was doing as well as could be expected; the tongue was a little white, the pulse quick, the bowels had not yet been opened.

℞ Haust. Senn. ℥iss. statim.
Mist. Camph. ℥iss. Liq. Op. Sedativ. ♏xv. h. s. s.

She slept well that night; the bowels were freely opened by the senna, and on the 28th nothing untoward was observed. The bleeding, it should be mentioned, had never returned since the first application of the ice, which, we believe, was not continued so long as twenty-four hours. From this till the 2d of March she was much *in statu quo*, but on that day she had a rigor, afterwards felt sick, was feverish, and next day a redness of the skin was perceived about the shoulder and front of the breast, with a distinct boundary line, and looking very like, if it was not, erysipelas. The pulse at this time was frequent, but without any force; the tongue white and coated; the breathing rather hurried; the expression anxious. The wound had been dressed once or twice, was looking healthy, and all the ligatures but one had come away. The treatment consisted in salines with syrup of poppies, and house physic.

Throughout the 4th she felt chilly now and then, and was sick. She had pain on drawing in a full breath, especially in the right side of the chest, and apparently depending on the external wound. The redness of the skin was less apparent, but still was there; the pulse was about 90, and extremely small; the skin not hot; the tongue coated; the bowels open; the manner quick; the cough, as it had been from the first, rather troublesome. The wound, when dressed again, looked healthy, and no collection of matter could be found. In the night of the 4th, she complained of pain in the *left* lower extremity, and next day, when we saw her, it was in the following condition.

The foot, leg, and lower part of the thigh, were generally swollen, the swelling passing off in the thigh by almost imperceptible degrees, and not abruptly. The whole limb was tender upon pressure, and some said especially in the course of the veins, but this we could not find to be the case. The integuments of the leg, and particularly of the calf, were very tense, and the skin was glossy from being on the stretch, whilst the superficial veins were filled with coagulating blood. No fluctuation, but rather a feeling of elasticity, was present, save in one point, at and about the internal malleolus, where the skin, for the space of a crown-piece, was reddened, and a sense of fluctuation was given to the fingers. This and the out-

side of the knee were the most painful parts of the whole limb. The skin, except in the part alluded to about the inner ankle, was not at all discoloured, and nothing like streaks of redness could be seen, or hardness could be felt, in the course of the saphena or femoral veins. The pulse was rapid and small, the tongue dry and loaded, the mind wandering, the countenance sunk and almost hippocratic. The sedative was continued, and some nourishment ordered; but next day, at Mr. Brodie's visit, all were surprised to observe the leg, as high as the knee, in a state of gangrene, swollen, cold or cooling, mottled, but without vesication. The pulse was rapid, the countenance death-like; the wound, when looked to, was gaping and dry. The sutures were cut away, some fresh strips of plaister loosely applied, and the gangrenous limb directed to be rolled in flannel. Ammonia and port wine were ordered, but before 5 P.M. she was dead.

Sectio Cadaveris.—The body externally, though sallower than natural, had no decidedly yellow tint. The wound of the breast presented little or nothing remarkable, but in its immediate vicinity were a couple of drachms of pus, apparently unconnected with the wound itself, and deposited in the substance of the pectoralis major.

Vesications were found upon the leg in several places, so that it was not, as it seemed on the preceding morning to be, a case of *dry* gangrene. The thigh was externally little affected.

The femoral vessels were carefully examined, but no inflammation or disease could be seen either in the artery or vein. The muscles of the thigh, at their lower part, were soft, and torn by a very slight force. The cellular membrane in the ham was rotten, and could be broken with the greatest ease. The popliteal vessels were sound.

The cellular and cuticular structures of the leg were in a state of gangrenous disorganization, whilst the muscles generally were found in a semi-fluid rotten state, and the gastrocnemii were converted into a kind of bouillie, made up of half sloughy fibres and pus. In the cellular membrane, behind the malleolus internus, was a purulent depôt, and the ankle-joint itself contained pus, without ulceration of its cartilages. The posterior tibial vessels, artery and vein, were perfectly free from inflammation, and the nerves, popliteal and tibial, were also sound. The pleuræ were not inflamed. The lungs were healthy. The head was not examined.

At the present time, when inflammation of the veins and purulent deposits are attracting so much and such deserved attention, the present case will, we trust, be read with interest. It bears very closely on some of the points which are now at issue, and we pledge ourselves for its accuracy in every respect. Δ

GUY'S HOSPITAL.

Deep-seated Tumor in the Neck.

William Bower, æt. 21, admitted 18th Feb. 1829, into Cornelius ward. His general appearance is that of a hale, healthy countryman, of a light complexion, by trade a blacksmith, and has lived a sober life. About eight months since he first perceived a small moveable swelling, midway between the clavicle and lower jaw, not then larger than a hazel nut, which he attributed to his catching cold. At that time it was accompanied with considerable pain, and some stiffness of the neck, which was relieved by friction with hartshorn and oil; but the tumor itself has continued increasing, unattended with any particular pain. It has now attained the size of a large orange, of a somewhat flattened form, which is supposed to arise from its being bound down by the deep cervical fascia, as the swelling extends behind the clavicle, and with a direction towards the trachea, beneath the sterno-thyroideus muscle, of course crossed by the sterno-mastoideus, with the trapezius concealing it in part behind. There are two or three of the superficial cervical glands enlarged, and resting on the tumor, which easily glide over its surface, although the tumor itself is very firmly fixed in its situation. An *obscure* sense of fluctuation was perceived at the upper part. Has no fever, and has *never suffered from rigors.*

After being in the hospital about ten days without any manifest change, Mr. B. Cooper ordered some alterative medicines as a preliminary to cutting down upon the tumor, and afterwards proceeding as circumstances might demand.

March 3d.—An incision was made over the tumor, which exposed the fibrous walls of a sac containing a fluid, and which was proved to be pus by puncturing it. From the parietes of the sac projected numerous highly vascular and semi-transparent membranous granulations, the malignant appearance of which indicated the propriety of excising the parts, as far as was practically consistent with the safety of the patient. After this had been done, by the suggestion of Sir A. Cooper, flour was sprinkled over the interior of the remaining portion of the cavity, to prevent its healing by the adhesive process. No important vessel was wounded during the operation, although the sac of the tumor adhered both to the subclavian artery and sheath of the carotid.

4th.—Has passed a restless night; complains of great pain in the neck, over which a large poultice was ordered to be applied; considerable febrile symptoms, with acute pain in the head.

℞ Magnes. Sulphat. ℥ij.
Liq. Ammon. Acet. ℥ss.
Liq. Antim. Tart. gtt. xij.
Mist. Camphor, ℥j. M. f. haust. tertiâ quâque horâ sum. donec alvus, &c.

℞ Hydrarg. Submur. gr. iss.
Opii Pulv. gr. ss. h. s.

5th.—Discharge from the wound considerable; pain in the head not relieved. Bowels not having been opened since the operation, he was ordered to take Calomel, gr. iij.; Pulv. Jalapæ, gr. xij. stat.; to be followed up by an enema in four hours, if necessary.

6th.—Much better; pain in the head almost gone; slept well; bowels open; the stiffness and soreness of the neck much diminished; discharge still plentiful.

9th.—The wound quite clean; granulation rising up rapidly from all parts of the sac.

14th.—Discharge has been diminishing for the last two or three days; appetite good; sleeps well; so that he may be considered as convalescent.

To take Infus. of Cascarilla, with Soda, twice a-day.

Fracture of all the Bones of the Skull except the Æthmoid.

March 11.—J. Turner, aged 63, was brought to the Hospital at one o'clock, having, half an hour previously, fallen 16 feet into the hold of a ship, which he was employed in unloading.

The man's condition was as follows:—Sensibility and voluntary motion entirely abolished; external stimuli failed in eliciting any sign of consciousness; pulse 120, small, weak, and very irregular, frequently intermitting; extremities cold; irides semi-contracted, and immoveably fixed; respiration laborious, accompanied by stertor and mucous rattle, with frothy blood issuing from the mouth and nose; each expiration was slow and protracted, the inspirations, on the contrary, being quicker, and attended by an almost convulsive action of the accessory muscles, which gave a sudden jerk to the head and shoulders; the number of the respirations per minute was exceedingly few, especially as compared with the accelerated pulse.

These symptoms were considered by Mr. Key as indicating not only compression, but also injury to the substance of the brain, the latter condition being pointed out particularly by the state of the pulse. The only discoverable injury was extensive tumefaction, apparently from a blow, on the left side of the head, above the temporal fossa; but no fracture could be detected.

Half an hour after admission there was slight reaction, so that it was deemed proper to abstract blood; the jugular vein was opened, but as the pulse, which had previously risen, soon began to sink, only 6 or 7 ounces were taken.

On Mr. Key's next visit, at half-past three, no change had taken place; there was no sign of reaction, and the poor fellow's condition appeared desperate. Thinking, however, that there was probably a fracture near the seat of contusion, which, from its situation, might have injured the middle meningeal artery, Mr. Key determined to expose the bone, and if he found a fracture, to trephine. He accordingly made a crucial incision at the upper part of the temporal fossa, rather anteriorly, which exposed a fracture running upwards and backwards, and from which there gushed blood of a dark venous hue, but flowing in jets as arterial: this being stopped for the moment by a plug of lint, a triangular piece of bone was removed by Hey's saw, which exposed a large cavity, formed by extensive separation of the dura mater from the skull, and containing a large quantity of nearly fluid blood: this cavity was so complete, that the finger could be swept around it, scarcely touching the dura mater. As the blood escaped, the membrane rose and reapplied itself to the cranium; but the hæmorrhage still continued, having distinctly the arterial jet. Believing it to come from the meningeal vessel, Mr. Key thrust a small dossil of lint between the bone and dura mater, in the direction of that artery, and thereby succeeded in staying the bleeding. The wound was now closed, and the man put to bed, but not with any hope that he would survive, for the operation had not afforded the slightest relief; on the contrary, during its progress, the pulse and respiration had become still more feeble and irregular. Between five and six o'clock the same evening the man expired.

On examination of the body the following day, every bone of the skull, except the æthmoid, was found fractured; those of the base were a mass of comminuted fragments—even the petrous portions, and the hardest parts of the occipital, being completely shattered. The condyloid processes, and many fragments around the foramen magnum, were driven in, or upwards, so as evidently to have compressed the base of the brain. The particular fracture upon which the operation was performed had a very extended course:—it commenced at the base, ascended through the left temporal fossa, crossing the great meningeal artery and lacerating its branches, passed over the vertex, branching backwards in the parietal, and forwards in the frontal bone, finally terminating near the temporal ridge of the right side. There was extravasation at the base of the brain, laceration of the under surface of the cerebral lobes, and in the substance of the cerebellum numerous sanguineous patches resembling ecchymosis.

ERRATA.

Page 496, *for* "Feb. 29 and 30," *read* "March 1 and 2."

Page 513, *for* "*motive*, &c. are," *read* "*motives*, &c. are."

Page 518, *for* "it *then* appears," *read* "it *thus* appears."

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SATURDAY, APRIL 4, 1829.

AN ABSTRACT

OF

JOHN HUNTER'S THEORY OF LIFE,

Illustrated by an Analytical Map.

From the Treatise on "Blood, Inflammation, and Gun-shot Wounds."

By James Ansley Hingeston.

John Hunter, one of the great masters of English surgery and physiology, has often been the favourite author of my studies. After an attentive and reflective perusal of his writings, the darkness of his language has been dispelled, and I have learned, almost in a new dialect, the order and system of his thoughts. A want of perspicuity in the arrangement of his subject has obscured the distinct scheme of his reasonings and experiments; the final purpose of his work is overlooked in a superficial reading, and the unity of design and sentiment is developed only by time, retirement, and study. He was a man endowed with the bold and rare talent of searching for the original materials of knowledge, and of investigating, in earnest curiosity and labour, the abstruse points of science; his observations were not less free and enlarged than his understanding; and his diffidence was singular and admirable in one who possessed all the advantages of deep research, correct judgment, and a flow of native genius. The care and diligence of succeeding inquirers have detected some fallacies, and corrected some errors; but the faults or imperfections of his opinions might be peculiar to the novel and extensive mode of his studies; and though the advance of medicine, during an interval of peace and improvement, has been considerable and rapid, we can still ascribe to John Hunter the merit of much professional information. Every page of his writings presents the man who thought for himself; and we may sometimes discover the mind, perhaps too eager, which could feel or perceive in the visible operations of nature more than could always be intelligibly expressed. His Theory of Life was novel, and it is comprehensive: it embraces the whole range of organized bodies; it attempts the indication of a single power, which sustains and governs all living creatures, according to definite laws; ascending from a simple principle of conservation up to one of efficient complication in the cerebral organization. This is the leading feature of the "Treatise on Blood, Inflammation, and Gun-shot wounds;" a work expressly written for the improvement of a particular branch of surgery, but which contains so many valuable observations on health and disease, that it may well become a text-book of every medical practitioner. The equal vitality of the solids and fluids is generally known and frequently admitted; and the phrase of "simple animal life" pervades his book, and must have obtained, among many readers, the credit of truth. Yet the notions which flow irregularly thoughout this volume may not have always been thought capable of being reduced to a visible plan, and displayed within the small compass of a systematic arrangement, because his observations are scattered, and his arguments frequent and interrupted. From a sedulous and minute perusal, however, of his Treatise, I have abstracted, I think, an analytical system

of the whole, which, it may seem, had guided the author (however unconscious of it himself) in the choice of his experiments and in the direction of his opinions. This analysis, the offspring of a natural course of ideas, has digested itself into a plan, without the intervention of painful thinking, fancy, or conceit; and may perhaps (I pretend not to measure its worth) be found to include every point of which he treats in his interesting work. The truth, as it appeared to me, was self-evident; but I was confirmed in my confidence by a high and foreign authority. Before I had studied (for I had *read*) the General Anatomy of the Body, by Bichât—and before I could comprehend the distinction which he makes between his *organic* and *animal* life—I had discovered (or fancied I had discovered) and planned the subsequent analysis of John Hunter's Treatise. When, therefore, the scheme of the French physiologist began to unfold before me, I was very much pleased to find it in a great degree similar to that which I had already deduced from the celebrated work of our own countryman;—and this is the singular similarity which will be found between them—viz. that Bichât * divides the attributes between two species of life: the one an organic life, diffused through the circulating system, and having its centre in the heart; the other an animal life, emanating from the brain and distributed by the nerves: that I had deduced from John Hunter's Treatise a simple animal life, of which the stomach is the seat and the blood the medium of diffusion; and an efficient animal life, of which the brain is the seat and the nerves the lines of distribution. The first is a preservative principle, common to all organized matter; the second an influencing principle, peculiar to animals and some reptiles: the one sustaining, the other directing, the vital processes of the body. But to have a clear and fixed notion of our subject, it must be observed and remembered that by this cerebral principle is meant, not the *moral*, but the *physical* functions of the brain: the whole relates to the man as a sensitive, not a reflective, animal. This, therefore, is the origin and outline of the scheme, which I will now proceed to detail and explain, to examine and compare, with individual attention.

The life of an animal is continued by the harmony of dissimilar parts (Hunter, pp. 11, 243) *. But the attributes of life may be ascribed to the influence of two separate and distinct organs; and the stomach and the brain may be proved to be the means of conserving the powers and of controlling the actions of the body, from man and the higher orders of mammalia down to some classes of worms, insects, molluscæ, &c. Below these creatures a cerebral organization is less discernible, or altogether invisible: the vegetable life is more simple, and depends upon a single principle of conservation for the circulation of the various fluids and the absorption of nutritive matter; the root performing, in a plant, the same functions as the stomach in an animal. And thus inorganized substances, subject to the definite laws of physics, are distinguished from plants which are simply nourished and reproduced; while the additional properties of sense and motion distinguish animals and some reptiles from the inferior vegetable kingdom. Animal life, indeed, such as we behold in man, consists in sensation and perception, in volition and internal actions, which may truly derive their source from one centre—the *brain*; but it likewise exhibits, in common with vegetable existence, the phenomena of absorption and circulation, of deposition and exhalation, which evidently refer themselves to the *stomach* and sanguiferous system. This division, which will appear to be no arbitrary assumption, displays, in a concise view, a *ventral* or *conservative* principle, and a *cerebral* or *controlling* principle; both manifestly distinct from each other, though intimately associated in their mutual conditions.

I. The ventral or conservative principle is synonymous with the "simple animal life" of John Hunter, and the "organic life" of Bichât. "I long suspected," observed the former, "that the principle of life was not wholly confined to animals, or animal substance endowed with visible organization and spontaneous motion. I con-

* These opinions of Bichât are drawn from his work on the General Anatomy of the Human Body, and the passages principally referred to throughout this paper are the General Considerations at the commencement, and the different articles on the vital properties of different structures.

* The quarto edition of the Treatise on the Blood, &c. &c. published 1795, is the work to whose pages I always refer.

ceived that the same principle existed in animal substances devoid of apparent organization, where there existed *simply the power of preservation.*" (Hunter, p. 78.) He was "led to this notion" by some reflections on the egg during incubation; and he instituted some experiments, whereby he arrived at the opinion that the power of the egg in resisting heat, cold, and putrefaction; of the sap of a tree in remaining fluid while circulating under a freezing temperature; and of the blood in continuing fluid, as well as in motion, during the winter torpidity of some creatures, is a principle of simple animal life (p. 30). The same experiments were exercised on snails, eels, and frogs, with the same conclusions. This principle he considers to be independent of action, and merely diffused through the body as the "powers of preservation," being accordingly "the first animal powers of the machine," (p. 316); "for," he remarks, "I have *an idea* that some animals absorb their nourishment, *even without action*, somewhat similar to a sponge, but dispose of it immediately by converting it into their own increase," (p. 152). Thus he thinks that the simplest manifestation of life is that which only preserves the being of the creature, and is opposed to its dissolution; by which it does nothing more than grow and exist, and is endowed with the simple power, but not the complicated actions, of life (pp. 454, 448, 491). It marks the limits between the lowest form of organization and inert matter. This is John Hunter's "simple animal life," and may be defined as a conservative principle. But in the human body he assigns to it a particular seat, or centre, which procures a continual supply from the preparation or digestion of extraneous matter; and this centre is the stomach. "The stomach is the seat of simple animal life," (p. 402); and "is that organ which is *in itself* immediately connected with life," (p. 323). There are other organs, indeed, "where life only depends upon their action, or use: the heart, the lungs, the brain, are to be considered in this last light," (*ibid.*); but this one organ is the *root* of our existence. Hence the variety of symptoms and danger of disease, according to the degree in which the stomach is affected; for when this viscus is severely affected, "simple animal life seems to be hurt or lessened, just as sensation (or our efficient animal life, to be hereafter spoken of) is lessened when the brain is injured," (p. 324). Wherefore the stomach is the seat of the ventral or conservative principle, and dispenses its peculiar vital influence to all parts of the body. "The chyle is the immediate effect or product of digestion, and is the seed, which, as it were, grows into blood," (p. 72).* For the blood is endowed with life while circulating; and "no part of the body is to be considered as a complete living substance, *producing and continuing life*, without the blood," (p. 85). "But it is almost impossible to say where the living principle begins in the blood: whether in the chyle itself, or not till that fluid mixes with the other blood, and receives its influence from the lungs. I am, however, rather inclined to think that the chyle itself is alive," (p. 91).—"The first motion of the nourishment in most animals is by the absorption of this fluid from the appendages of the stomach; and in many this appears to be the whole, as they have no such organ, or viscus, as the heart, to which it may be carried; and in such it may be supposed to be, in its mode of distinction, somewhat similar to the mesenteric veins and vena portarum; but *this structure belongs only to the most simple*, or first class of animals. In those which are more perfect, where parts are formed for each particular purpose, *the chyle is brought to one organ*, called the *heart*, having first joined the venous blood, which now requires a similar process, and from thence it comes back to the heart again, *to be sent to every part of the body*," (p. 73) —"Hence it will appear evident that the fluidity of the blood is intended for its motion; and its motion only to convey life and living materials to every part," (p. 92); sustaining the nutrition and growth of the frame, and distributing, in the course of its circulation, that principle which it derives from the stomach. But John Hunter asks the question, "If the nerves, either of themselves or from their communication with the brain,

* I have here presumed that the life of the blood is admitted as THE theory of John Hunter. I am not now commenting on his opinions, but tracing his notions of the vital principle; and to treat of the vitality of the blood would be a subject too long for my present purpose.

give vitality to our solids, how should a solid continue life after a nerve is destroyed, or, still more, paralytic?—for the part (under this affection) continues to be nourished, although not to the full health of *voluntary action*." This nourishment, as we have just shewn, "is the blood; for deprive it of the blood, and it mortifies," (p. 90). The brain and nervous system are not absolutely, but secondarily, necessary for the nutritive process, or simple animal life of the human body. "This living principle of the blood is the *materia vitæ diffusa*, of which every part of an animal has its portion: it is, as it were, diffused through the solids and fluids, making a necessary constituent part of them, and forming with them a perfect whole; giving to both the power of preservation and susceptibility of impression," (p. 89). We have, indeed, "the strongest proofs of the materia vitæ making part of the composition of the body, *independent of the nerves;* and (it) is similar in this respect to those inferior orders of animals that have no nerves, where every other principle of the animal is diffused through the whole," (*ibid.*) Bichât states, that his "organic life" is manifested almost solely in the sanguiferous system; and John Hunter observes, "that the heart's motion does not arise from any immediate impulse from the brain," (p. 148). But Bichât, while he includes digestion and nutrition in this division, ascribes his "organic life" to the circulating system alone, without admitting the stomach as its *primary* source. Our plan, however, will appear more correct and complete, if the subject be attentively considered.

Several names have been applied by John Hunter to designate this condition of life, and much obscurity has been raised from a want of perspicuous definitions. As we have already used several designations, we may collect and arrange them in this place:—The ventral, or conservative, principle is synonymous with the "simple animal life," the "materia vitæ diffusa" of John Hunter, and with the "organic life" of Bichât.

In this division would follow, with seeming propriety, the sympathetic nerve, or that series of little brains which Bichât has appropriated as peculiar to the functions of his organic life. But this subject is still veiled in the deepest obscurity, and we must remain satisfied with the result of particular facts and observations, till well-established experiments shall have discovered their true powers, and indicated their proper place in a natural system. The French physiologist, while he asserts that he has been the first to explain and apply, mentions, with modesty, the probable nature of these nerves; but John Hunter never directly alludes to them, and has given very few and ambiguous opinions concerning the brain, or any other part of the nervous system. His attention was almost exclusively devoted to that species of life which man enjoys in common with every other organized being, and which is in the body for the *preservation*, and not for the *direction* of the creature. I am inclined to believe, and I think the belief is very probable, that his experiments had but begun to elucidate his extensive idea of life, and that the term of human existence would have been too short to complete a scheme which was bounded only by nature itself. We may pause and admire the man who could discern, by the unaided efforts of his single genius, the proper point for the commencement of his studies and investigations. In the perusal of his writings, we accordingly find that most of his observations are directed to the *root* of our existence, and that they become less frequent, though not less valuable, as we ascend to the more complicated orders of cerebral organizations. But the opinions of John Hunter were the result of candid observation and strict experiment, and he might have found no reason to suggest or confirm any new notions upon this curious system of nerves and ganglions; so that, if he has not admitted it into his theory, we must likewise exclude it, without condemnation, from this analysis of his work.

II. The cerebral or controlling principle is synonymous with the "materia vitæ coascervata" of John Hunter, and the "animal life" of Bichât. Upon this division of our subject, John Hunter is doubtful, or ambiguous: he occasionally discriminates and explains the difference between the influence of the brain and the conserving principle of the simple animal life, and yet, in a following passage, he is uncertain, and confounds the one with the other. He has approached very near to a clear di-

vision of his subject; but from his surmises only, I am authorized in drawing the following conclusion:—That the materia vitæ coascervata is placed in direct contradistinction to the materia vitæ diffusa, "diffused throughout the body" (p. 89). The life of the brain is, most assuredly, not of a different kind from that of the stomach, or any other organ or member whatever of the body; for it is itself nourished and preserved by the simple animal life; but it has a peculiar and an absolute influence *superadded*, by which it specifically excites and directs the simple animal life to particular actions (p. 90). No part of our bodies, indeed, can *live* without blood, but no part can *act* without nerves. The polyp may be an instance of simple animal life subject only to external stimuli; and man may be an instance of simple animal life subject to external stimuli, but subject also to an internal controlling principle, the brain. This viscus receives, "by means of the nerves, the vast variety of actions of the diffused materia vitæ, which arise from impression and habit," and distinguishes from what part they come, and for what purpose they are intended; it performs, therefore, an important office in the animal economy, assumes an essential rank next to that of the stomach, and fairly claims for itself the centre and title of *efficient* animal life. This designation directly opposes it to the *simple* animal life, or ventral principle, and confirms, instead of distorting, the notions of John Hunter, who observes, that the brain preserves a communication with the whole of the body by means of the nerves (p. 324); that the nerves receive and convey sensations; that they excite the various actions of volition; and that they impress and modify all the external, and many of the internal, operations of the machine. And, finally, the moral attributes of man—his imagination, intellect, and reason—are closely dependent on its healthy condition (p. 90).

The passages from which I have drawn the foregoing statement, are very dark and obscure; but I have translated them (the language is almost foreign) according to the rules of fair criticism, being guided by the context and the general import of every sentence. We cannot always rely with safety upon the radical meaning of any particular word or phrase, when the author has refused or omitted the definition of terms, a task so necessary for the right comprehension of every scientific work, or abstract reasoning. John Hunter is, indeed, frequently confused in his composition and the order of his subject; but I think his notions are clear and distinct: throughout his work will be found many allusions, which, if the ambiguity of a few passing expressions be disregarded, strictly accord with all that has been here stated. I have now adduced the principal opinions of this celebrated man upon so important a division of our subject; and I lament that, while he has advanced beyond the knowledge and experience of his day, so much has been left unexplored, and that his genius did not meet with the opportunity to reach and investigate the intricacies of the cerebral functions.

The bolder exposition of Bichât, who is more explicit, has confirmed my fair but diffident deductions; although *his* foreign authority cannot always be admitted in illustration of *our* ambiguous author. If, however, the evidence of John Hunter be indirect, and not contradictory, I think we may safely adduce Bichât in confirmation of his modest conjectures: yet, indeed, it appears to me that every person who reads the treatise on Inflammation and Gun-Shot Wounds, must, upon mature reflection, perceive and adopt the distinction there drawn between the materia vitæ diffusa and the materia vitæ coascervata; for this distinction is every where implied, if not expressed. The functions of the simple animal life, according to the theory of the French physiologist, are the circulation of the blood through the capillary vessels, secretion, exhalation, absorption, and nutrition, which continue to produce the various effects of support and growth, independent of the nervous system. During sleep, these functions are carried on; while the activity of the nerves, and even of the brain, is intermitted; and in many animals, during their winter torpidity, circulation and the processes of nutrition never cease, though the brain, the centre of efficient animal life, no longer exerts its influence. For nutrition may proceed independent of the brain, the nerves, and the spinal marrow. The brain, he expressly observes, is the centre of (*efficient*) animal life, to which all sensa-

tions are conveyed, and from which proceed all voluntary motions: the heart, on the contrary, by propelling and diffusing blood, presides over circulation and exhalation, absorption and nutrition, the combined phenomena of organic (*or simple animal*) life. These two kinds or species of life, associated in man and the mammalia, sustain and direct the animal, by holding communication with external bodies, and by working the necessary means of nutrition. The simple animal life may survive the influence of the brain; and it is that principle which slowly builds up, strengthens, and finally destroys the organs which sustain its operations: the dissolution of the various organs is according to the individual supply of power and capability of action. If, therefore, the body be furnished with the organs proper for its support and growth, it may exist, under certain circumstances, for a very short time, without the influence of the brain, which is destined to preside over (*efficient*) animal life: and this we sometimes behold in the living fœtus at birth, when the brain is wanting. Wherefore we may conclude that the influences of the stomach and of the brain are separate, but that their coexistence is necessary for the integrity of human life.

In this place we may collect the various terms which we have applied to this species of life:—The cerebral, or controlling, principle — the efficient animal life, are synonymous with the "materia vitæ coascervata" of John Hunter, and with the "organic life" of Bichât.

Upon the properties and functions of the nerves themselves, John Hunter is very brief. He often speaks with confidence of certain conditions of the body in which they are really or apparently not implicated; but I know of only two passages where he directly notices their use or influence. In these he states that they are for the purpose of "receiving and conveying impressions," but that "nothing material is conveyed from the brain by the nerves; nor *vice versâ*, from the body to the brain" (pp. 89, 90). We may, without indulging our imagination, reasonably suppose that, as the blood is diffused through the sanguiferous system, so the nerves may be the media of certain necessary transmissions between the brain and the rest of the body; the blood-vessels being to the stomach what the nerves are to the brain, the means of distributing that principle of which either is the centre.

[To be continued.]

SPONTANEOUS CURE OF CATARACT.

By J. B. Estlin, F.L.S.

To the Editor of the London Medical Gazette.

Bristol, March 19th, 1829.

Sir,

As cases of spontaneous cure of cataract are of rare occurrence, and as an instance of the kind has never till lately fallen under my notice, I am induced to send you the following particulars.

On the 6th of June, 1825, I operated upon a man and a woman (brother and sister), both of whom had been blind for eight years with fully-formed cataracts. From the man, who was 56 years of age, I extracted both cataracts; but in the sister's case, as much difficulty was occasioned by the flatness of the cornea and the smallness of the anterior chamber, and as the operation on the *right* eye had proved more tedious than was desirable, I determined upon leaving the *left* eye untouched for some days. She was 66 years of age, and of delicate constitution. Her recovery, however, was very rapid, and the sight was so good that she declined having any thing done to the left eye. In less than three weeks from the operation she returned to her home, in Glamorganshire, nearly 50 miles from Bristol, quite well, and able to read.

The brother's recovery was more protracted. The father of these patients had also been the subject of cataracts.

In a few weeks after her departure, I had the power of visiting the female patient at her own residence, and found her possessed of good vision in the eye which had been operated upon. I had also occasional opportunities of hearing afterwards that she retained her sight. She was furnished with some Vin. Opii, to apply to the eye whenever she found it weak or inflamed.

Some months ago, she sent to me for a supply of her drops, in consequence of their having proved of great service to her *left* eye, in which the sight was

stated to be returning. Supposing that there was some mistake in this representation, I requested the Rev. E. P. Thomas, the respectable curate of the parish where she lived, to oblige me with some particulars respecting her; and by him I have been favoured with the following minute statement:—

"About Michaelmas last (1828), one night, while in bed, Mrs. Lewis was seized with a most violent shooting pain in the middle of the left eye-brow, which occasionally descended to the eye-ball; it did not affect any other part of the head, nor did it pass through the head; she has a distinct recollection that the pain was confined to the dark eye and its brow, in consequence of her fears having been excited lest the pain should extend to the eye on which the operation had been performed, and prove injurious to her sight. She has no remembrance of having received any injury, or of having come in contact with any object. She had a cold about the period of the attack, but not a severe one.

"The violent shooting pain before described continued for about a fortnight, when she was induced to apply the drops to the left eye. In a few minutes after the first application the pain ceased, and she continued free from it for some days; it then returned, but in a less severe degree, and she was again relieved by the use of the Vin. Op. A recurrence of the pain at intervals continued, but with diminished severity; and at length it ceased altogether.

"At the end of a fortnight after the first use of the drops to the left eye, she began to see with it. The first objects she discovered were the trees in the garden, which she saw through the window of her apartment. In the course of a week after, while walking in her garden, she could discern the bee-hives, and in a few days more she could perceive the bees. She is now able to read small print," (whether with or without her cataract glasses is not stated—the former, I presume); "and since about the middle of last November, she has experienced no pain. The eye upon which the operation was performed has continued free from pain, but it is at times so dim that she cannot read with it. This occasional dimness, before the recovery of sight in the left eye, also gave her great anxiety, lest she might altogether lose the power of seeing with it. The drops always relieved the inconvenience.

"The left eye has no diseased appearance, looking in all respects like that from which the cataract has been extracted."

The account of this case affords satisfactory evidence of the spontaneous removal of a cataract. It would be interesting to know whether the lens was dissolved and absorbed *in situ*, or whether an opening in the capsule allowed of its passing into the anterior chamber, and there undergoing solution. The former occurrence is more probable, as the presence of an opaque lens, with its nucleus undivided in the anterior chamber, generally keeps up a more constant state of irritation than is described in this instance.

Few, I believe, now entertain the idea that any stimulating application to the eye can exert an influence in producing the absorption of a cataract. This case favours no such opinion, as the Vin. Opii was not used until the symptoms accompanying the process of the removal of the cataract had existed for two weeks. The relief of similar symptoms, by the application of this liquid, is a well-known occurrence; and it is not to be wondered at that the patient and her friends should attach an importance to its efficacy to which it has no claim. Medical men, however, do not want examples to shew the necessity of extreme caution in judging of the effects of remedies.

As a practical remark, connected with the subject of operations for cataract, I would observe that, where *extraction* is performed, I consider the advantage of the patient to be greatly consulted by his not having both eyes operated upon at the same time.

Your obedient servant,

J. B. Estlin.

Exemption of Chimney-Sweepers from Ophthalmia.

P.S.—May I take the liberty, through the medium of your widely-circulated publication, of inquiring of those professional gentlemen more particularly who have the charge of institutions for curing diseases in the eyes, if they have noticed a remarkable exemption of chimney-sweepers from ophthalmic disorders? There is no class of individuals among the labouring poor, whom,

à priori, we should expect to suffer more from such maladies. Both as a chemical and mechanical agent, I should have presumed that soot would be very liable to produce complaints in the eyes, when applied so constantly to them as is the case with these persons: yet, out of 11,700 patients that have been admitted under my care at the Dispensary for the cure of complaints in the eyes, comprising labourers and mechanics in all the ordinary employments of this populous city, not one chimney-sweeper has been of the number!—and on mentioning the circumstance to Mr. Goldwyer, the intelligent surgeon of the institution for diseases of the eyes, established in Bristol for nearly twenty years, he informed me that he did not remember the admission of a single chimney-sweeper at that establishment. I draw no inference from these facts, but am anxious to know if they are general.

SECONDARY SYMPTOMS AFTER GONORRHŒA.

To the Editor of the London Medical Gazette.

Sir,

If the following case be worth notice, perhaps you will give it a place in your excellent journal.

I remain your obedient servant,

T. W. W. Smart.

Cranborne, Feb. 28, 1829.

In the highly-instructive essays of Mr. Bacot, published in the Gazette, the subsequent observation occurs in treating of the secondary form of the venereal disease:—"This form of eruption (pustular) I have once or twice seen to succeed to gonorrhœa, though certainly not more than once or twice: and upon the whole it is a form of symptom much less frequently met with than either the tubercular or papular. It is usually preceded by a pretty sharp attack of fever, and its most usual attendant is, an ulcerated state of the tonsils, attended with a vivid inflammation. These precursory symptoms, though severe, do not last long: and the whole complaint seems to run its course in a more regular manner, and more in unison with the common exanthemata, than either of the other forms of syphilitic eruption."

So Proteus-like has the venereal disease grown, we do not now wonder at any change of form it exhibits; nevertheless the occurrence of eruption after gonorrhœa is certainly not expected as a regular incident; and of all such eruptions the pustular is deemed the most anomalous. To account for their existence in any shape, these reflections suggest themselves:—1st, Is the gonorrhœal poison modified in its effects by constitutional causes, either natural, or produced by the action of substances used as remedies? 2dly, Are the genitals exposed to the simultaneous influence of distinct poisons; the one tending to reproduce its kind, the other affecting the system, through the medium of cuticular absorption, or ulceration, hidden within the urethra? 3dly, Has the duration of gonorrhœa any influence on the secreted fluid, altering its qualities, and so generating a fresh source of infection?

I confess, for my own part, I am inclined to admit a combination of the first and latter considerations. Indeed I think that every species and variety of the venereal disease has an identity of parentage, in the original existence of a poison, whose integrant qualities have been and are so modified and changed by the workings of time, and the peculiarities of constitution, as to have become a multiplied cause and principle of contamination.

The substance of the case is as follows:—

January 1829.—J. Scott, æt. 20, labourer, had gonorrhœa seven months ago; it was treated by terebinthinates and diluents; it lasted two months; he never had any sore, nor any other venereal complaint.

20th.—Symptoms of a high degree of fever came on. Pain in the head and back, restlessness, frequent pulse, brown and dry tongue, constipated bowels.

23d.—In the night an eruption came out.

26th.—I first saw him. The skin of the arms, shoulders, face, and thighs, was studded with pustules, interspersed with papulæ. The largest pustules about the size of a silver penny; here and there in patches; more numerous about the arms.

Complains of soreness of the throat, with hoarseness, and difficulty of deglutition. It is much inflamed, but without ulceration.

Has had an annoying dry cough for the last two or three months, with pain in the left side of the chest, which ceased on spitting up about half a pint of florid blood a few days before this attack. Has complained of stiffness and pain in the limbs and joints for two or three months.

℞ Hydr. submur. gr. j. P. Antim. gr. iij. P. Opii gr. ss. F. Pil. sumetur j. 6tis h. Mist. cathartic.

28th.—He directed my attention to the scrotum. Inferiorly it was covered by numerous sores of the circular form, apparently produced by ulceration of the pustules; never had a sore there before; the surrounding skin very tender and inflamed; smarting pain.

Cataplas. panis, cum Decoct. Papaveris. Parts to be supported.

30th.—Gums rather tender. A little ulcer on the left side of the uvula. A patch of sores on the under surface of the penis.

Omittr. Pil.

31st.—Fever moderate; tongue cleaning; bowels open; throat very sore.

℞ Hydrag. oxymur. gr. j. Decoct. Hord. ℥viij. F. Gargarisma.

℞ Lotio. Opii ℥viij. Acid. Nitric. ♏xij. F. Lotio. nocte maneq. applic. Pergat. in usu Cataplasm.

Feb. 3d.—Sores larger and deeper; in some places run together, forming a large ulcerated surface; that on the penis being about two inches in length, and half an inch broad. The lotion causes considerable pain for a quarter of an hour or so after its application. Many pustules have discharged their contents and formed crusts. There are several red blotches, about the size of a penny-piece, on the knees and thighs.

No fever of consequence. Appetite very bad.

℞ Pil. Hydrarg. gr. v. Nocte maneq.

4th.—The beneficial effect of the lotion is striking; phagadænic action certainly ceased; surface becoming florid. The lotion excites more pain.

Pergat. in usu Lotionis.

6th.—Ulcer in the throat healed.

More crusts formed, and the papulæ fading. Gums tender.

7th.—Sores decidedly improved, secreting healthy pus, and granulating.

Cough very troublesome, but expectoration free.

Omittr. Lotio. Acid.
Lotio. Nigra assidue applic.

23d.—Ptyalism continues in a moderate degree. Sores have all been healed for some days. He is gathering strength; appetite tolerably good; advised change of air.

In conclusion, I will just advert to the efficacy of mercurial remedies. I admit that exceptionable cases do occur, which seem to require the use of more simple means, but I am convinced that the exclusive non-mercurialist is not much better than an empiric; and that the straight-forward practitioner, in lieu of tampering with a loathsome disease, will, by a judicious exhibition of mercury, give his patient the chance of a speedy and secure restoration to health.

IMMENSE URINARY CALCULUS.

To the Editor of the London Medical Gazette.

Hull, March 10th, 1829.

Sir,

I have great pleasure in transmitting for your perusal the following remarkable case of calculus, which has lately occurred in my practice; and should you think its publication in your valuable and widely-extended Journal calculated to interest the profession at large, your inserting it as early as convenient will oblige, Sir,

Yours most respectfully,
Robert Hardey,
Surgeon.

On the 2d of October ult. I was desired to visit Thomas Thompson, ætat. 66. On entering his room, I was much struck with his extremely emaciated appearance, and with the anxious cast of countenance which is so generally indicative of long continued pain and want of rest. I found him suffering under the symptoms of confirmed disease of the urinary organs. He complained of severe and almost constant pain in the hypogastric and pelvic regions, ex-

tending across the loins; a shooting pain along the whole course of the urethra, but especially severe at the neck of the bladder and immediately behind the glans penis. He experienced an almost constant desire to void his urine, which generally ran from him in an involuntary manner. When the effort to empty the bladder was made, it was attended by so much pain in that viscus, as frequently to produce syncope. He had likewise a constant tenesmus, with a sense of great weight at the lower part of the abdomen and in the pelvis. His bowels were obstinately constipated, and he never could have an evacuation per anum without aperient medicine, after the operation of which he generally found some temporary relief. His tongue was very foul, his thirst ardent, and his urine (to use his own expression) was almost scalding hot. He experienced also great pain when sitting, and was obliged to have a very soft cushion beneath him.

On inquiring into the previous history of his case, I was surprised to find that he had had symptoms of his present ailment, though in a less marked degree, during the space of 25 or 26 years; and that, in the whole of this period, he had never once consulted a medical man: he had however taken, from time to time, several remedies; and he expressed himself as having generally found most benefit from what are usually termed "Harleian Drops," taken in linseed tea. He had, though with considerable difficulty and suffering, continued to follow his usual avocation, which was that of ferryman, till within six weeks of my seeing him. From his sister I learned, that, 26 years ago, he passed several calculi per urethram, of the size and figure of a horse-bean; and that from that period he had had symptoms of his present complaint. His daughter, who had been his constant attendant during the last 16 years, informed me that his urine, after standing eight or ten hours, almost invariably became of the consistency of thin jelly; if it varied, which was occasionally the case, it ceased to deposit this jelly-like secretion, and became of the colour of blood, at which periods the symptoms were much aggravated, and he was frequently obliged to desist from work: when, by taking cooling physic, Harleian drops in linseed tea, &c. &c., he was relieved, the bladder again threw out an abundant gelatinous secretion, and he resumed his employment. These variations generally recurred twice each year. I learnt that, during the earlier part of his life, he had been a sailor, and had tippled freely, but that for several years past he had been remarkably abstemious in this respect, not drinking above two or three pints of ale in twelve months, and this in very small potations. His ordinary diet also was of the most bland and unirritating kind.

He was ordered calomel, with the ol. ricini, to open the bowels freely; and for the relief of his other symptoms, the muc. acaciæ, nitr. potassæ, and træ opii. This plan was persisted in, with some advantage, four or five days, and he then consented to be sounded; but only with a bougie. I passed one, therefore, of elastic gum, and found a stricture behind the glans. This being overcome, no further obstacle was found till the instrument arrived at the prostate gland, beyond which point it would not pass, being evidently in contact with a hard body. On withdrawing the bougie, the end was found much scratched; which confirmed me in the belief that there was a calculus in the bladder. The irritation in his bladder having subsided under proper remedies, I sounded him again, in a few days, with a metal instrument; and now became fully convinced of the presence of a cystic calculus. I endeavoured, by pressure on the handle of the sound, to lift the stone from the neck of the bladder, but could not. I then introduced my finger into the rectum, and found its anterior and posterior surfaces forcibly pressed together by a large tumor, wedged in the hollow of the sacrum, and acting as a physical obstacle to the evacuation of the bowels. The tumor was exceedingly hard, and apparently filling the whole pelvis: I tried, by firm pressure, to move it upwards, but entirely failed; indeed the attempt produced violent pain and irritation in the parts, for the removal of which he was ordered leeches, and fomentations to the perineum; very little relief, however, was obtained by these means. The urine became again bloody and thin, and decreased in quantity; and the symptoms being very severe, he was bled twice,

to about ℥x. each time, and the blood was observed to be buffy and cupped in a high degree.

All these measures failed to relieve him. He then gave up taking medicines entirely, and in a few days sunk under the influence of the disease.

I felt particularly anxious to inspect the body after death, and with considerable difficulty I effected this object. The first thing which attracted my attention was, that the centre of the hypogastrium was of a dark livid colour, and a little elevated. On pressing my hand on this part, I could distinctly feel a hard tumor rising at least 2½ or 3 inches above the brim of the pelvis. A transverse incision was made across the abdomen, and a second from the umbilicus to the centre of the symph. pubis. The two flaps being drawn aside, the fundus of the bladder was immediately exposed, occupying not less than 3½ or 4 inches of the hypogastrium. Its appearance externally was perfectly natural, and not inflamed, as I expected to have found it. Its fundus formed the apex of a cone, the base of which appeared to be deep in, and nearly filling up, the whole cavity of the pelvis. On cutting into its substance, it was found from ½ to ¾ inches in thickness, and its interior was found to be completely occupied by an enormously large and dark-coloured calculus. Being narrowly watched by two persons stationed in the room for the purpose, I had not the opportunity of removing the bladder entire; I therefore carried the incision downward to the symph. pubis, and backward over the fundus of the bladder. I then seized the calculus, and endeavoured to drag it from its retreat, but this I found to be totally impracticable: the fact was, that the whole internal surface of the bladder was not merely in contact with the calculus, but also firmly adherent to it in every part, so that it was with considerable difficulty that I succeeded in separating the two structures from each other, which was accomplished partly with the finger, but in the pelvis by the handle of the scalpel, no room being here left for the admission of the former. After two or three unsuccessful attempts, the stone was removed.

In *figure*, it bore a general resemblance to the human heart, the apex of which was the part first exposed, and occupying the fundus of the bladder; the base nearly filled the whole of the pelvis, reaching backward to within half an inch of the sphincter ani. The neck of the bladder was situated opposite the inferior and anterior surface of the calculus, which penetrated into the urethra, about one-sixth of an inch, and thus effectually destroyed the action of the sphincter vesicæ: its exterior surface was of a remarkably irregular character, being studded throughout with fine whitish semitransparent crystals, the largest of which were situated near the apex of the stone. On examining the posterior and inferior part of the calculus, I found two remarkably well-formed grooves for the ureters, one of which was much deeper than the other.

Its *weight* when first taken from the bladder was exactly 27½ *oz. avoirdupois*, and when perfectly dry about ¼ oz. less.

Its *dimensions* are as follow:—

Circumference of the base .	11½ Inches.
Do. . . . . central part .	9½ do.
Do. . . . . apex	5 do.
Do. taken longitudinally .	15½ do.

From this measurement it will appear that its weight is very great, proportioned to its actual size. I have only been able to find two cases on record where larger calculi have been found in the human body: the first is to be seen at the Trinity College library, in Cambridge, and is said to weigh upwards of 30 oz.; the other was taken from the body of a baronet in London after death, and who had been operated on (of course unsuccessfully) a few days previous to his decease: it is stated to have weighed 44 oz. and some drachms.

My friend Mr. Levison has made a longitudinal section through the centre of the calculus. The nucleus is about 1½ inch in length. Its surface has the appearance of rough sand paper. It is composed of the triple phosphate, highly indurated: the successive layers surrounding the nucleus, appear to be composed of carbonate of lime, with slight traces of iron, the dentritic crystallization of which has some slight resemblance to the marble found near Bristol. Mr. L. states that when sawing it, it gave off a very pungent smell, partaking both of ammonia and uric acid.

What is of further interest in this case, as showing the astonishing predisposition in the system to the formation of calculous deposits, is, that the gall-bladder was found immensely distended

with calculi, which I extracted to the amount of three dozen and a half, several of which were of the size of a common marble, and possessing a high degree of polish on their exterior. The stomach, liver, and bowels, were found to be in a natural state, or but slightly affected by disease. I regret exceedingly, however, that I was prevented from examining the state of the kidneys, in consequence of the impatience manifested by the attendants to close the examination.

MEDICAL CLUB.

To the Editor of the London Medical Gazette.

Sir,

I have read the letter from "One of the Infantry," inserted in the last Number of your Journal, with much satisfaction. I rejoice that the project of a *Medical Club* has been placed in a position so advantageous as that afforded by the "Medical Gazette." I claim the priority of the suggestion. After a long period of *cerebro-gestation*, I was, about three years ago, safely delivered of this project, and exhibited my *bantling*, with the pride of a fond parent, to several of my professional brethren, who gave me little encouragement as to my *rearing it*. Nevertheless, I consulted a military friend, who is an active member of the Committee of the "United Service Club," on the organization of that splendid establishment; and I obtained from this gentleman a minute detail of the principles of that Institution. A variety of matters, professional and literary, had, I am obliged to confess, so occupied my attention, that, till I perused the letter from "One of the Infantry," I had not bestowed a thought on the *child* of which I have thus confessed the *parentage*. Dropping the figure, if "One of the Infantry" be the individual from whose pen many enlivening articles in your Journal have proceeded, he will readily concede to me the honour of the priority in this matter; and, if supporters to the scheme be found, aid me in the accomplishment of an undertaking so interesting, at this period, to the medical public. There is, in my opinion, nothing in the plan, if wisely matured, incompatible with the *habitudes* and pursuits of medical men. *It will not interfere with the Medical Societies*—not being in its constitution literary, but social. It will tend to restore to the profession that GENTLEMANLY FEELING which was formerly considered inseparable from it. A *Medical Club*, upon a large scale, will present a rallying point, from which effective measures might emanate upon all those occasions which call for the combined efforts of well-intentioned men.

I shall, Sir, be happy to confer with my professional brethren on this subject; and if any person will throw out further suggestions, I should think myself favoured by the communication.

I am, Sir,
Your obedient servant,
JAMES FIELD.

Bolt-Court, Fleet-Street,
March 30, 1829.

DR. KNOX.

Report of the Committee who have inquired into the Rumours arising out of Dr. Knox's Dealings with Burke and Hare.

The Committee, who, at the request of Dr. Knox, undertook to investigate the truth or falsehood of the rumours in circulation regarding him, have gone into an extensive examination of evidence, in the course of which they have courted information from every quarter. They have been readily furnished with all which they required from Dr. Knox himself; and though they have failed in some attempts to procure evidence, they have in most quarters succeeded in obtaining it, and especially from the persons who have been represented to them as having spoken the most confidently in support of those rumours; and they have unanimously agreed on the following report:—

1st. The Committee have seen no evidence that Dr. Knox or his assistants knew that murder was committed in procuring any of the subjects brought to his rooms, and the Committee firmly believe that they did not.

2d. On the question whether any suspicion of murder at any time existed in Dr. Knox's mind, the Committee would observe that there were certainly

several circumstances (already known to the public), regarding some of the subjects brought by Burke and Hare, which, now that the truth has come out, appear calculated to excite that suspicion, particularly the very early period after death at which they were brought to the rooms, and the absence of external marks of disease, together with the opinion previously expressed by Dr. Knox, in common with most other anatomists, of the generally abandoned character of persons engaged in this traffic. But, on the other hand, the Committee, after much anxious inquiry, have found no evidence of their actually having excited it in the mind of Dr. Knox, or of any other of the individuals who saw the bodies of these unfortunate persons, prior to the apprehension of Burke.

These bodies do not appear, in any instance, to have borne external marks by which it could have been known whether they had died by violence, or suddenly from natural causes, or from diseases of short duration; and the mode of protracted anatomical dissection practised in this and other similar establishments, is such as would have made it very difficult to ascertain the causes of death, even if special inquiry had been instituted with that intention.

No evidence whatever has come before the Committee that any suspicion of murder was expressed to Dr. Knox by any one, either of his assistants, or of his very numerous class, (amounting to upwards of four hundred students), or other persons who were in the practice of frequently visiting his rooms; and there are several circumstances in his conduct, particularly the complete publicity with which his establishment was managed, and his anxiety to lay each subject before the students as soon as possible after its reception, which seem to the committee to indicate that he had no suspicion of the atrocious means by which they had been procured.

It has also been proved, to the satisfaction of the Committee, that no mutilation, or disfigurement of any kind, was ever practised with a view to conceal the features or abstract unseasonably any part of the body, the presence of which would have facilitated detection; and it appears clearly that the subjects brought by Burke and Hare were dissected in the same protracted manner as those procured from any other quarter.

3d. The Committee have thought it proper to inquire further, whether there was any thing faulty or negligent in the regulations under which subjects were received into Dr. Knox's rooms, which gave, or might give, a peculiar facility to the disposal of the bodies obtained by these crimes; and on this point they think it their duty to state their opinions fully.

It appears in evidence that Dr. Knox had formed and expressed the opinion (long prior to any dealing with Burke and Hare) that a considerable supply of subjects for anatomical purposes might be procured by purchase, and without any crime, from the relatives or connexions of deceased persons, in the lowest ranks of society.

In forming this opinion, whether mistaken or not, the Committee cannot consider Dr. Knox to have been culpable. They believe that there is nothing contrary to the law of the land in procuring subjects for dissection in that way; and they know that the opinion which Dr. Knox had formed on this point, though never acted on to any extent in this country, has been avowed by others of the highest character in the profession. But they think that Dr. Knox acted on this opinion in a very incautious manner.

This preconceived opinion seems to have led him to give a ready ear to the plausible stories of Burke, who appears, from all the evidence before the Committee, to have conducted himself with great address and appearance of honesty, as well in his conversations with Dr. Knox as in his more frequent intercourse with his assistants, and always to have represented himself as engaged in negotiations of that description, and occasionally to have asked and obtained money in advance, to enable him and his associate to conclude bargains.

Unfortunately, also, Dr. Knox has been led, apparently in consequence of the extent and variety of his avocations, to entrust the dealings with persons supplying subjects, and the reception of the subjects bought, to his assistants (seven in number) and to his door-keeper indiscriminately. It appears also that he directed or allowed these dealings to be conducted on the understanding (common to him, with some other anatomists) that it would only tend to dimi-

nish or divert the supply of subjects to make any particular inquiry of the persons bringing them.

In these respects the Committee consider the practice which was then adopted in Dr. Knox's rooms (whatever be the usage in this or other establishments in regard to subjects obtained in the ordinary way) to have been very improper in the case of persons bringing bodies which had not been interred. They think that the notoriously bad character of persons who generally engage in such traffic, in addition to the novelty and particular nature of the system on which these men professed to be acting, undoubtedly demanded greater vigilance.

The extent, therefore, to which (judging from the evidence which they have been able to procure) the Committee think Dr. Knox can be blamed, on account of transactions with Burke and Hare, is, that by this laxity of the regulations under which bodies were received into his rooms, he unintentionally gave a degree of facility to the disposal of the victims of their crimes, which, under better regulations, would not have existed, and which is, doubtless, matter of deep and lasting regret, not only to himself, but to all who have reflected on the importance, and are therefore interested in the prosecution of the study of anatomy. But, while they point out this circumstance as the only ground of censure which they can discover in the conduct of Dr. Knox, it is fair to observe that perhaps the recent disclosures have made it appear reprehensible to many who would not otherwise have adverted to its possible consequence.

[Signed by nine gentlemen composing the Committee.]

ANALYSES OF BRITISH MEDICAL JOURNALS.

THE MIDLAND MEDICAL AND SURGICAL REPORTER.

February 1829.

"*Observations on English Hospitals.* By J. K. Walker, M.D."

In this paper some account is given of the London and Provincial Hospitals. The first part contains those of the metropolis, and the latter are promised in a continuation. The following is an abstract of the principal institutions of this nature in the capital.

St. Bartholomew's Hospital, for the relief of the sick and lame poor, (founded by Rayere, in the year 1102, as an appendage to the Priory), was one of the few that survived the sweeping destruction that befel monastic establishments, and was bequeathed as a death-bed gift by Henry VIII. to the city of London, in 1547. It subsequently fell into decay, and was rebuilt and enlarged by voluntary subscriptions, and charitable donations, in the year 1730. The expenses of maintaining this hospital in the reign of Edward VI. amounted to 795l. annually. To meet this expenditure, the revenues arising both from the royal endowment, and the city gift of the same sum, amounted to only 666l. leaving a deficiency of 129l. which was defrayed by private subscriptions. Four piles were erected in 1729: one of these piles contains a large hall for the resort of the governors at general courts, with the necessary offices; the other three piles contain wards, capable of accommodating more than 420 patients. The returns before me state the number of beds as high as 500, and the total of patients in one year, at 11,127.

The Westminster Hospital was instituted in the year 1719, by subscription. A benefaction of 30l. or upwards, or of 3 guineas or more annually, qualifies the donor to become a trustee. In addition to the fund for general purposes, there is also an inalienable capital for the support of incurables. The number of beds in the statement before me, amounts to 120; and the patients, in one year, to 3502.

St. Thomas's Hospital, though erected as it now stands, in the year 1732, was originally founded by Richard, Prior of Bermondsey, in 1213, and surrendered to Henry VIII. in 1538. It was purchased by the mayor and citizens of London, as part of the manor of Southwark, in the reign of Edward VI. and subsequently repaired and enlarged, so as to admit 260 sick poor. This ancient structure, much damaged by time and by fire, was rebuilt by voluntary subscription in the year 1693. It now consists of four quadrangular courts:—in the first are wards for women; in the second, two chapels; in the third, seve-

ral wards for men; in the fourth, hot and cold baths, a surgery, theatre, &c. The house contains about 18 wards, and 480 beds; and the number of patients annually relieved in one year, was 10,793.

Guy's Hospital, as is well known, owes its name to its benevolent founder, who took a lease of a piece of ground belonging to St. Thomas's Hospital, for the term of 999 years, at a ground rent of 30l. per annum, and there erected this hospital, in 1724, at an expense of 18,793l. The sum he left to endow it was 219,499l. and upwards. Since the decease of the founder, the governors have taken a lease of an additional spot of ground, for which, with the former, they annually pay to St. Thomas's Hospital, the sum of 100l. It contains 13 wards, and 411 beds; and the number of patients (in and out), for one year, were 20,000.

St. George's Hospital was instituted in 1733. The qualification for a governor is 5l. 5s. as an annual subscription, or 50l. as a single benefaction. The number of beds were 220; and the patients, in one year, 4049. To this hospital is annexed another institution, denominated "The Charity for Convalescents of St. George's Hospital," established in the year 1809.

The London Hospital was founded in 1740. The number of beds is about 200, and of its wards, 18; but it would, if necessary, contain nearly 400. Benefactors of 30 guineas or more, or annual subscribers of 5 guineas, are governors; and every governor is entitled to send one in-patient at a time, and four out-patients. Subscribers that are not governors, may send out-patients. The Samaritan Society was instituted in 1791, as an appendage to this hospital, for the relief of that species of distress not within the provision of public hospitals.

The Middlesex Hospital for the sick and lame, was founded in 1745; and for patients afflicted with cancer, in 1792. The qualification for a governor, is an annual subscription of 3 guineas; and of a governor for life, 30 guineas. The number of beds were about 200, and the total of patients for one year, 5472.

The general economy of all these institutions, and the rules and regulations by which they are governed, are so similar and so familiar to your readers, that it would be superfluous to enumerate them here. We see that in the Metropolitan Hospitals alone, there are annually relieved little less than 70,000 objects, and, if to these are added the patients admitted at the different Dispensaries (nearly 20 in number), where else shall we find so large a mass of sick poor, relieved principally by *the munificence of private individuals?*

"Art. II.—*Observations on the Medical Topography of Birmingham, and the Health of the Inhabitants.* By John Darwall, M. D. Physician to the Birmingham Dispensary."

There appears to be very little worthy of remark as to the diseases which prevail in Birmingham. Those employed in ivory, pearl, and bone-turning, are extremely subject to bronchitis, both acute and chronic. The glass-blowers, and some of the workmen in japan manufactories, suffer much from rheumatism. The females employed in the Birmingham manufactories have been regarded as much more healthy than those of some other towns, as Manchester; but this remark does not apply to those employed in japan manufactories, who generally suffer much from dyspepsia and nervous affections. The gilders are subject to a kind of palsy called by the people "the shakes." The improved methods of gilding, however, have rendered this disease much less frequent of late years than formerly. Pulmonary complaints form a very large proportion of the diseases of the lower classes.

"Art. III.—*On the Signs of Pulmonary Tubercles.* By Charles Hastings, M. D."

This is a paper of considerable length, containing numerous cases, interspersed with remarks; but being continued from a preceding number, it does not fall within the scope of our analyses.

"Art. IV.—*Description and Analysis of a Mineral Spring, near Dudley, Worcestershire.* By G. Male, M. D. Physician to the General Hospital, Birmingham."

One gallon of this water contains nearly four ounces and a quarter of earthy and saline matter, the chief ingredients be-

ing common salt and the muriates of lime, magnesia, and iron. It is, therefore, obviously entitled to attention quite as much as many of those wonder-working springs which have of late years been so much frequented by fashionable invalids.

"Art. V.—*The Chronology of Physiognomy. Translated from Sheerman Hackell's History of the Pseudo-Sciences*, Vol. vii. 4to. Ed."

It is impossible to give any idea of this article by an analysis, and it is utterly unworthy of transcription. The translator is a contemner of phrenology, for which we do not find fault with him; but the sneers at the followers of that science are not in good taste.

"Art. VI. *A Case of Exfoliation of the Cuticle.* Communicated by Thomas Newell, M.D. Cheltenham, Surgeon Extraordinary to the King."

A young lady, when about twenty years of age, was first attacked with exfoliation of the cuticle from different parts of the body. The cuticle does not appear to undergo any change, nor does the cutis beneath seem to be otherwise altered than becoming inflamed; after which the points of connexion between it and the scarf skin become absorbed, or otherwise detached; so that this last drops off, and may sometimes be drawn from the hand like a glove. The attacks come on about twice a year, generally with considerable constitutional disturbance. Various remedies were tried without apparent benefit; but latterly she has been free from the complant, since she went through repeated courses of the Cheltenham waters.

A case, of a nature similar to the above, was communicated to the Royal Society in 1769, by Mr. Warner, of Guy's Hospital.

"In the history of this case, it is mentioned that the fever, which preceded the separation, was of so peculiar a kind, that none of the medical men of great experience knew by what name to characterize it. The patient was very susceptible of alterations in the state of the air, and he had sometimes an attack twice in the course of the year. In this case the nails also separated, being gradually removed by the growth of new ones, a process which took five or six months long after the skin had acquired a healthy state. This gentleman attributed his attacks to obstructed perspiration; but it seems more probable that this was the effect of the incipient stage of the disease, and not the cause of it."

"Art. VII. *Vaccination.—Small-Pox.*"

From this paper, it clearly appears that the practice of vaccination is on the decline among the poor of Worcester. In 1815-16-17, the numbers vaccinated at the infirmary were 596, 556, and 612; whereas, in 1825-6-7, the numbers were 32, 10, and 20, a falling off too striking to be explained by the remark of the editor, that the pupils of one of the surgeons was in the habit of vaccinating the poor at home. The consequence has been that when small-pox has appeared it has proved very fatal. It is expressly stated not to have spread among the vaccinated.

"Art. VIII. *Fatal Aneurism of the Abdominal Aorta.* By Jonas Malden, M.D."

A man, 24 years of age, had occasional fits of vomiting and pain in the belly, and a preternatural fullness was perceptible to the left of the linea alba. He died suddenly. A large quantity of blood was found in the peritoneum; and "in the space between the liver and smaller curvature of the stomach was an aneurismal sac, of the size of a large orange." It had burst anteriorly under the edge of the liver, by an aperture too small to admit the point of the little finger. Dr. Malden is of opinion that the aorta was ruptured during the act of vomiting.

"Art. IX. *Case of Strangulated Hernia, in which six inches of the Intestine were removed.* By John Simpson, M.D. Bath."

A man, about 60 years of age, had long been troubled with a large inguinal hernia, which had frequently descended into the scrotum. In the year 1816, four days before Dr. Simpson was sent for, it had come down and could not be replaced: it then became strangulated. Various and judicious measures had been adopted by a gentleman in his

neighbourhood, but it became necessary to perform an operation. On opening the sac a large quantity of fluid escaped: omentum and intestine were contained in it, and both were in a state of mortification. The structure, which was at the inner ring, was divided, and great relief thus given; but the parts were glued together by old adhesions, owing to which the bowel could not be returned. Next day, the symptoms continuing urgent, an incision was made along the protruded intestine, when a very large quantity of black feculent matter was discharged. The following day he was better; and the omentum, and six or seven inches of intestine, supposed to be ileum, were removed with the knife: very little bleeding occurred. A pad was applied over the upper part of the wound, which was removed occasionally, so as to empty the bowels. In about three weeks some fæces passed per rectum, and in a few months the artificial anus entirely healed. Four years after he was alive and well.

"Art. X. *Fœtal Monstrosity.—Deficiency of the Cranial Bones.* By J. S. STRATFORD, Surgeon."

This adds another to the long list of monstrosities. The deficiency did not extend to the brain itself, but was limited to its coverings.

"Art. XI. *Cases of Tic Douloureux, cured with the Sulphate of Iron.* By DAVID CORBET, Esq."

Two cases of neuralgia are detailed, in which the cure was effected by the sulphate, after the carbonate of iron, and various other remedies, had been employed without avail.

"Art. XII. *Hospital Reports.—Gloucester Infirmary. Dislocation of the Femur backwards into the Ischiatic Notch.* By W. FLETCHER."

A stout young man, in ascending the steps of a show, fell, his left hip coming to the ground. The limb was motionless; the foot and knee turned in; the knee slightly bent, and the extremity shortened by an inch. He was bled to ℥xxx. and nausea was produced by tartar emetic; after which extension was twice made in the usual manner, and efforts simultaneously had recourse to in order to effect the reduction. They were unsuccessful; and the surgeon was gently rotating the limb to readjust the apparatus, for the purpose of making another trial, when a loud snap was heard, and the head of the femur was found to have returned into the acetabulum without any extension.

Large lacerated Wound of the Perineum, Scrotum, and Urethra.

A man, aged 27, was brought to the Gloucester Infirmary with a lacerated and gaping wound, extending from the tuber of the ischium, by the anus, along the perineum, and through part of the scrotum, exposing the bulb of the urethra. The wound was brought together by five or six sutures, and a T bandage and wet rags applied. He did well.

Lithotomy.—The only circumstance worthy of remark in this case is, that the transverse perineal artery bled nearly a quart during the operation. It was tied, but the ligature slipped off. He required repeated doses of brandy, to prevent him from sinking.

"Art. XII. *Report of the Cases admitted to the Worcester Dispensary, from the 1st of January to the 30th of June, 1828, inclusive.* By ROBERT I. N. STREEREN, M.D."

The report is principally in reference to certain tables, without which it would not be intelligible, and which are not given in the present number of the Journal, but promised in the next.

"Art. XIII. *Remarks on Self-supporting Dispensaries.*"

This is some account of the plan proposed by Mr. Smith, of Southam. Its principal feature consists in suggesting that those who receive attendance from dispensaries should become subscribers to them at certain moderate rates; as a penny a week, by which they would become entitled to attendance during sickness; and that parishes should contract for their sick poor at the rate of 2l. or 3l. for every 100 of their population. Honorary subscribers are also required, as in other charities. Every regular medical man in the district to be allowed to belong to the Dispensary.

The patients to choose their own attendant; and the medical officers to be remunerated from the funds according to the proportion of duty done.

We do not believe that the poor of this country are provident enough to subscribe when in health to any medical charity, the assistance of which they hope never to require.

"Art. XV. *Mistake of the London Medical and Physical Journal.*"

This is a charge against the above Journal for quoting cases from the Midland Reporter without acknowledgment.

Art. XVI. and XVII. both consist of Meteorological Observations; the former at Worcester, the latter at Malvern, neither of which contain any thing worthy of notice.

MEDICAL GAZETTE.

Saturday, April 4, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MEDICAL EVIDENCE ON THE ALLEGED MURDER OF MR. NEALE.

When a medical man is called upon to examine the body of an individual who has met his death under suspicious circumstances, we apprehend that there are two objects which he ought to have in view. The first is to ascertain whether there be any appearances presented by the body, externally or internally, which warrant the opinion that the individual has been murdered; and the second is to convey to the jury the opinion he has formed, in the simplest and most intelligible manner. We have been led to these remarks from the circumstances attending the death of Mr. Neale, which excited so much interest during the past week. It will be remembered that he was brought home by a soldier in a state of intoxication; that he then took an additional quantity of wine; that he was left with the soldier for the night; and was found dead next morning; his companion having left the house. An examination of the body was instituted, and the document which we subjoin presented to the Coroner's Jury.

"Upon entering the apartment the body was found lying on the floor, dressed, with the exception of coat, waistcoat, and cravat. On taking a view of the body, as it lay, there was a remarkably livid appearance of the right ear, neck, and throat, diffusing itself somewhat over the shoulder. What, however, more particularly struck the undersigned, was a distorted state of the nose, with the left nostril flatly compressed, which led us to suspect it had been done with the thumb and finger. The lips were dry, firm, and in no way unnatural. Upon an anatomical examination of the body this morning, we commenced with the head. On the removal of the upper part of the skull, a more than usual effusion of blood took place, in consequence of the laceration of the vessels interposed between the dura mater and cranium. On the division of the dura mater, a very considerable secretion of lymph, somewhat coagulated, was discovered between the second and third coverings of the brain. No farther morbid appearances presented themselves until the section proceeded to the posterior extremities of the lateral ventricles, where tumors, not hydatids, about the size of small marbles, formed in the plexus choroides on each side. About a tea-spoonful of blood was found in each ventricle. No further morbid appearances were perceptible till the base of the brain was investigated, where a slight extravasation of blood had taken place beneath the pons varolii and the medulla oblongata. Upon examining the thoracic viscera the lungs were found congested with blood. The liquor pericardii was about an ounce and a half in quantity, and the interstitial fluid in the cavities of the thorax was rather more. On an accurate dissection of the cavities of the heart and its larger vessels, a great quantity of fluid blood was discovered; naturally small in quantity, and coagulated. On opening the abdomen no

other morbid appearances were observable, excepting that the interior of the pyloric half of the stomach was somewhat inflamed. This viscus was filled with vinous fluid, inferred from its odour; and a small quantity of indigestible matter, of a caseous appearance.

(Signed) Charles Dennis, M.D.
Joshua Brookes.
William Kirton.

"After the document had been read the Coroner asked, 'from all this can it be collected that the deceased received violence from the hand of another so as to occasion death?'

"Mr. Brookes said he opened the body of the deceased, and it was his direction to Dr. Dennis to detail the appearances as they occurred in dissection. He noticed particularly the compression on the left side of the nose, and just below the bridge. It seemed as though force had been applied, so that the left nostril was scarcely pervious, while the right was as usual. The blood every where was in a fluid state, a circumstance he never found in a case of natural death.

"Dr. Dennis and Mr. Kirton coincided with him in opinion; and the jury, after viewing the body, and deliberating for a short time, returned a verdict of "wilful murder against John Butler."—*Times*.

The three gentlemen whose names are attached to this account of the dissection, all positively, and unhesitatingly, declared their belief that the individual had been destroyed by suffocation; or, to use the modern phraseology, had been *Burked*.

Whether Mr. Neale was murdered or not is a point on which we have no intention of offering an opinion; that will be for a judge and jury to decide; but it is a legitimate object, and fairly within the scope of this Journal, to enquire whether the appearances described by the professional men employed to examine the body were sufficient to justify the conclusions they have drawn. Setting aside, then, all the adventitious circumstances, the question is simply this: did the appearances of the body demonstrate the application of violence by the hand of another, or are they such as may be accounted for on other principles?

The first circumstance mentioned is the livid state of the "right ear, neck, and throat," from which, however, no inference can be drawn one way or other, as such appearances are constantly met with in dead bodies, from position, and other causes wholly independent of violence.

But what more particularly struck them was, the state of the nose, the left nostril being "flatly compressed," and this appearance, we admit, must have been the result of a mechanical cause. The examiners at once suspected, and stated the opinion in evidence, that the nostril had been compressed with the "thumb and finger." But certainly the flattening of *one* nostril, while the other remained "as usual," is not a state of parts which we should *à priori* have expected to result from the compression of the nostrils together, nor is it easy to conceive pressure for the purpose of preventing respiration so applied as to affect the left nostril exclusively: indeed the flattening of one nostril is an effect very unlikely to result from any force applied for the purpose supposed. On the other hand, it is a condition which would be very readily produced by the face of the individual, either before or after death, being turned round, so as to bring the side of the nose into contact with the floor on which he lay, with the whole weight of the head pressing upon it. Nor is the supposition that the appearance of the nose might thus be produced, imaginary: last week a woman died in the Middlesex Hospital of disease of the knee-joint, and the surgeons went next day to examine the state of the parts. The nose was completely pressed to one side, which so disfigured and altered the countenance that the surgeon under

whose care she had been did not recognise her, and even declared that there was some mistake, "as that was not his patient." This appearance had not been present during life, but was obviously caused by some *accidental* pressure; and the parts having become stiff, perfectly retained the figure into which they had been pressed. On re-adjusting the nose, the face assumed its former appearance.

In the particular case before us, the exact state of the nose is not easily made out; for the different accounts of it do not tally. In the written statement, as above mentioned, it is said that one nostril was compressed, while the other was as usual. On another occasion we are told that there was "a dent upon the nose by the pressure of the *finger* on the left side, and the *thumb* on the right;" a description at variance with that previously given, and so minute as to specify not only that the right nostril was not "as usual," but that there was upon it a mark, of a nature so peculiar and distinct, as to enable the surgeon to determine *that it had been made with the thumb, and not with the finger!*

On inspecting the body, the jury do not seem to have made out the particular marks so distinctly, as we find the medical men assuring them "that, since the body had been opened, the appearances had been much lessened."

The lips, we are told in the written statement, were "in no way unnatural," while in his oral evidence, Mr. Brookes stated that "the firmness of the mouth was extraordinary,"—two descriptions evidently at variance with each other, though, granting the second edition to be the correct one, we do not precisely see what inference is to be drawn from it. It is a mistake to suppose that any marks of violence are necessarily exhibited in the persons of those destroyed by suffocation: indeed, in the report of the gentlemen who investigated the conduct of Dr. Knox, as regarded the recent horrible transactions in Edinburgh, it is expressly said, "These bodies do not appear, *in any instance, to have borne external marks by which it could have been known whether they died by violence or suddenly from natural causes.*"

The changes within the head may be divided into those which were of recent origin, and those which from their nature must have been present for some time before death. Among the former may be mentioned the effusion of blood on tearing off the skull-cap, the teaspoonful of that fluid in the lateral ventricles, and the slight extravasation of blood at the base of the brain—phenomena which suffocation could have had no influence in producing, however easily they may be accounted for otherwise.

Among the changes which could not have been of recent origin, were the lymph on the surface of the brain, and the tumors in the ventricles, which are only of importance as manifesting a diseased condition of the brain, and consequently a greater liability to the occurrence of apoplectic seizure.

In the chest the lungs were found congested with blood, a common appearance in cases of sudden death, and throwing no light on this particular case; a remark which also applies to the small quantity of fluid in the pericardium and chest. But in the heart and great vessels, a large quantity of *fluid* blood was found, whereas the quantity, we are told, is naturally small and coagulated. On looking over the report, with a view to discover from what part of the internal examination the evidence of violence was deduced, we find this to be the circumstance chiefly dwelt upon. Mr. Brookes, indeed, stated orally that the blood was every where in a fluid state, a circumstance which he never observed in a case of

natural death. In this statement Dr. Dennis and Mr. Kirton coincided with him.

Now this doctrine appears to us so preposterous that we can scarcely suppose the evidence of the parties to be correctly reported. The fluid state of the blood is perfectly well known to pathologists as a frequent attendant on *sudden* death, from any cause:—from an injury to the brain, such as extravasation of blood; from violent exercise; from great mental emotion; in short, from any cause producing a sudden extinction of life. It is also known as a frequent occurrence in various diseases, as scurvy, putrid fevers, &c.

The only diseased appearance which remains to be mentioned is, that the pyloric half of the stomach was somewhat inflamed, a circumstance entirely unimportant as regards this investigation.

And now that we have gone over the *procès verbal* seriatim, we confess ourselves altogether at a loss to discover any thing in the examination of the internal parts which could justify the opinion that this individual had been murdered.

We cannot help suspecting that those who examined the body were determined in their judgment more by the state of the nose than any thing else, and that they were influenced (perhaps unconsciously) by the impressions of the friends and attendants of the deceased, and the vague suspicions to which the late discoveries in Edinburgh have given rise. If they had been called upon for their opinion whether the individual had been murdered, judging from *all* the circumstances of the case, we should not have been so much astonished; but when we consider that they had nothing to do but decide whether the *body* afforded marks of life having been arrested by the violence of another, we must say that, in our opinion, they have been wanting in caution. An opinion, under such circumstances, should be extremely guarded, especially if it leads to the idea of murder—as it guides the magistrate, alarms society, and involves the life of an individual. "Oui, (says Fodère) la chose n'est que trop vraie, l'amour du merveilleux, ou le desir de trouver des coupables, ne fait que trop souvent voir des faits extraordinaires dans les evénemens les plus simples." Whether this passage, which we quote generally as illustrating the necessity of caution, be applicable to this case in particular, we cannot tell; but this we contend, that the appearances described do not bear out the inferences drawn from them, inasmuch as they may be sufficiently explained on other principles.

Butler, the supposed murderer, asked one of the medical men if it was "a sort of disease which would seize a drunken person?" To which he answered, "Not without he received violent treatment;"—and in reply to a question of the magistrate, he said, "Nor do there appear any symptoms which are visible in cases of apoplexy." Both of these assertions appear to us very extraordinary, and we beg to ask (setting aside, for the present, the appearance of the nose) what morbid phenomenon there is which we do not daily meet with in cases where there is no suspicion of foul play?—and we ask farther, did not the presence of organic disease in the brain give this person a predisposition to apoplectic seizure; and is it possible to conceive a combination of circumstances more favourable to the production of this than intoxication from brandy and wine, repeated shocks from falling, and, finally, being left for the night, lying flat upon the floor?

And now a word as to the manner in which the account of the dissection is detailed. We stated, at the commencement of this article, that the second object to be kept in view, under such circumstances, was to convey the opinion in the simplest and most intelligible language: and if we apply this test to

the document before us, we fear we shall find little in it to commend. A coroner's jury is composed, for the most part, of persons sufficiently sagacious, but not absolutely erudite; and when we observe that they were told of "lymph being effused,"—of the "intersticial fluid in the thorax"—of "extravasation between the pons varolii and medulla oblongata,"—of the "liquor pericardii," and "pyloric half of the stomach," which viscus contained "vinous fluid" and "caseous matter" —we cannot, willing as we are to overlook the sins of the fraternity, characterise it otherwise than the Times has done—as "technical jargon;" and are disposed to ask, with our contemporary, "Is good sense to be entirely banished from the medical profession?"

Neither was the information conveyed altogether of a positive nature: we have an example of negative description thus—in the ventricles were found "tumors, *not hydatids.*" As they chose to enter into a technical description of all the other phenomena, why not tell the jury what the tumors were, rather than what they were not? That the written statement was totally inapplicable to the circumstances, was clearly proved by the coroner himself being unable to make any thing of it. After hearing it read, he asked, "from all this, can it be collected that the deceased received violence?"—shewing that the paper itself had not led him to discover the opinion of those by whom it was drawn up.

In conclusion, we would repeat what we stated at the commencement—that we offer no opinion as to whether the subject of the inquest was murdered or not; but confine ourselves to stating that, in our opinion, the evidence of the medical men, whether written or oral, as it has appeared in the public papers, is insufficient to shew that the deceased met his death by the hands of another.

MEDICO-BOTANICAL SOCIETY.

At the last meeting of this Society, that most scientific monarch, Ferdinand, King of Spain, was elected a member. All the Emperors, Kings, and Princes of Europe, have now been enrolled in the list; and, we understand, that despatches are hourly expected from the Emperor of China, and some Grandees of the Celestial Empire, humbly requesting to be admitted to the same honour.

COLLEGE OF PHYSICIANS.

[Continued from page 555.]

Abstract of "a Selection from an unpublished Volume of Anatomical Reports. By the late James Wilson, Esq. Professor of Anatomy to the Royal College of Surgeons." Read at the College of Physicians by Dr. J. R. Wilson.

Luxation of the Dentata.—Mr. Wilson assisted Mr. Cruikshank in examining the body of a woman, aged thirty, who had lain in about a month before. She had been heard suckling her child at one o'clock in the morning; at four she was found dead. The viscera of the abdomen, thorax, and head, were carefully examined, without finding any thing to account for her death; when, as they were returning the brain into the skull, Mr. Wilson noticed a projection at the foramen magnum. On examination this was found to be the denticular processes of the dentata luxated backwards, and which had produced a degree of injury sufficient to destroy life.

Diseased Bones.—A woman, about 40 years of age, had been a patient in the Middlesex Hospital for fracture of the femur. In leaving the house, the coachman, who was assisting her, let her fall, and broke the other thigh. She was carried back into the hospital, and soon after falling out of bed, fractured the humerus. These two last fractures were supposed never to have perfectly united. She died some time after in St. Giles's workhouse. The viscera showed scrofulous disease in various parts. On removing the humerus it was found to have been fractured in several places, and was so soft as to

be easily divided longitudinally with the knife from the head of the bone to the condyles. The clavicle was nearly in the same state, as were also the sternum and ribs. The skull was so much diseased that there was not a sound spot of the size of a shilling. The disease appeared to have begun in the cancellor of the bones. The other humerus, and both femurs, were soft, and had been repeatedly fractured.

The case of Henderson, the celebrated player, which was next read, did not contain any thing very remarkable: he died of hæmorrhage into the air passages.

Case of the celebrated Dr. Samuel Johnson.—Common belief has generally regarded the diseased condition of this celebrated man's body as presenting a striking contrast to the soundness of his mind. Accordingly, it appears that almost every organ was altered from its natural condition*.

On Wednesday, December the 15th, 1784, Mr. Wilson opened the body of this celebrated man, who died the Monday before. About a week preceding his death, Mr. Cruikshank, by desire of his physicians, scarified his legs and scrotum, to let out the water which had collected in these parts. Dr. Johnson being very impatient to have the water entirely gone, repeated the operation himself with a lancet; and cutting very deep, lost about ten ounces of blood. He was in too weak a state to survive this apparently trifling depletion, and died the same day. He had been affected for several years with asthma, for which he used to take opium, but had discontinued this for some time before his death, although it was the only remedy which afforded him relief. On opening the chest the lungs did not collapse, but remained distended, as if they had lost the power of contracting. The superficial air-cells were very much enlarged. No water was found in the cavity of the chest, and not more than naturally exists in the pericardium. The heart was exceedingly large and strong, and the valves of the aorta beginning to ossify. In the abdomen there was ascites, and some inflammation of the peritoneum; the liver and spleen hard, the latter like cartilage; a gall-stone, as large as a pigeon's egg, in the gall-bladder. The omentum was loaded with fat; the folds of the jejunum adhered in several places, and there was a strong adhesion between the bladder and colon. The pancreas was remarkably enlarged. The kidney of the left side had some hydatids beginning to form on its surface; that of the right side was almost entirely destroyed, two large hydatids occupying its place. Dr. Johnson had never complained of pain in this part. Both testes had hydatids on the surface, and the right spermatic vein was exceedingly large and varicose. The cranium was not opened.

Dr. Wilson, after concluding the above history from his father's notes, alluded to the Dr.'s first journey from Lichfield, when a child, to be "touched" by Queen Anne for scrofula, a circumstance which may perhaps have encouraged that tendency to superstition which so strongly marked his character.

* We have been the more particular in our account, because a most inaccurate and absurd report was given in the Lancet last week, and thence was copied into some of the newspapers.

DR. ASH.

[From a Correspondent.]

We have this week to record the death of Dr. Ash, at his house, in Foley-Place, on Sunday last; the result of a debilitating state of health, which had long incapacitated him for the active duties of his profession. He was a Fellow of the College of Physicians and of the Royal Society, and was educated in medicine under the auspices of the celebrated Dr. Ash, his uncle, the founder of the General Hospital at Birmingham, and whose full-length portrait, by Sir Joshua Reynolds, adorns the board-room of that charity. After spending the portion of time prescribed by his election to a travelling fellowship of Oxford abroad, and principally in Germany, he settled in London as a physician in private practice, which he continued to within a few months of his decease, at the age of 65, greatly weakened and depressed in his physical, but not the least in his *mental*, powers.

As a public character, Dr. Ash was little known beyond a select circle of friends, chiefly of the literary and scientific class, by whom he was highly and universally esteemed, as well on account of his strict moral qualities as his extensive intellectual attainments.

Endowed largely with various stores of knowledge, beyond what are usually

acquired in his profession, his habits were yet inobtrusive and unassuming, and his disposition and manners were not well calculated for contention with his brethren in the pursuit of a large and first-rate metropolitan practice, although none probably excelled him in sound professional knowledge, skill, and judgment. In early life he was the intimate friend of Humboldt, and formed an extensive acquaintance with the German schools and professors; in the literature, philosophy, and medical sciences of which he was deeply learned. We have heard it *confidently* asserted, that the burlesque German tragedy, and some other witty effusions, ridiculing German sentiment and manners, usually ascribed to the late Mr. Canning, were written by the subject of this memoir.

As an author, Dr. Ash is unknown to the public, although, in physiology and chemistry, his experimental researches have been very numerous; and his manuscript notes, we have reason to believe, are generally referable to that extraordinary variety and accuracy of information which he was known to possess in universal literature and science, and which characterized him as a gentleman and a scholar of no common stamp. United to a strong memory, he possessed peculiar talents for the acquirement and communication of knowledge, and which were *most effectively and successfully* applied to the domestic education of a large family of sons, without at all interfering with his medical duties and general pursuits. But this habit was apparently the principal cause of his indulging very little in *social* intercourse with the world, which is generally considered so essentially requisite to insure fame and eminence in his profession in the present age. Dr. Ash's merits are to be measured by a different scale; and among those who knew him well, we venture to say, his memory will long be cherished with a degree of estimation undiminished by his rare appearance in the *luxurious* circles of London society.

DR. LUKE.

We have also to lament the death of this highly respectable physician, who died on Monday last; we believe of diseased heart.

MEETING OF THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS.

The Society for the Relief of Widows and Orphans of Medical Men in London and its vicinity, celebrated the forty-first anniversary of the institution on Saturday last, at the Albion Tavern. The Royal Patron of the Society being very much engaged by the important business which at present almost entirely engrosses the attention both of the parliament and the country, could not support the cause of the meeting by his presence in the chair; nor could Sir Henry Halford, the President, on whom, in the absence of the Royal Patron, this duty devolved, preside at the dinner, in consequence of a command from the King to attend his Majesty at Windsor. The chair was, in the absence of the Patron and President, very ably filled, however, by Sir Astley Cooper, who is one of the Vice-Presidents, and who, with great feeling and effect, stated the objects of the institution—the means by which it is supported—and the many benevolent purposes it has effected. A statement of the affairs of the Society was given by the Secretary: the present amount of its capital, he said, had, under the excellent management of the Directors, increased to nearly Thirty-two Thousand Pounds; while, at the same time, they had administered with no sparing hand to the relief of all who had claimed assistance, and in illustration mentioned several instances of individuals having received many hundred pounds from the fund, whose husbands had contributed only a few guineas. "Notwithstanding," said the Secretary, "the wonderfully great inducements which the Society holds out, and the pains which have been taken to make it known to the profession through the medium of the press, I shall scarcely be believed when I state that not more than four new members were added to the list during the last year. How (said he) shall we account for this fact? Has prudence fled from the land? Is affection banished, and benevolence asleep? Are there no fathers anxious to secure some provision for their offspring by such prudential means as the Society affords?—no husbands desirous to secure from misery and want those whom they have vowed to cherish and protect?

—no members of our profession to whom fortune has been propitious, endowed with kind hearts, to aid this good cause of benevolence and charity? or, are all the sons of physic become so rich and independent, that no necessity any longer exists for mutual assistance and support? Alas! my friends, the numerous applications to us as individuals, and the sad history recorded in the annals of our institution, too truly inform us how widely different is the fact. Let then each of us, in his own circle, endeavour to promote this good cause by making the Society more known among our associates; — let us speak of the many benefits it has conferred, and the very small pecuniary demands which it makes on those who become its members. The fund itself has now attained too secure a foundation to dread any reverse of fortune from the inattention of the profession; by the kind assistance of the affluent, however, its means of doing good may be increased, and by the prudential enlistment into its ranks of the less fortunate of our brethren, the distresses of many may be alleviated or removed."

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, March 24, 1829.

Dr. Roget in the Chair.

Dr. Hodgkin on Adventitious Formations.

The reading of Dr. Hodgkin's observations on adventitious serous formations was resumed and concluded: we subjoin an abstract, giving a connected view of the whole.

The object of the paper is to describe the anatomical characters of a large and important class of structures, which, though frequently met with in different parts of the body, are nevertheless foreign to it, coming under those formations called adventitious or accidental. The bladders, sacs, or cysts, which constitute some of the forms in which these adventitious membranes appear, have been sometimes confounded with hydatids; but these last the author regards as belonging to the subject of parasytical animals, and distinctly guards against their being confounded with the subject of this paper. The general term cyst has likewise been employed to designate the envelopes of various fluids, and other matters occasionally found in the body. The adventitious serous membranes, like those naturally existing in the body, form completely shut cavities, and are almost always the result of an entirely new formation. In the present paper these cysts are divided into two classes; the first comprehending those which are simple, and for the most part solitary, or if one or two be associated, this is rather to be looked upon as accidental than depending upon the sac itself having the property of giving origin to new growths. Such cysts are not unfrequently found in the plexus choroides. They are vascular, and seldom exceed small currants in size, though Dr. Hooper has given a plate, in which they are nearly as large as eggs. Simple serous cysts are also occasionally found in the eye-lids. When situated along the edges of the tarsi they are easily removed; but if they extend deep into the orbit they are more difficult in their treatment. Dr. Hodgkin mentioned one case which he had seen at La Charité, where, from its depth, the tumor had penetrated into the orbit, and it was not deemed expedient to remove the entire sac; it was hoped that the portion which was left would become obliterated by adhesive inflammation; instead of which, fever came on, and the patient died in a few days.

Laënnec mentions cysts of this nature as occurring in the lungs, but they are not common. The female breast is likewise at times the seat of these cysts, where they are frequently cured by simply puncturing them.

But the most frequent situation of these simple serous cysts is the neighbourhood of the uterus, especially in the folds of the broad ligament, or intimately connected with the ovaries, if not imbedded in their substance. Cysts of this kind sometimes become of very large size, and constitute ovarian dropsy.

The second class of cysts is constituted by those whose parietes present the remarkable property of producing other cysts of a similar character with themselves, or morbid growths, which if not strictly speaking cysts, are still referable to the same type. This class, like the preceding, is found in various parts of the body, but is by far most common in the neighbourhood of the uterus, broad ligaments, and ovaries. As these tumors seldom prove fatal till after a

long period, we rarely have an opportunity of examining them at an early stage. The external or superior cyst acquires a very large size, giving, in some instances, the most unwieldy dimensions to the abdomen. And although the operation of paracentesis may have shewn that the fluid by which the cyst was at first filled was of a decidedly serous character, it is often very materially altered before the fatal termination of the case, when the fluid becomes of a mucous or sero-purulent character. The parietes of the cyst now appear fleshy rather than membranous, and the inner surface is generally roughened, as if by ulceration. But the most important appearance it presents consists in tumors and elevations, which, notwithstanding the great variety they present, are referable to one general mode of formation. Taking them between the two extremes, they present the appearance of elevations of various sizes, projecting into the cavity of the principal cyst, and covered by its lining membrane. On cutting into one of these we find it to be a cyst, filled with serous or mucous secretion; and on minute inspection, from one or more points on the interior, may be seen a cluster of other cysts, covered by the lining membrane of the cyst in which they are contained. The proportion which these bear to the cavity of the reflected membrane is extremely various. Sometimes those which grow very rapidly forcibly dilate that part of the parent cyst which is reflected over them, so as to occasion a kind of hernia, and sometimes actually to rupture the part, allowing the escape of its fluid contents. The distinction between these cysts and true hydatids is demonstrated by the clusters of secondary cysts being invariably continuous with the inner surface of the cyst which contains them, and by delicate vessels being observed passing from the one to the other. Besides the rupture before mentioned, allowing the contents of the secondary to pass into the primary cysts, Dr. Hodgkin has observed this to take place by small apertures, bearing a resemblance to mucous follicles, and which appear to be the principal source of the mucous secretion so common in ovarian dropsy. The membranes of these cysts are liable to inflammation, and this may be of the adhesive or non adhesive kind. In the former case the parts are so agglutinated as to render it difficult to demonstrate their structure. In the latter case fluid, of a puriform character, is the result which is sometimes confined to one, sometimes extends to several of the secondary cysts, and at others finds its way into the primary cyst, thus giving rise to the variety of appearance presented by the fluids drawn off by paracentesis. The purulent appearance of the fluid, it is to be observed, however, may sometimes be fairly attributable to the action of the inner membrane of the primary cyst itself. It was to the circumstance of clusters of cysts arising from the interior of the original one, that Dr. Hodgkin particularly directed the attention of and the society. These contain clusters, have neither the narrow necks which mark one of the varieties into which this species of production declines, nor the broad bases and compressed form in which the disposition to produce a reflected membrane is not so clearly observable.

The variety which has slender pedunclcs, shows all gradations, from what has been already described, down to the slenderest filaments. Sometimes the number of cysts in a cluster is so great in proportion to the space, that they interfere with each other's growth, like trees too thickly planted; and take various shapes, according to the circumstances under which they are placed. Occasionally they become, as it were, strangulated, and lose their vitality, thus becoming sources of irritation to the membrane which is reflected over them; that is, to the membrane of the containing cyst. The product of the inflammation thus excited is often grumous. Where the secondary cysts have a flattened form and broad attachment, they are collected into clusters, as in the former varieties, but produce the appearance of a circumscribed thickening of the parietes rather than a prominent tumor. They constitute, however, shut cavities, containing serum or mucus. This form of tumor, when cut into, does not show the greater part of the fluid in one principal cavity, but distributed through several. Hence fluctuation is often obscure, and the relief afforded by tapping but partial.

There seems to be an hereditary disposition in some females to the formation of ovarian cysts; but even where this is the case the other parts of the

body are not simultaneously affected with similar productions. It is more common for only one than for both ovaria to be affected with this form of cyst; and where we find double ovarian dropsy the disease is generally malignant. The cause of those formations is involved in obscurity: women themselves often attribute their origin to parturition, but many unmarried and barren women labour under the disease. In other parts of the body these cysts are frequently traceable to mechanical injury; but the ovaries are so situated as to render this explanation inapplicable to them.

A remarkable circumstance connected with their history is the much greater size attained by these tumors when situated in the pelvic viscera than elsewhere. This the author attributes to the cysts being situated in a system which is naturally disposed to obey a stimulus requiring an increased supply of nutritive matter; partly, also, to the abundant supply of blood which the parts habitually receive; but principally to the position of the parts, which renders them exempt from all pressure or restraint calculated to limit their development. This last circumstance is looked upon as affording a hint to delay the operation of paracentesis as long as possible, since the pressure of the sac, when full, has a tendency to retard the development of the parts.

The degree of irritation produced by ovarian cysts is, in the early stages, extremely slight, if, indeed, it exists at all before the inflammation or death of some portion of the adventitious growth takes place. The author has remarked, that some of the largest ovarian tumors he has met with have been connected with the surrounding parts only by slight and recent adhesions, a circumstance to be kept in mind in reference to the extirpation of the disease recently proposed and practised. Similar cysts are sometimes found in the testis, where they exist unaccompanied by any constitutional taint, so that when once removed the patient is not apt to suffer from them in any other part. In this situation, as well as when they occur in the mamma, these cysts have been confounded with hydatids. In the breast the fluid sometimes resembles synovia. They do not appear to be at all malignant in their nature. The eye is another situation where bunches of cysts are occasionally found; and here it must be difficult or impossible to distinguish them from the commencement of malignant disease.

The author next directed attention to the different forms of adventitious deposits referable to the same general laws with those already mentioned. These have been sometimes called heterologue, to mark their dissimilarity from natural structures. They have been also called malignant, and were spoken of by Dr. Hodgkin under the following heads. 1st. Cysts, generally assuming the character of reflected membranes, and commonly called hydatids. 2d. Schirrus, (though the author confesses that the boundaries between this and some of the others is very indistinctly marked). 3d. Fungus hæmatodes—fungus medullaris—medullary sacoma—fungoid disease—and fungoid inflammation, &c. 4th. Melanosis. These forms of malignant disease the author regards as intimately connected together: they have a rounded form: when divided they exhibit septa, sometimes radiated, and at others cellular. The difference in the appearance is to a certain extent dependant upon the direction in which the section is made; and the author remarks, that if this be the only kind of examination made it is as unsatisfactory in elucidating the structure of these tumors as of the brain. He also objects to the immersion of the parts in alcohol, by which the fluids are coagulated and rendered opaque. On careful examination these tumors generally exhibit a covering, generally supposed to be formed by condensed cellular membrane. But if the surface next the tumor be examined, it is found to be comparatively smooth, and reflected over somewhat pyriform bodies attached by the narrow parts to the surface of the enclosing capsule; and in the opinion of the author, their mode of development is similar to that described above as occurring in ovarian tumors. The pedunculated bodies sometimes grow so rapidly as to produce rupture of the containing cyst. Sometimes they lose their vitality by a natural strangulation; and becoming, as it were, foreign bodies, irritate the surrounding parts of the tumor; giving rise, by this compound action, to those broken down and softened matters which characterize the progress of heterologue deposits. These tumors at length distend, and inflame the integuments; ulceration

supervenes, and the tumor either grows luxuriantly at the part from which the pressure is removed, or participates in the ulceration. This last is the more common. The ulcer characteristic of malignant disease is elevated at the edges and depressed in the centre, which the author thus explains: the exter al part of the tumor is that which grows most rapidly, both from the want of pressure, and the increased supply of blood derived from the integuments; but after ulceration has occurred, the centre ceases to derive any supply from the surrounding natural structures, and is entirely dependant upon the diseased parts beneath, which are generally in a condition which unfit them for transmitting nourishment: hence the centre of the ulcer becomes excavated, while the edges continue to grow.

No discussion followed the reading of the paper.

MEDICAL SOCIETY OF LONDON.

March 30, 1829.

Mr. Callaway, President, in the Chair.

Dr. Ramadge related a case of tic douloureux, brought on in a male patient, 40 years of age, by the external application of zinc and copper, for the purpose of producing a galvanic sensation. Most excruciating pain in the cheek, passing across the eye, towards the frontal sinus, was thus produced. There was a spot in the red part of the upper lip, which, upon being touched, the pain was excited. The patient was of a plethoric habit, and had lived rather freely. For some time he had suffered from dyspepsia. The treatment consisted in abstracting blood; the exhibition of laxatives, followed by the use of the carbonate of iron, combined with the carbonate of soda. The complaint was entirely removed. The pain, in this case, did not run along the course of the nerves usually affected, but perpendicularly.

Dr. James Johnson, after remarking that neuralgic affections were much more frequent than they had been, noticed paralysis of the portio dura of the seventh pair of nerves, as an affection that was occasionally occurring. It occasioned drooping of the eye; the drawing up of one side of the face had, in some of these cases, excited fears in the minds of the friends as to the existence of cerebral disease; but the disease was in the branches of the nerve spoken of. The disease was sometimes of long duration. In one case, eighteen months elapsed before the power of the nerves was restored. Another case went on for nine months. Dr. J. had seen other cases. Some attention was required to be paid to the eye; for, as the patient could not shut the eye, it remained unclosed during sleep: it required, therefore, to be shut previous to the patient's going to rest; otherwise, the eye remaining open, inflammation of the organ took place. In these cases, the sensation of the part was not diminished—the nerves affected being nerves of motion, not sensation. There was another affection of these nerves, or the muscles which they supplied, which consisted in a constant twitching of the part of the face to which the branches of the nerve were distributed. The disease, in all the cases which had fallen under Dr. Johnson's observation, had been induced by "a draught of cold air;" it was a state of irritation of the muscles, rather than a paralytic affection. No treatment had, in these cases, appeared to be of any use.

Dr. Shearman observed that tic douloureux had, of late years, been much more frequent than formerly, or that transient painful affections had been dignified with the appellation "tic douloureux." He (Dr. S.) had found the ext. belladonnæ a very efficacious remedy in the disease in question; the dose he had given was about two grains every eight hours.

Mr. Shearly remarked, that he had used, in this disorder, opium, combined with belladonna, externally; exhibiting also the carbonate of iron every eight hours. In one case, Mr. S. gave, with success, strong camphor mixture, combined with the ammoniated tincture of valerian and the pilula gummosa.

Mr. Taunton and Mr. Iliff adverted to some cases related by Mr. Bailey, of Harwich, in which belladonna had been given: that gentleman had begun with $\frac{1}{4}$ grain doses.

Mr. Drysdale mentioned a case of tic douloureux, occurring in a lady: after all the usual remedies had been tried in vain, the disease was removed by the use of a hot pillow.

Dr. Ryan related cases of tic doulourex in which he had seen stramonium used internally and externally with benefit. Dr. R. was surprised that

contra-irritation at the base of the brain by setons, perpetual blisters, &c. had not been resorted to in neuralgic affections.

Mr. Drysdale related a case of imperforate anus; the subject of which, a feeble male child, lived an hour only after birth. Mr. D. had removed the parts; so that the Society could understand accurately the nature of the *lusus naturæ*. The intestine, loaded with meconium, terminated in a *cul de sac*, at a distance of more than two inches from the proper site of the anus: from this *cul de sac* proceeded an impervious membrane-like substance, of very small diameter. The raphe and genital organs were natural. In this case, Mr. D. observed, that the success of an operation would have been very doubtful.

The President called the attention of the Society to the best mode of alleviating these cases: the successful termination of operations performed for that purpose had been very rare.

Dr. James Johnson, Dr. Ryan, and other gentlemen, mentioned cases of imperforate anus in which they had known the operation to be performed; the success had mainly depended upon the distance of the intestine from the external parts.

Mr. T. E. Bryant threw out a suggestion, (not, however, by any means as a recommendation), the propriety, in cases in which the proper operation could not be performed, of making an artificial anus, by an opening into the colon, an operation which had been recommended in permanent stricture of the rectum.

Mr. Gossett said that he very much doubted the success of such an operation. He would certainly not undertake it.

Dr. Ramadge had known, in imperforate anus, the rectum to terminate in the bladder.

Mr. Waller stated that he had once performed the operation for imperforate anus: the child died of peritoneal inflammation. Mr. Abernethy had condemned the plan of making an artificial anus.

The President described the operation as he had performed it in the cases that had fallen under his care, and mentioned the case of a male patient who had reached adult age, after the performance of the operation: at first the fæces could not be retained; nature, however, by some process, had supplied the absence of a sphincter, and the patient could afterwards retain the contents of the rectum. The objections to the operation for an artificial anus did not apply to cases of intussusception.

The remainder of the evening was occupied in remarks upon the medico-legal investigation that had recently occurred, in which a presumption of murder had been grounded upon certain post-mortem appearances. By several gentlemen, who spoke on this subject, the appearances in question were conceived not to warrant the important inferences that had been drawn from them: so far, it was thought, were they from justifying such a conclusion, that a directly opposite inference; viz. that the deceased had come to his death by disease not produced by violent means, was almost unavoidable. In this inquiry, some points, upon which much stress had been laid, such as fluidity of the blood after death, &c. were entered upon; and an article in the last number of the "Edinburgh Medical and Surgical Journal," written by Dr. Christison, the professor of medical jurisprudence, was spoken of as bearing upon the subject in question.

The Registrar remarked, that the paper of Dr. Christison was a most important one, and deserved the careful perusal of medical men. It embraced matters connected with the phenomena of suffocation; the effect of violence offered to the body both before and after death; the true judgment to be derived from the fluidity of the blood after death, and other important observations.

Soon after the discussion was began, the following resolutions of the Council were placed in the hands of the Chairman:—

"Resolved,—That the Council shall have authority to give a ticket of admission to one reporter for each Journal; such ticket continuing available as long as the Council shall think fit; and it being understood that the person so admitted shall take no part in any conversation that may occur. And,

"Resolved,—That each gentleman, introduced as a reporter, shall (if required) neither publish the name of the party relating a case, or the party whose case is related."

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 28, 1829.

Dr. A. T. Thomson in the Chair.

After the minutes of the preceding evening had been read, the President stated that a gentleman had volunteered a communication: on which

Mr. Thomson rose, and began to read a paper on the mechanism of the bones of the head; the object of which apparently was to contravene the opinions of Mr. Charles Bell, under the ambiguous appellation of "an individual." It was difficult, if not impossible to follow the author, or to comprehend his views; and about twenty of the senior members left the room while he was reading the paper. When it was concluded, (a few minutes before nine), the President observed that it was not likely to lead to discussion, and suggested the introduction of some other topic. Some remarks were then made on tetanus, and a desultory and heavy discussion followed.

We recommend that no written paper be read before the Society which has not previously been submitted to the Committee. It is too late after the evening has been lost to inform the members that the paper was not suited to the avowed object of the Society.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Spontaneous Gangrene of the Nose—Abscesses in various parts.

T. M. aged 17, of sedentary habits, but generally healthy.

This patient presented himself with such a combination of symptoms, as at first defied classification. The most prominent was great swelling and blackness of the nose: it was evidently in a state approaching to sphacelus—cold, dry, and destitute of sensibility, and surrounded by a line which marked the incipient process of separation. The surrounding parts, particularly one cheek and the upper lip, were much swollen, and of a dark red colour. There was swelling and redness of the back of one hand, in two places on the other arm, and at the back of one leg. It was thought that fluctuation could be felt in these situations, but at a great depth; and a lancet was pressed into two of them, which gave exit to a considerable quantity of pus from abscesses, situated in the one case amongst the metacarpal bones, and in the other in the inter-muscular cellular membrane. A few ecthymatous pustules were observed in different parts of the body. In addition to these local appearances, the whole system appeared to be in a state of great excitement. The pulse was 136, and hurried, but not irregular; its feel was small, hard, and jerky. The heart appeared to be acting tumultuously, as if the cavities in contracting did not preserve their usual rhythm. Respiration was very difficult, apparently produced as much by swelling of the fauces and parts around the posterior nares, from extension of inflammation to them, as by disease of the lungs, although it was plain that the latter existed. The combination of these two causes produced frequently attacks of extreme dyspnœa, in which the patient uttered convulsive sobs and sighs, which could be heard a considerable distance. He complained of pain in the right side of the thorax, and respiration could not be heard in the lower part of the right lung. The countenance was pale and anxious, and the tongue white and dry.

The following history was obtained from the patient and his friends:—About five weeks previous to his admission he had a venereal discharge, for which he had applied to an irregular practitioner, who had given him what was believed to have been mercury, in considerable quantities. His gums were still rather turgid at his admission. On March 7th he was attacked by pain in the right side, apparently in the region of the liver; at the same time he had shivering and great dyspnœa, but no cough. For these symptoms he took 10 grains of pil. hydrarg. and the next day was quite free from all indisposition. On the following day the same symptoms returned, but by the use of local bleeding and of purgatives they were, by the end of the week, again removed. On Sunday, the 15th, a pimple was said to have appeared on the right side of the nose; this became larger, and discharged a small quantity of matter. The nose afterwards swelled, and speedily became gangrenous.

Considering the case as one of an inflammatory nature, Dr. Roots ordered—

V.S. ad ℥xiv.

This caused the pulse to become fuller and softer.

Poultices to the abscesses.
Lint dipped in Liq. Chlor. Calcis to the nose, and over that a stale beer-ground poultice.
Ol. Ricini ℥j. statim.
Milk, arrow, and slops.

Ten P.M.—Has passed involuntarily two stools of a greenish colour, and very offensive smell. Occasionally he is a little delirious. Respiration is quick and difficult.

20.—There is redness and swelling of some parts of the legs, of one elbow, and of both hands. The inflammation has also

extended farther on the face: it now covers nearly the whole of the forehead, is circumscribed, and at its edges are a number of pustules, similar to those on other parts of the body. The pulse is as frequent as it was, small, and sharp; tongue white and moist; is very much purged; is in a state of constant agitation; has not slept; delirious at times.

Mist. Cret. Co. ℥iss. statim et rep. si opus sit.
Hirudines xvj. temporibus.
Strong beef tea ℔j. daily.

Four P.M.—After taking two doses of the last ordered mixture, the diarrhœa was completely checked, and has not since returned. There is great heat of skin, with copious perspiration; the teeth are encrusted with a dark sordes; the upper lip is much swollen; and of a very dark colour, as if about to become gangrenous; inflammation is extending to the eye-lids.

Nine P.M.—One stool since last report; occasionally delirious, but not furiously so, merely talking incoherently, with great agitation; tongue whitish and dry; pulse 136, small and soft.

Quininæ Sulph. gr. j.
Acid. Sulph. Dil. ♏iij.
Aq. Menthæ, ℥j.
4tis horis.

Tr. Opii ♏xxv. statim.

Ol. Terebinth ad nasum vice Liq. Chlor Calcis.

21st.—He became more calm after taking the laudanum.

About two this morning his breathing became more laborious, with inability to swallow. He gradually sunk, and at 6 A.M. he died.

Examination.—The right lung was adherent to the diaphragm, and between them was an abscess of considerable size, containing healthy pus. The surface of the lung was ulcerated, but not to any depth.

The mucous lining of the stomach presented a patch, a few inches in diameter, of a dark red colour, and there the membrane was easily lacerable. Similar patches, extending from two to six inches, were found at unequal intervals along the whole length of the intestinal canal.

All the other viscera were perfectly healthy.

Qu.—Were the above phenomena, viz. gangrene of the nose, abscesses of the cellular membrane and lung, and inflammation of the mucous coat of the intestines, the effects of mercury? G.

Laceration of the Spleen and Liver—Fracture of Ribs and Wound of Lung—Fatal on the Fifth Day.

A man was admitted on the 17th of March, in a condition of great collapse, The surface was cold and pale, pulse very weak, but he had not vomited. He had, a short time before, fallen from a height of three stories, with a scaffold on which he had been standing, and a part of which was supposed to have struck him in falling.

In about four hours, complete re-action had taken place, and he then complained of pain and soreness in the left side, but particularly in the region of the spleen and opposite to the angles of the lower ribs on that side. His breathing was easy, unless he made a deep inspiration, when the pain was much increased. As the least motion of the trunk increased his suffering to an almost unbearable degree, a complete examination could not be made, and therefore the fracture of the ribs was not discovered. He had a stool and made water shortly after his admission, and neither of the evacuations presented any unnatural appearances. He was now bled to ℥xvi. and experienced great relief from the operation.

In the evening, the pulse having again become strong and frequent, a second venesection was practised, to the extent of producing syncope, and with decidedly good effect.

18th.—Pulse quiet; not in much pain; the abdomen appears swollen, as if from effusion of fluid, but is not tense. The bowels not having acted during this day, some cathartic mixture and an enema were given, and operated during the night.

19th.—Pulse hard and frequent; great pain and tenderness in the posterior part of the left hypochondriac region, but no diffused tenderness of the abdomen. Respiration easy, except during a long and deep inspiration, when severe pain is felt in the left side.

V. S. ad ℥xij.

20th.—Pulse frequent, small and thrilling. Respiration as before. He spat a little dark-coloured blood to-day. No pain of abdomen generally, but great pain in the left side.

C. C. lateri sinistro ad ℥xij.

Was relieved by the cupping.

21st.—Is in a state of greater collapse than he has hitherto been. Face pale; countenance expresses great anxiety; pulse small, but sharp. Has great pain in the usual situation. Respiration easy; no more expectoration of blood.

As an experiment, six oz. of blood were taken from the arm, but with the effect only of making the pulse more feeble. Shortly afterwards, Mr. Green ordered him a mustard poultice, and then a blister to the whole abdomen; but he died in the evening.

Examination 48 hours after death.—Chest: Eight ribs on the left side, viz. from the fourth to the eleventh, both included, were broken *at their angles.* The point of one had wounded the lower part of the lung, and there was nearly a pint of *fluid* blood in that

side of the thorax. Abdomen: The spleen was extensively lacerated. One rent passed longitudinally, and there was a transverse one nearly through the substance of the viscus. The upper surface of the liver presented several (seven or eight) rents through its fibrous coat, extending a very little depth into its parenchymatous structure. About a pint of dark-coloured blood, also fluid, was found in the abdomen. There was not the slightest trace of peritoneal inflammation. It did not appear that any attempt at union of the laceration had been made.

The whole mass of blood appeared to partake of the fluidity which characterized the portion which was effused into the chest and abdomen, for the course of all the superficial veins could be traced by the deep red stain communicated to the skin immediately over them, from the transudation of the still fluid blood.

This want of coagulation of the blood is not unusual after serious accidents which shortly terminate fatally.

The blood taken during life certainly coagulated, but the coagulum was not firm, and never was cupped.

Mr. Green observed that in this case there was much less indication of severe injury than there has been in many cases which have terminated favourably. He, however, expected to find the spleen lacerated. The fracture of so many ribs was not discovered, because the point at which they were broken was so far back, and there was not the slightest indication of any injury to the lung, unless the circumstance of the patient having once or twice spit up a little venous blood, which might have come from the fauces, can be considered as such.—G.

GUY'S HOSPITAL.

Gangrene in a young person, from debility produced by Typhus Fever.—Amputation.

A. K. a married woman, aged 20, was, in October last, after a severe typhus fever, left in a state of extreme weakness; which, as she believes, was increased and protracted by the lack of proper food, &c. During her slow convalescence, whilst still confined to her room by debility, she perceived in her left foot unusual numbness and coldness. This condition was not preceded nor attended by pain, or any inflammatory symptom whatever; and it continued three weeks before any other change took place. The foot then became the seat of prickly pains, and soon afterwards of an œdematous swelling, being still very cold, and generally white; excepting, however, a little inflammatory redness around the ankle. The colour of the foot soon became darker, being at first streaked like marble, and then, especially at the toes, quite black. As this blackness advanced along the foot, the inflammation around the ankle became more distinct; and at length commenced the work of separation by drawing a line of ulceration around the malleoli; all the parts below that line becoming perfectly black, shrivelled, and fœtid. During these changes the only remedies used were hot fomentations and stimulating ointments: but they do not appear to have been at all beneficial.

On her admission, March 11th, the process of separation was far advanced; there was little left but bone and ligament: the patient's health was very good (for since separation commenced it has improved rapidly), and her system evidently well able to bear the process of spontaneous amputation, had Mr. Key thought right to wait for it. There was not, however, in this case any temptation to the surgeon to forego his own art, in deference to the surgery of nature. Nature here did not promise to produce one of those beautiful stumps so much admired by some surgical writers; on the contrary, the integument was left very short, the bone was likely to be very long, and the intervening soft parts convex rather than concave. Mr. Key, therefore, having it in his power to shorten the process, to produce a better stump, as well as to remove the limb at a more convenient point, presumed to rob nature of her work, and to amputate himself. Accordingly, on the 17th March, he performed the usual circular operation below knee; since which the patient has in every respect done perfectly well.

We cannot detail the condition of the limb as it appeared on dissection; for it was removed from the hospital by Sir A. Cooper, for the purpose of minute examination.

NOTICES.

The communications of Dr. Harrington, Mr. Pye, Mr. Lawrance, Dr. Howison, Mr. Godrich, Mr. Kelly, and Mr. Thornton, have been received.

Will "Medico-Chirurgus" send us a specimen?

"An Old Pupil of Sir Astley's," at Northampton, is desirous of knowing "whether Mr. Tyrrell intends publishing the remainder of Sir A. Cooper's Lectures?"

The Epigram on Dr. Babington is true, but scarcely has point enough for publication.

We are very unwilling to say "declined" to the Correspondent, who will understand the notice; but allusions to the personal peculiarities of our contemporaries, however well done, are against the principles of this Journal.

We are decidedly of opinion that he who treats disease ought not to be a mere vender of drugs.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, APRIL 11, 1829.

AN ABSTRACT

OF

JOHN HUNTER'S THEORY OF LIFE,

Illustrated by an Analytical Map.

From the Treatise on "Blood, Inflammation, and Gun-shot Wounds."

By James Ansley Hingeston.

[Continued from p. 566.]

III. The lungs are the band which connect the cerebral with the ventral principle. The breathing, most probably, supports or perfects the life of the blood, and the blood then renders life to the body. "The vast number of cells into which the lungs are divided, the whole arterial and venal circulation ramifying on the surface of those cells, and of course the whole of the blood passing through them in every circulation, together with the loss of life in missing three or four breathings in the most perfect animals, shews the great nicety that is required in preserving the due properties of the blood for the purposes of animal life: the time that we can live without air or breathing is shorter than that in which we die from a defect in any other natural operations. This nicety is not nearly so great in many of the more imperfect animals. The amphibia have not this division of lungs, nor does the whole of the blood pass through the lungs in them, and they can live a considerable time without breathing. This, at present, I only mention as a fact, not meaning to give my opinion of the mode of preserving life, either in the blood or the body, by the application of air to it; though I will say that *mere life* is supported by the air, and probably few other properties connected with the blood depend so much upon air as its life" (p. 63). The respiration of atmospheric air truly connects us with the external world; and it is as necessary for the continuance of our existence, as the perfect functions of the placenta and cord are for that of the fœtus within the womb. Bichât, in his Physiological Table*, classes respiration under his "organic life"; and John Hunter implies its intimate connexion with the simple animal life when he states that the blood, after receiving the chyle, must necessarily circulate through the lungs before it is fitted for the general purposes of the body (p. 73). The organs of respiration are always closely connected with the situation and functions of the heart; and several curious varieties, in illustration of this fact, may be observed in the comparative anatomy of quadrupeds, birds, amphibia, fish, and insects (p. 137). "The diminution of the heart's motion upon stopping respiration, does not depend upon the immediate impression of improper blood on the left auricle and ventricle, as a sedative, but upon the sympathetic connexion between the heart and lungs; one action ceasing, the other also ceases; which sympathy is established, because, if the heart were to continue acting, it would send improper blood into the body, by which it can be supported only a little while. These actions or cessations of actions are all dependent on life, and the connexion of one action with another. It is upon the same principle that the first effect of recovery is the act of breathing" (p. 54). And

* A single glance will convince a cursory inquirer that the subjoined map is not copied from this table.

thus in another place:—"The nearest dependence of the heart is upon the lungs, and probably they have the same upon the heart; the two together become in their immediate use interwoven with the whole; for a stoppage of respiration produces a stoppage of the circulation, or the heart's motion; and it would appear that respiration cannot go on without the heart's motion" (p. 150). The action of breathing, therefore, being closely connected with the action of the heart, it accordingly promotes the diffusion of simple animal life; but if the heart ceases to pulsate, when the lungs cease to act, or transmit improper blood, then the brain will lose its influence from the same causes; and thus efficient animal life also depends upon the perfect play of the respiratory organs. Every vital process is subject to respiration; and the lungs, though not the source, are the bond of life. Bichât observes that the fœtus does not enjoy animal (or efficient animal) life, which is not manifested till air has been inhaled, and the first important changes of the blood produced: it is most probable, he continues, that the brain, at this moment, experiences some peculiar and superadditional activity of life, and is thereby rendered capable of perceiving and imparting impressions. But in the fœtus, simple animal life is manifested prior to efficient animal life; and the new-born infant can exist without breathing, or the influence of the air, for a much longer time than the adult; as we observe in cases of fœtal asphyxia. Wherefore the two separate, but coexisting, principles of the stomach and of the brain cease without respiration, which, in its turn, is dependent on the mutual health of these organs; but the respiration of atmospheric air is the most important; for *those* sustain and direct the body, but *this* immediately ties it to the world.

I have now passed over, in a short but concise description, the various opinions of two celebrated men upon the same subject; and I have exhibited the prominent features of their theories, illustrated by their own words, or by immediate reference to their works. A bare abstract might be swelled by degrees into an elaborate treatise, were I to adduce every passage, and to offer every remark which either of them has published in support of his opinions; but I think it will be sufficient if I have cast a gleam of light on the obscurity of John Hunter, and have presented a guide for tracing the apparent disorder of his subject. The opposite analysis may answer both these purposes; and it will readily be accepted as a map, which displays at one view the entire plan of the present paper.

We may now take less notice of Bichât, whose assistance can no longer support or elucidate the following ramifications of this plan, which are peculiar to John Hunter; although upon doubtful points we shall distantly refer to his authority.

All the various branches of this analytical map emanate from the centre, and diverge in a series of dependant ramifications; every action or impression, innate in the human body, or incidental to its existence, are collected within one view; and the different conditions of health and disease are here included, according to the notions of a man who "studied from the life." They who are conversant with his writings, will admit the aptitude of the exposition; and though they may supply some deficiencies, and correct some erroneous dispositions of the parts, I may venture to regard the general scope and design of the scheme as true and fundamental.

From the preceding observations, the reader must perceive a reasonable cause for the filling up of the principal positions, which are occupied by the stomach and heart on the one side, on the other by the brain and spinal cord, and in the centre by the lungs, the common connecting link of the two species of life. The different lines which emerge from these next fall under our attentive consideration: in this consideration I shall pursue the notions, without presuming to test their truth, and arrange the opinions of John Hunter without deviating from the text, referring to the volume itself for any considerable information, and offering my own reasons only for the locations of names and the subdivisions of the plan.

1. *Of the first division of the scheme.*

The natural sequence of the sanguiferous system will be the blood—the circulation, exhalation, absorption, calorification, and involuntary contractility; which, as must have already been understood, are functions proper to simple animal life, and, in a great degree, inde-

AN ANALYTICAL MAP, IN ILLUSTRATION OF JOHN HUNTER's TREATISE on BLOOD, INFLAMMATION, & GUN-SHOT WOUNDS.

LIFE.

"*Materia Vitæ diffusa.*" — VENTRAL or CONSERVATIVE PRINCIPLE, or SIMPLE ANIMAL LIFE; the seat of which is the STOMACH, HEART, & SANGUIFEROUS SYSTEM.

"*Materia Vitæ coascervata.*" — CEREBRAL or CONTROLLING PRINCIPLE, or EFFICIENT ANIMAL LIFE; the seat of which is the BRAIN, SPINAL CORD, & NERVOUS SYSTEM.

LUNGS.

Power.

DISEASE.
- Stimuli.
- ...
- 1. Necessity & Imperfection.
- ...
- 2. Disease.
- ...
- 3. Death.

...

FEVER.
- Susceptibility.
- ...
- Sympathy.
- ...
- Irritability.
- ...
- Habit.

Constitution.

Action.

1. *Salutary.*
   - *a.* Health ..... Regularity. Cessation. Renewal.
   - *b.* Resolution.
   - *c.* Reparation.
   - *d.* Restoration.
2. *Unnatural* .... Unity. Novelty. Slowness. Rapidity.
   - *a.* Neuralgy.
   - *b.* Pain.
   - *c.* Cold.
   - *d.* Vascularity.
   - *e.* Heat.
   - *f.* Tumescence.
   - *g.* Disorganization.
3. *Final.*
   - Dissolution.

INFLAMMATION. Single. Compound.

Parts.

- Continuous.
- Contiguous.
- Essential & Non-essential .. to existence.
- Comparative Powers .... Structure. Situation. Position. Age. Sex.
  - *a.* Weak.
  - *b.* Strong.
  - *c.* Active.
  - *d.* Passive.
  - *e.* Increment.
  - *f.* Wasting.
  - *g.* Removal.
- Particular Susceptibilities.
- Correspondent Sympathies.
- Peculiar Sensibilities.
- Spontaneous Action.

ADHESION.
SUPPURATION. Granulation. Skinning.
ULCERATION. Abscess.

GUN-SHOT WOUNDS.

BLOOD.

Secretion. Excretion. Deposition. — Circulation. Exhalation. Absorption. Calorification. Involuntary Contractility.

NERVOUS TRANSMISSION.

Volition. Sensation. Voluntary Contractility.

1st. Organs primarily endowed with Life, and sympathising with the Stomach.
2d. Structures secondarily endowed with Life, and not so soon sympathising with the Stomach.
3d. Matter neither endowed with Life, nor sympathising with the Stomach.

BODY,

Compounded of Solids and Fluids.

J. A. Hingeston fecit, June 25th, 1828.

pendent of the cerebral principle, according to arguments already stated; they are, in short, the source of nutrition, and of the growth and fabrication of the body. It will be easily understood that exhalation may be subdivided into three individual modes, viz. secretion, excretion, and deposition; but it will require some proof to establish the propriety of placing calorification under this division. John Hunter was of an opinion that heat is derived from a principal source, and that it is a sign of strength and of power of the constitution. "There is an endeavour (these are his words) to bring the heat of a living body to the temperature of the surrounding medium; but in the more perfect animals this is prevented by the powers in the animal to support its own temperature, more especially in and near the vital parts. I am apt *to believe* there may be a principal source of heat, although it may not be in the blood itself, the blood being affected only by having its source near the source of heat" (p. 291). This source, he continues, is probably *in the stomach*. Hence the propriety of placing calorification in this division, and of assigning it to the ventral principle. I purposely omit noticing Dr. Black's ingenious theory of latent heat, as well as those experiments which have proved that the nerves influence the variations of animal temperature; but we shall hereafter have occasion to mention the production of cold, and of extraordinary degrees of heat as the opposite effects of unnatural living actions. I will observe, however, that the due regulation of the natural warmth of the body depends upon that functional harmony which alone constitutes health. And involuntary contractility, the last of this column, is that power which the vessels of a plant possess of circulating the sapor juices which they contain; and it is called involuntary contractility, in contradistinction to that contractility which we shall hereafter notice as the visible effect of volition. Thus, therefore, the blood, (to which subject John Hunter has devoted many interesting and useful pages), is placed immediately after the sanguiferous system; then follow the *circulation*, or diffusion, of that fluid; *exhalation* for the purposes of nutrition and excretion, and for the fabrication of the body; *absorption* of matter, either extraneous or internal, for the supply and alteration of structure; *calorification* as intimately associated with the first principle of life; and, lastly, *involuntary contractility*, or the actions of the living body independent of the will. This terminates the direct line of this division, and includes all the functions proper to simple animal life; and we now ascend to offer some remarks upon the collateral branches and ramifications which bear the causes of many vital phenomena.

The power and the constitution of the human body are trite and vulgar expressions The author of the "Treatise on Inflammation and Gun-shot Wounds, &c." however, has not refused to make use of them; and has rescued them, at least in my opinion, from the imputation of any vague or indefinite meaning. The power consists in the more or less perfect discharge of the functions of simple animal life (pp. 229, 381, et passim). The constitution is that single character which the life presents in the individual as a whole. They are both primarily connected with the conservative principle of the body. The power is nearly dependent on the stomach, and is proportioned to the quantity of circulating blood (pp. 231, 316, 335, 336); the constitution is the consolidated whole, which, as it were, peculiarly tints the aspect of health or disease (pp. 230, 243, 344, 397, et passim). *This* modifies, hastens, or repels the accession and course of disease; *that* successfully combats with it when it has once commenced and is established; in short, the first impresses and facilitates, the second characterizes the actions of life (pp. 9, 221, 228, 258, 261). An objector may start the question—if the constitution be, as is here stated, the consolidated whole, why should it be mentioned before the whole has been described? The answer is short and easy:—because the constitution *tempers*, but does not itself *compose* actions. If, again, it be objected that the constitution and the power are but other names for life, and that they evince only the existence of a first principle, it might, according to the same reasoning, be objected that the manœuvres of a large army do not proceed from any of the subordinate officers, but originate solely from the General. I do not deny the single being and efficacy of life as life, but I am endeavouring to unfold the various *means* by which it is progressively ma-

nifested or conducted. We first sought for a reason, or for an authority, to believe that there is a simple animal life; that its medium of distribution is the blood; that it produces and supports the body by certain simple functions; and we now advance, in nice progression, to its degree of strength, and kind of character, in man. The power and the constitution stand, therefore, prominent, and offer, for all future actions and impressions, the basis, without which our scheme would be imperfect.

Although I have referred to many pages, the curious reader will find other passages to corroborate my statement; and, while he disregards a few occasional ambiguities, he will observe the general and almost universal meaning of those words, and receive them as a strong evidence in support of this position, without dwelling upon inadvertencies of thought or language, which are neither frequent nor important.

The next subjects which diverge and come under our notice, are the individual forms of power; a questionable part of this subdivision, and one which has been condemned and rejected by several high authorities.

For the continuance of health, for the reparation and restoration of structure, for the reception and admission of disease, and for the termination of life, the power, under particular forms, *causes* the commencement, and the duration, and the cessation of action; and is the *stimulus* which is manifested in four different modes, and adapted to certain conditions of the body, whether perfect or imperfect, diseased or dying. All those actions which are necessary for the continuance and safety of the living body, John Hunter ascribes to a "stimulus of necessity." Those actions which are the result of some wound or injury for the purpose of restoration, reparation, and reproduction, he ascribes to a "stimulus of imperfection." Those which arise as the effects of a contagious or spontaneous indisposition, he ascribes to a "stimulus of disease." And the final actions of life, as, for instance, the rigidity of the muscles which happens in the recent corpse, to a "stimulus of death." Many have objected to these stimuli, and think that by them is attributed to the whole or parts of the body an improbable power of innate and spontaneous actions; but, notwithstanding, we still find that the safe continuance, the restoration, the diseases, the dissolution of the body, are effected by some cause, whatever that cause may be, independent of the will. That cause may be, and indeed is, the life itself; but in physiology we study secondary causes, and learn the simplicity of the prime and remote source from the investigation of its many various phenomena. In searching for the life itself we lose ourselves, and allow the imagination to usurp the place of intellect and reason. It matters not, therefore, by what name we designate these early and simple efforts of the first principle of life; for it must be apparent, that under them is included the *spring* of all operations whatever, which happen to a human being from the moment of his birth to that of his death. They embrace the functions necessary for the continuance of life; the operations for the restoration of a wounded or imperfect body; the effects which arise from the accession of disease; and the final cessation of all living actions. They are essentially connected with the power and the simple animal life; and they consequently assume their place, with precision, as immediately proceeding from the prime actuating principle of the body. But the *effects* of these secondary *causes* are often *distant*; and the subsequent *action* must not be confounded with the *stimulus* which precedes and produces it: the eruption does not appear in the same moment that a person is exposed to the infection of small-pox; for *the stimulus and the action*, although immediately connected, *are not one and the same*. We may, therefore, define these stimuli to be, in the words of John Hunter, "impressions (which are) capable of producing or increasing natural actions, as well as depraved, unnatural, or what are commonly called, diseased actions" (p. 326).

These impressions are the manifestation of power under different circumstances; and the power, as already shewn, is the result of a certain harmony of functions. The cause of all operations for the welfare is "involved in the *necessity* of the animal" (p. 464); and whether they be for the safety and fabrication of the body, for the convenience, or for many other conditions of life, which will be better understood by referring to the volume itself, they will be found on mature reflection to involve their cause in the necessary welfare of

the animal. On the cause of these different operations, although it is always the same stimulus of necessity, under particular circumstances, he has bestowed different names; as, the "stimulus of relaxation," the "stimulus of ulceration," &c. &c. (p. 460). In fine, the stimulus of necessity operates under all circumstances, and, though it may be modified or suspended by the stimulus of disease, is never subdued by any impression, except by the stimulus of death (pp. 24, 26, 86, 115, 146, 149, 157, 189, 344, 376, 453, 449, 465, 490).

The stimulus of imperfection may be defined in these words: "the living principle in parts seems uneasy under the circumstances of exposure, or of having no skin, more especially sound parts, therefore is roused to action, acting with a view to cover the part" (p. 513). "*It is the disposition of restoration in consequence of some immediate mischief*" (p. 189); "a *consciousness* of imperfection being excited, *which produces* the action of restoration" (p. 190, vide etiam, p. 373). For whenever the body is rendered in any manner imperfect, whether by disease or injury, and actions are set up for its restoration and cure, those actions are said by John Hunter to be caused by a stimulus of imperfection; and as they produce salutary effects, they involve themselves also in the necessary welfare of the animal, and consequently follow immediately after the stimulus of necessity (p. 246).

The stimulus of disease is more complicated than either of the former, because diseases are infinite; it is "the disposition in consequence of disease" (p. 189). For this *stimulus is the impression only;* and "it will be often impossible to determine the time between the *impression* which becomes the cause of disease, and the *action* itself," (p. 303), since the disposition for disease may be latent, and then come into action (p. 191).

The stimulus of death finally closes the actions of life; it may, like the former, be not instantaneous with its effects, but existing in the body some time prior to absolute death (pp. 82, 87, 504, 508). "Dissolution appears to be connected with the past rather than with the present alone" (p. 505); and, as the absence of an usual impression often becomes the cause of action, (p. 25), so the stimulus of death may have its origin either in the "*want* of the powers to act, or the *want* of that necessity to act, by which means a cessation of action takes place" (p. 508). Likewise the production of death, and of putrefaction, "may be owing to the same principle;" and, as "it is very probable that the action producing quick putrefaction is an action prior to absolute death," so the "*action of death*" itself may be the effect of a cause remote even in the principle of life, (p. 508).

Thus have I sketched this branch of our subdivision: having noticed life as a conservative principle, life as a power, and life as the causes of every living action. Disease, therefore, simply as disease independent of action, which occupies so large a portion of that volume, is very properly subjoined in this place, divided into its two kinds, simple and specific, and placed on the limits of this part of our plan.

If, in this description, I have strayed beyond the bounds of demonstrative argument, I have followed, with respect and attention, the steps of John Hunter, and have endeavoured to discover and produce some reasons for this curious transgression. "Let it only be remembered, that he who conjectures with modesty has a right to be heard with attention."

The constitution being the single character which life presents in the individual as a whole, we now proceed to treat of its individual forms and variations; which are displayed in its susceptibility, sympathy, irritability, and habit.

Susceptibility is that tendency of the constitution to accept of certain actions of one kind rather than of another; and it may be either original or acquired: "The original constitutes a part of the animal economy, and is probably inexplicable; the acquired is the effect either of climate or of modes of life," (p. 226), and seriously modifies every circumstance of health or disease. Susceptibility varies in different persons, and in the same person at different periods of life; but each person has a peculiar tendency, which is manifested during every excitement or depression of the system, (pp. 259, 264, 410). Susceptibility, therefore, is a particular form of the constitution, and rightly belongs to this quarter of our scheme.

Sympathy is next inscribed. Many will ask with confidence, why the sympathies should be introduced before the brain has been made to exert its influence; for the nervous system is said to be the grand medium of sympathetic affections? But such is the obscurity of the phenomena of life, that I doubt whether, from our present knowledge of nervous sensations, we are authorised in attempting the establishment of any distinct division. We still remain ignorant of the various means of correspondence between one distant part and another—between the brain and some remote organ. Bichât is doubtful upon this point; for he ascribes some sympathies to his organic life, some to his animal life, and some to an unknown vital influence; and willingly disclaiming, with sincere or affected liberality, any theoretical opinions on the subject, submits himself entirely to the evidence of facts, however various or contradictory. After such an authority, it may appear presumption to offer any arrangement; but perhaps sympathy will be found to rank the most appropriately in this place, because it is next in sequence to those simple efforts of the first principle of life, which are above any kind of action, and is most readily evinced by whatever affects the conservative principle of the body. John Hunter, by whom we must be ultimately guided in this question, has not ascribed it to any immediate influence of the nerves; while he expressly states that the "precise mode of action is not known," (p. 352). In many parts he connects universal sympathy with the stomach, which, he says, is the seat of simple animal life (p. 402), and thereby the organ of universal sympathy of the materia vitæ, or living principle. Severe affections of the nerves he associates with disorders of the stomach; and Bichât derives many of such disorders from the great sympathetic nerve, that cerebral system which he regards as peculiar to simple animal life. The real or fallacious sensations of heat and cold are, according to John Hunter, caused by some condition of the stomach (p. 291); and in another place he calls universal sympathy "the most simple act of the constitution," (p. 398). Sympathy may be continuous, contiguous, remote, or universal; but the partial sympathies may, perhaps, be only particular modes of the universal. We may, therefore, as far as our present information admits, rank sympathy with probability, if not with precision, as a ramification from the constitution; and although certain symptoms of diseases may weaken the integrity of this arrangement, we shall find that its present place is the most consentaneous with the ideas of that author whose opinions we are now analysing.

Irritability is the next in order of succession, and presents itself as a well-known constitutional peculiarity: but, I think, it is an unnatural action, rather than a simple form of the constitution, and would follow with more propriety as an effect of a disordered or unequal play of the vital functions; yet, as John Hunter frequently mentions this precarious state of health as a peculiar elementary form of life, it could not properly be omitted, nor ranked precisely in any other place. His allusions to irritability at once strengthen my own opinion:—"Too much action," he says, "with small powers, may often, if not always, be classed with an irritable constitution." So that we may be authorized in defining it more clearly in these words:—Irritability is that kind of constitution when the action of a part, or of the whole, of the capillary and nervous systems exceeds the power of a given part or whole. "In such habits, greater caution is necessary with regard to purging, as well as bleeding; for no more blood should be taken than would relieve the constitution, as it were, mechanically, but not such a quantity as to have a tendency towards lowering or weakening that constitution; for, in such cases, *the action is greater than the strength*," (p. 347). The object, therefore, of our practice, "consists *in bringing the strength of the constitution and part as near upon a par with the action as possible*," (p. 347). This state of the constitution, which he treats of in several other pages (pp. 381, 350, 349), keeps the system open for infection, and predisposed to accept of unnatural actions; it may be induced by intemperance and abuse of the mind and body, by the slow and insidious workings of some local organic disease, or by any circumstances that *decrease* the power; "for *strength* lessens irritability," (p. 228). It is a great question how action can exceed power; but

the fact, if it does not explain, continually exhibits itself; though it is obviously not merely a diminution of power, but an inexplicable inequality of it, as opposed to action.

Habit is the last of this branch, and completes this division. Habit is that particular mode of life which parts, or the whole, acquire by frequently doing the same thing in the same manner; and it thereby forms one of the particular tendencies or forms of the constitution, (pp. 226—228, 344, 363).

On the confines of this part of our plan is placed fever, which, he says, is the simplest increase of action, and is always a sign of healthy power and a fair constitution (p. 398). "Inflammatory fever is, perhaps, the most simple, because it is a simple fever on a constitution having no peculiarity of disposition," (p. 258). It is accordingly placed here with propriety, as the first kind and simplest form of action, following the immediate and modifying causes of action. Fever is divided into symptomatic, nervous, and hectic—according to the kind of constitution on which it is grafted.

[To be continued.]

DIVISION OF THE TENDO ACHILLIS.

To the Editor of the London Medical Gazette.

Sir,

I take the liberty of inclosing you a case of divided tendo achillis, successfully treated by Dr. Muston, the present apothecary general in the Honorable Company's service.

The case itself does not present a character peculiarly novel or interesting, except in the very short period required for its successful termination; but I would beg to point out the extreme simplicity of the apparatus required, the facility of always procuring it, and also the superiority it possesses over the high quilt shoe of Dr. Monro, (primus), which, I believe, is the one at present in use.

In the latter case the patient is obliged to wear the shoe for a much longer period, and is consequently subjected to a very tedious confinement; in the former the patient, as in the case before us, is enabled to take considerable exercise as soon as the re-union of the divided or ruptured tendon has been established, at a period comparatively much earlier.

I have the honour to be, Sir,
Your very obedient servant,
Henry Harrington, M.D.

Cumberland Street, Portman Square,
March 24, 1829.

Extract of a Letter—Dec. 10th, 1828.

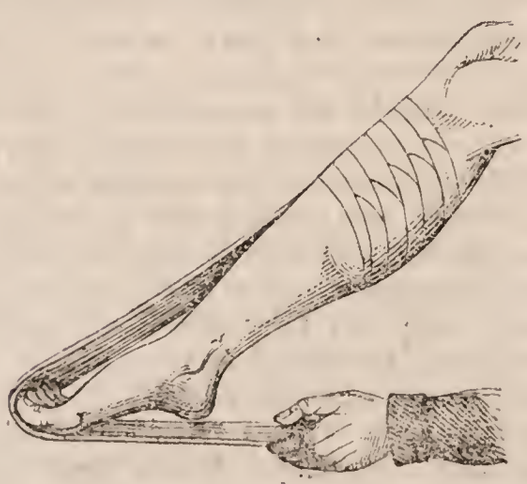
"—— tells me that you want my case of division of the tendo achillis.

The tendon was divided by the man's stepping back on a sharp instrument, used by the natives for cutting wood. The wound was seven or eight lines in length, and was not perceived until the nature of the injury was ascertained. I sent to the Honorable Company's Dispensary for the apparatus; and on receiving for answer, that "there was none in store," I was led to make use of the following mode of operating:—

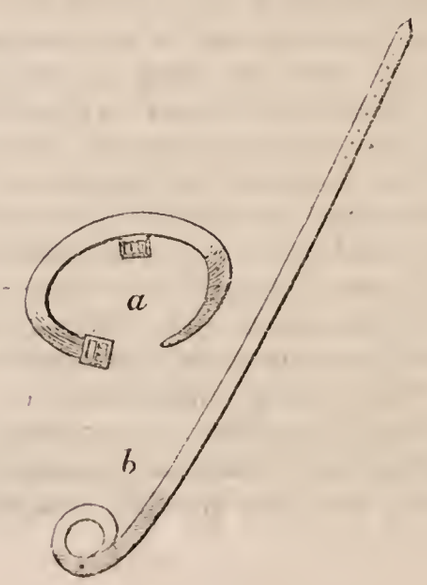
1st. I bandaged the leg from below the knee, binding the flexor muscles firmly.

2d. I attached a strip of linen to the bandage, *in front of the leg*, and passed it over the toes, and behind the heel; by drawing on which I found I could bring the ends of the divided tendon into contact. Thus—

No. 1.



No. 2.



I now dressed the wound with a slip of adhesive plaister, and fixed the end of the strip of linen to the bandage *on the back of the leg*. The patient tried to move the ankle-joint, but was unable to do so; and he complained only of the strip of linen pressing on his toes.

I had sent for a shoe-maker, and he soon made the straps I have sketched in No. 2. *a.* was a strap made to pass as a garter and buckle above the knee, when the buckle in its centre would thus lie in the ham. *b.* was a collar made to pass over the toes, and fix itself below the instep; when the strap attached to it, (after passing under the heel), could be buckled in the ham, and could be drawn to any degree of tightness which the case required. Having fixed these straps, I cut the strip of linen (which pressed upon the toes) as soon as I had rendered it slack by their use; and then, applying two linen compresses, I passed a roller round the small part of the leg.

I sent my patient home in a litter, three miles, without fear, either on his part or my own. He was directed to take a saline purgative, and to wet the leg with cold water frequently, if it should swell and occasion pain. He was also authorized to slacken the strap, which was officiating as the tendo achillis, *one hole*, if absolutely necessary. But there arose no necessity for this; and he went on doing well until the 5th day, when he was attacked, in a dream, by thieves, and, awakening, he jumped out of bed and got out of his house.

I saw him with a medical friend the following morning, but no derangement of the straps had taken place.

I was satisfied, after a fortnight, that the tendon was reunited. I allowed him, therefore, to slacken his strap during the day, and advised him at those times to amuse himself by exerting his power over the muscles of the ankle-joint.

I called on him a month, or thirty-two days after the accident, to shew the case to a friend, and was surprised to find that he had discarded a high shoe, which I had given him, and was gone on foot to town. This he continued to do for some months afterwards; that is, to walk to, and back from, the Persian secretary's office, a distance of five miles, daily.

I find in my notes of the case, that the tendon, at the point of union, was, on the 4th day, enlarged to the size of a hen's egg; and that in its whole extent it was of twice the natural size long after he had begun to use it.

CASE OF VESICULAR CALCULUS IN A HORSE.

Extracted by the lateral operation of Lithotomy.*

The horse is the property of the Hon. Geo. Allan Broderick, 12 years of age, and has been hunted regularly the last seven years up to the period of admission (Feb. 14). He had for several months evacuated very high-coloured turbid urine, often mixed with blood, expressing great pain, with continued attempts to expel more. The symptoms were increased after a fall into a ditch, by which he was supposed to have injured the kidneys, as it was followed by more frequent and painful evacuations, and, at the conclusion, by pure blood.

By the treatment pursued, these violent symptoms were alleviated, but always returned after exertion.

After his admission the symptoms continued, but were relieved by aperients and light diet.

The pulse was kept up by irritation to 38 per minute, the healthy average being 32.

Suspecting calculus might be the cause, I examined the bladder, by introducing my hand and arm up the rectum, and distinctly felt a firm roundish substance at the neck of the bladder, which was empty, and firmly contracted upon it. The symptoms were rather increased, and on a subsequent day I renewed the examination, when the bladder was nearly full, and I could move the stone very readily.

On the 26th the animal appeared to be in a favourable state for the operation of lithotomy, which was performed by securing him upon his back, with the hind legs drawn forwards to the shoulders. The penis being drawn out, a three-foot whalebone staff was introduced as far as the perineum, and the urethra opened by an incision about three inches in length; a grooved sound was then passed straight into the bladder, and the stone was most distinctly felt, and heard on being struck. It was

* Read at the College of Physicians, March 23.

attempted to be extracted without cutting open the pelvic portion of the urethra and neck of the bladder; being readily grasped with the forceps, assisted by pressure made upon the calculus by the left hand introduced into the rectum; but being too large, these parts were laid open by a lateral incision, made with a strong curved and probe-pointed bistoury. It was then, by the same means, but with considerable force, brought gradually forward to the perineum, where it was forcibly contracted upon, and a further extension of the external incision was necessarily made to effect its removal.

The hæmorrhage was not very great or alarming; but it was thought best to secure a perineal vessel with a ligature.

The calculus is of the mulberry kind, very rough, of a depressed oval form, weighing nearly three ounces: it has no distinct nucleus. Dr. Prout having obligingly undertaken to analyse it, found it composed principally of carbonate of lime, some phosphate of lime, and a little phosphate of magnesia.

The horse, immediately after the operation, became tranquil and cheerful, and the pulse fell by evening to the healthy standard, 32 per minute, and so continued until noon the following day, when, being rather agitated by numerous visitors, it rose to 38, and by night to 45. Four quarts of blood were taken from the jugular vein, a mild purgative given, and frequent clysters.

Feb. 28.—Pulse 40; in the evening 44; bowels relaxed.

March 1.—Pulse 44; purgative and clysters repeated.

2.—Pulse 42, and so continued until the 8th, when it declined to 38, and subsequently to 32, at which it continued this day (the 18th), three weeks since the operation: the bowels having been kept open by aperient doses of aloes and by clysters.

The urine was evacuated partly by the orifice until this time; but the wound is now healed, and it flows through the whole length of the urethra without the least impediment. The horse is exercised daily, and is fit to be discharged.

Wm. Sewell,
Assistant Professor Royal Veterinary College.

The subjoined cut will give an idea of the size and shape of the calculus:—

SMALL-POX.

To the Editor of the London Medica Gazette.

Sir,

From reading Dr. Gregory's interesting statement of the "Experience of the Small-Pox Hospital during the year 1828," in your valuable Journal of the 21st of February last, I am induced to send you the result of my observation of this disease as it has occurred among the children in the Royal Military Asylum, Chelsea, during the last ten years.

In this institution 1000 children (boys) are fed, clothed, and educated under the protection of Government: they are the children of soldiers of the regular army, and are admitted from the age of 5 to 10 years. On attaining the age of 14, they are sent to the army, or apprenticed to such trades as they may choose to adopt.

As a precaution, every child, when admitted, is strictly examined, to ascertain whether he has had small-pox or cow-pox, and the statement of the parent or relation who may bring the child is not considered conclusive, unless corroborated by evident marks of one or other of these diseases; if none are observed, the child is immediately vaccinated.

There have been only fourteen cases of small-pox during the period above mentioned, namely, from 1819 to the present time, of which number *ten* had been previously vaccinated, and *four* had previously had small-pox.

Although by far the majority of the

children in this institution have only vaccination as a protection against small-pox, yet, when that disease has appeared, it has not spread to any of the others, except in the year 1825, when it was extraordinarily prevalent, seven cases, half of the whole number in the ten years, having occurred in that year. It was also singularly prevalent and fatal in London at the same time, no fewer than 1299 persons being reported to have died of this disease within the London bills of mortality.

Two other contagious diseases (measles and scarlet fever) continued to prevail here throughout the same year—83 children being attacked with the former, and 49 with the latter disease.

On the occurrence of any contagious disease, every precaution is adopted to prevent its extension, and the infected are immediately separated; nevertheless scarlet fever and measles can never be prevented from spreading to a greater or less extent. Small-pox is undoubtedly as contagious to the unprotected as these diseases; yet it will be seen in the subjoined table that, with the exception of the year 1825, only solitary instances of this disease occurred.

Is not this a strong proof of the prophylactic effect of vaccination?

It may be supposed that the children being chiefly confined within the walls of the institution, are not so likely to be exposed to the contagion of small-pox as others differently situated; this, however, is not the case, for on the accustomed holiday seasons, as Christmas, Easter, &c. some hundreds of them are permitted to visit their friends and relations in all parts of the metropolis and its vicinity, and therefore must frequently be exposed to its contagion.

It appears from a table* which I have made out, that there were only *three severe cases* of small-pox after vaccination. In *one* of these the mother has stated that the surgeon who vaccinated the child told her he did not consider the vaccination complete; and in another, vaccination was performed when the child was only three weeks old, which perhaps may be considered as too early an age for it to have taken its full preventive effect on the constitution.

With regard to those in whom small-pox occurred a second time, *one* had a distinct large cicatrix of inoculation in his arm; the others were reported, on their admission, to have had the disease naturally, and several marks resembling it being observed on different parts of their bodies, the parents' statements were credited.

It is important to add, that at the branch establishment of this institution at Southampton, where there are 350 children (girls), during the period above mentioned (1819 to the present time), there has been only *one* case of small-pox, which occurred in the year 1826. In this instance the girl (13 years old) was positively stated by her mother to have been inoculated for small-pox in the island of Guernsey, and a large distinct mark of it was observed in her left arm. She had the modified form of the disease, and no marks were left.

It is, therefore, worthy of remark, that *not a single case of small-pox after vaccination* has occurred at the Southampton asylum for the last ten years; yet Dr. Watson, the medical officer who had the charge of that establishment, informs me, small-pox has frequently been epidemic in that town and neighbourhood.

I think the above circumstances afford a strong proof of the preventive power of vaccination, when properly performed; and corroborate the statements already published by Dr. Gregory, Mr. Cross, of Norwich, &c.

In conclusion I wish to observe, that of the great number of poor who are vaccinated, particularly in the country, there are many instances where there is no evidence of the perfection of the vaccination, owing to the neglect of the parents, in not attending regularly with their children afterwards, so as to enable the surgeon to ascertain whether the vaccination has been complete. This has, no doubt, greatly tended to augment the number reported to have had small-pox after vaccination; and Dr. Gregory says, in his statement of those occurring in the Small-pox Hospital during the last year, "Not a single case could be traced as having been vaccinated at any of the stations of the National Vaccine Establishment." I can also state, that of the great number vaccinated in this institution, not one has hitherto taken small-pox.

If, however, as must be confessed,

* The table accompanied the paper; but as it would have occupied considerable space, and does not appear necessary to illustrate the views of the author, we have omitted it.—Ed. G.

vaccination does not entirely exempt *every individual* from small-pox, yet, with the exception of a very few rare instances, it always converts it into a mild and comparatively harmless disease.

I am, Sir,
Your obedient servant,
S. G. LAWRANCE, Surgeon.

Royal Military Asylum, Chelsea,
March 30, 1829.

BIRMINGHAM MEDICAL SCHOOL.

To the Editor of the London Medical Gazette.

SIR,

THAT the pages of your valuable Journal should, in the instance of a letter on Provincial Schools, in your last number, have been rendered the vehicle of gross misrepresentation, respecting the one founded at Birmingham, can only be imputed to casual inadvertency on your part, and to a reckless contempt of truth and candour on the part of your anonymous, and *therefore* irresponsible correspondent. The impartial spirit which, no less than the excellence of its articles, has always distinguished your Journal, and obtained for it the merited support of the medical public, induces me to confide in your readiness to insert the following statement in reply to the falsehoods to which I have alluded. At the same time permit me to exempt myself from every imputation of the most distant wish to engage in a controversy with the learned *Birminghiensis*. That were, indeed, to grapple with a shadow. Respect for the public, for the Birmingham School, and for myself, seems to call upon me not to remain altogether silent, lest, indeed, supineness might be misconstrued into a voluntary acquiescence with the calumnies which, through your pages, have obtained a circulation of which they are unworthy. Lest I should trespass unnecessarily on your indulgence, I will summarily meet the obnoxious statements of the masked libeller, which resolve themselves into two heads.

1st. That the formation of the existing school was, to use the language of the censurer, "*premature;*" by which, I presume, is meant surreptitious.

2dly. That it was exclusively composed of lecturers appointed "by a young gentleman who had not succeeded as a private teacher. In his hands were vested the lectureships, to give or withhold."

In reply to these objections, insiduously levelled against the honour of those gentlemen who instituted the existing school, and more especially against my own, allow me to state, that, for three years *previous* to the period at which other individuals "of talents and popularity better calculated to ensure its success," (as avouched by Birminghiensis,) are alleged to have contemplated a School of Medicine, I had uniformly recommended the formation of such an institution, in the public Introductory Lectures to my courses of anatomy and surgery, very numerously attended by the practitioners of the town; and had, solely with practical views to such an establishment, visited the provincial schools of Manchester and Liverpool, and the private schools of Edinburgh and Dublin. The conclusion, therefore, in respect of priority of design, is decisive in favour of the present school.

Secondly, with regard to the mode of procedure in the establishment of the school. *The principle* adopted was that of applying, in the order of seniority, to the physicians and surgeons of the chief public medical institutions of the town: a principle which necessarily precluded the possibility of choice being vested in the individual who, in the first instance, might originate the design. The individuals distinguished by the learned Birminghiensis as possessing superior claims to confidence, were actually applied to in consistency with the principle mentioned; nor can they possibly harbour sentiments similar to those of the libellous writer, either with regard to the constitution of the existing school, or to their own superior claims, since the liberality of Dr. De Lys in surrendering his privileges, and in giving instruction to the students of this school, at the General Hospital, whilst Mr. Hodgson is also giving valuable clinical surgical lectures there, equally open to the pupils of the school, and the interest also they have both manifested in the public examinations of the students, belie every possible insinuation that they are hostile to the school; at the same time I feel assured that their

sense of propriety must lead them to reject with contempt the fulsome and invidious praises of an anonymous slanderer. It perhaps only remains for me, in order to complete the refutation of the second charge, simply to observe that the assertion so gratuitously hazarded by the learned Birminghiensis, relative to the declension of my anatomical class, is in contradiction to *fact*, nor could it, if true, have been the spring of action with me, as from the very first commencement of my lectures I had warmly advocated the institution of a school embracing every branch of medical education. Having thus, as I conceive, satisfactorily disproved the assertions of the learned writer in every essential point, I take leave to add that this school has received the sanction of the public bodies in London, and also the most distinguished patronage both professional and general: and it may be safely presumed, that complete courses having now been delivered to respectable classes of industrious and intelligent students —a truth admitted even by the calumniator himself—demonstrates the firm stability, and presages the future prosperity of the establishment, the foundation of which was laid "by a young gentleman whose class had declined," and the superstructure of which has been reared by the present lecturers, although unfortunately not including in their number "those rare and choice materials" which this master-builder would fain have put together with his own hand.

I have the honour to remain,
Your obedient servant,
WILLIAM SANDS COX.

Temple-Row, Birmingham,
April 2, 1829.

MEDICAL CLUB.

To the Editor of the London Medical Gazette.

April 4, 1829.

SIR,

I HAVE just read a letter from Mr. Field on the subject of a Medical Club, in which he claims the priority of the suggestion against "One of the Infantry;" but though our worthy friend of Bolt-Court very naturally urges his parental feelings for a *three-years-old pet*, it is matter of surprise that he has not heard of a full-grown elder brother of his *bantling*, ushered into the world eight years ago, who, although his parents and sponsors were of the most respectable character, the Thatched House the place of his nativity, Willis his nurse (who has been also wet-nurse to many thriving medical clubs), and the best efforts of the *batterie de la cuisine* exerted to keep him alive, became defunct in less than six weeks. I was present at several consultations with the most eminent of the faculty, but our darling died of inanition, and I preserved a Mem. respecting it, which is at your service, as a sort of literary skeleton.

We are not, however, to infer from this failure, that the medical tribe are not gregarious—that such a plan is incompatible with what Mr. Field calls the "habitudes" of medical men; very far from it—witness the many amicable societies in this metropolis, and the social clubs alone held at the Thatched House, viz. The Military Medical Clubs, the College Clubs, the Pow-wow, the St. Alban's, and last, though not least, "the Medical," which, from the time of Sydenham (who was a member) to the present hour, has consisted of the most eminent, as well as the most worthy, in our profession.

It will give me great pleasure to see Mr. Field's suggestion put in practice. Eight years has made a great change in the notions of the town, and the *clubable* propensities of the profession may be greater now than they were then. He has my best wishes on all occasions; and though he cannot know me as "One of the Infantry," he may perhaps as UNUS QUORUM.

Note.—It is a curious circumstance, and worthy of remark, that Sir Lucas Pepys has only been absent four times, during *fifty years* he has been a member of the College Club; and in the Medical, which holds its meetings once a month, during the whole year, their present worthy Treasurer (Tegart) has only been away from his duties in that club four times in upwards of thirty years!

The following are the principal Resolutions from the printed paper alluded to:—

LONDON UNITED MEDICAL CLUB.

At a meeting of the Committee, January 20, 1821,

Resolved—That a Club, comprehending the different branches of the profession, will be advantageous, and contribute to the comfort of the respective individuals.

That the number of the proposed Club be, in the first instance, not less than 300, nor exceed 500.

That a house be taken for the purpose, not further Eastward that Leicester-Square, nor Northward than Oxford-Street.

That the annual subscription be five guineas, payable in advance on
in each year, besides an admission fee of five guineas, for the purpose of furnishing the club-house; but which shall be returned with interest whenever the finances of the club admit.

That dinners, wines and refreshments, shall be furnished for the use of the members as nearly as possible at prime cost.

That this Meeting is of opinion, the ground work of the Club is firmly established, and have no doubt that the requisite number will very shortly be completed.

[A list follows of about fifty of the most respectable practitioners, from the different branches of the profession.]

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Outline of the Morbid Alterations to which the various textures of the body are liable *.

MUSCLE AND TENDON.

Muscular tissue is liable to inflammation, which may be either acute or chronic as to duration, and which may differ in kind. One form has been regarded by some (C. Smyth) as a species of rheumatism. Another form is the suppurative inflammation, of which one of the best examples is afforded by psoas abscess. The acute form of muscular inflammation is more rare, and by some has been denied, the alleged cases being referred to inflammation of the inter muscular cellular texture. Another example of muscular inflammation is afforded by the heart, in which, however, it is very rarely primary, but almost always spreads to it from the pericardium. Laennec, indeed, contends that general inflammation of the substance of the heart is almost unknown, although he admits its possibility on the authority of Meckel. Mr. Stanley, also, has recorded a case in which the cut substance of the heart was exceedingly dark-coloured, from injection of the capillaries; the fibres were soft, loose, easily separable, and compressible between the fingers, while sections of each ventricle exhibited numerous small distinct collections of dark-coloured purulent matter among the muscular fasciculi—some deep, approaching the cavity of the ventricle, others superficial, raising the pericardium. The muscular substance of the auricles was softened and loaded with blood; but without purulent deposits.

Abscess, and ulceration of this tissue, also result from inflammation; and examples of both are met with in the heart.

Softening (the myositis emolliens of our author) is also a condition most frequently seen in the heart. Laennec ascribes it to defective nutrition, and Bouillaud to inflammation: perhaps both these causes may give rise to different forms of it. Hypertrophy is probably mere enlargement dependant on chronic inflammation, as it is manifestly different from the increase of size resulting from exercise. It occurs in the heart and bladder; in both of which the muscular substance is not only thickened, but is rendered hard, firm, and in some parts almost cartilaginous. Atrophy, or diminution of size in muscles, is very common, arising from a variety of diseases; perhaps the best illustration is the wasting of the forearms from the poison of lead.

Fatty degeneration of muscles, though denied by Beclard, appears a well-authenticated fact, being mentioned by many authors of respectability: Laennec and Adams describe it as occurring in the human heart. Rupture, or laceration, takes place in muscular organs, as in the limbs, from violence. In the heart and stomach rupture is also met

* From Craigie's Pathological Anatomy.

with, but is almost always connected with previous ulceration.

Bony induration sometimes takes place in the muscular structure of the heart, but must not be confounded with the more common ossification of the pericardium. Muscular structure is also liable to accidental productions, as the various kinds of tumor.

In tendons inflammation is rarely spontaneous, but it is frequent as a result of injury. They become enlarged, and readily slough; and in this state lose their silvery hue, becoming dull and of a grey colour. Ossification of tendon is very common in birds, but very rare in the human species.

WHITE FIBROUS SYSTEM.

The inflammation of ligament is either spontaneous or the result of injury, and is seen in the common forms of articular disease. Ulceration also takes place in this texture; the most frequent illustrations of which are met with in the round ligament of the hip-joint, and the crucial ligaments of the knee.

Periosteum is very liable to inflammation. In fractures of the extremities it may be seen reddened, thickened, and depositing semifluid matter, which appears to unite the broken portions. When it takes place spontaneously, it is said to depend on the strumous diathesis: the membrane then becomes thick, painful, unusually vascular, and, unless the action subsides, semifluid lymph is effused beneath it, and even purulent matter may be formed. If the inflammation be confined to one spot, the thickened membrane gives rise to the swelling termed node. When suppuration takes place, it is often followed by caries, or death, of the subjacent bone. Node, whether of strumous, syphilitic, or mercurial origin, generally takes place in parts of the periosteum near the surface.

In some instances inflammation of the periosteum terminates in a deposition of hard osseous matter on the surface of the bone; and there is reason to believe, that what is originally a deposit of lymph, as in node, becomes eventually penetrated by calcareous matter.

The author also refers rheumatism to the *fascial* inflammation.

Tuberculous, cartilaginous, and ossific degenerations, are all met with in the white fibrous textures; of the last, one of the most remarkable instances on record is mentioned by Dr. M'Lellan*; in which the rupture of the corpus cavernosum was so completely ossified as to require excision.

Osteo-sarcoma sometimes appears to originate in the periosteum, and fungus hæmatodes also occurs in the same structure.

Relaxation of the ligaments is the last morbid condition of the white structures alluded to. It may occur in any joint, but the author thinks it quite inadequate to explain the distortions of the spine in the manner suggested by Dr. Harrison.

BONE.

Inflammation.—Of this, three distinct stages are enumerated. In the first, effusion of blood from the periosteal and medullary vessels is, after coagulation, followed by effusion of a colourless fluid, which also coagulates. In the second, the soft parts, and especially the periosteum, become hot, red, swollen, and, in short, are inflamed. The periosteal and medullary arteries at the line of fracture are now large, numerous, and are seen transmitting vessels into the coagulated blood and lymph, and converting them into organized masses, sometimes distinct like granulations, sometimes irregularly continuous. This substance is what is named *callus*. The third stage may be distinguished by the appearance of osseous points, which now begin to be deposited from the new vessels of the callus; and, as the arterial action advances, these osseous points extend from the surface, and coalesce; and the broken portion of bone, after some time, recovers nearly the same organization and firmness which it originally possessed.

In some instances of fracture, union is not accomplished in this perfect manner, but is effected merely by a fibro-albuminous cicatrix, which unites the fragments loosely. This is observed especially in fractures of the neck, of the thigh-bone, of the knee-pan, of the olecranon, and other parts of loose cancellated structure. Upon the reasons of this physiologists are not agreed.

In fractures in which there is much contusion and comminution, and especially where there is a communicating wound of the soft parts, reunion is rare-

* Philadelphia Monthly Journal, 1827.

ly complete. The suppurative inflammation which then succeeds, precludes the ossific, or at least renders it imperfect. In such circumstances, more or less of the bone dies, and is thrown off in splinters. In some instances necrosis may be produced, as in compound fractures from gunshot wounds.

Even in simple fracture may occur a variety of incomplete union. The callus sometimes is not penetrated by vessels so as to become organized; or those vessels are rent asunder by repeated motions. Under such circumstances, the intermediate substance, instead of acquiring solidity, and becoming penetrated by bone, is partly absorbed; while the broken ends are converted into a secreting surface. This forms what is termed *false joint*.

Diastasis.—Next to fracture may be placed detachment or disunion of the epiphyses. In young subjects this may occur in consequence of forcible stretching, or injury of the bone. If not disturbed, the injury is repaired by union either in the ordinary manner, or with more or less extensive ossification of the neighbouring parts, generally causing stiff-joint.

The variety of disunion now mentioned is frequently confined to the epiphysis of one bone. A more general disunion, however, occurring in most of the epiphyses of the skeleton, may take place in scurvy. This was remarked especially in the scorbutic epidemic of Paris, 1743, and has since been occasionally seen.

Most of the facts hitherto collected, when well investigated, favour the inference that the inflammatory conditions of bone are to be referred to inflammation of some of its membranes.

Inflammation of the periosteum, by causing suppurative destruction, may kill the subjacent bone (*necrosis*), which then becomes white, yellow, or black, and presents a denuded surface, bounded at certain points by an irregular rough line. This line, which denotes the establishment of ulceration, becomes more complete and deeper, till the dead portion is loosened and removed. This process is denominated *exfoliation*. Though it takes place chiefly in the bones of the skull, and in the front of the tibia, it may occur wherever the structure is close and compact.

Certain forms of periosteal inflammation give rise simultaneously to osseous deposition and ulceration, or caries. The course of phenomena here is first chronic thickening and induration of the periosteum, with deposition of bone beneath it; then ulceration of the periosteum; and lastly, ulceration or caries in the new bony matter, which appears to continue to be deposited irregularly. This, which is the *carious ulcer* of practical authors, may be seen in the legs of those who have been affected by the constitutional symptoms of syphilis, and who have undergone for it repeated courses of mercury.

The periosteum may be concerned in extensive but morbid secretion of osseous matter, giving rise to that form of tumor which has been termed by some *exostosis*, and by others *osteo-sarcoma*. The periosteum becoming thickened and morbidly vascular and painful, assumes additional energy in the deposition of bony matter over a certain space. But the bone so deposited is never arranged in the manner of healthy bone.

Though periosteal exostosis may take place in any bone of the skeleton, it most frequently appears on the inner side of the thigh bone, above the internal condyle, or upon the shaft, which it may enclose completely. It is most likely to take place at muscular or tendinous insertions.

In these forms of osseous deposition, the vitality of the new deposit is deficient. Its organization is indistinct and imperfect; and in no long time it proceeds, apparently by pressure, to destroy the structure of the adjoining bone.

The medullary filamentous web is perhaps still more important in its morbid influence on bone than the periosteum: it is in the first place liable to inflammation; and this may proceed either to suppuration, forming a collection of matter within the cavity of the bone, or induce expansion of the walls of the diaphysis; or, by destroying the medullary membrane, it may kill the bone from within outwards.

Two circumstances in the history of necrosis merit attention: first, the cause of the death of the bone; and, secondly, the agent of its reproduction. Inflammation of the medullary web is the cause of the former; and the periosteum and its vessels are the agents of the latter. The medullary web is destroyed, if the periosteum be uninjured,

it becomes thick, swollen, and highly vascular; bony matter is then deposited with more or less regularity from its interior surface. When, on the contrary, the periosteum is injured or destroyed, regeneration is imperfect, or altogether deficient.

Many cases of reproduction of the humerus, the femur, and the tibia, are on record. Of the ulna three only are mentioned, and of the radius only one; of the clavicle one, and of the scapula one.

The bones of the skull are very rarely regenerated; and perhaps it would be difficult to produce an authentic and unequivocal example of this nature.

Spina ventosa.—The true agent of this process is the vascular medullary web, especially of the *epiphyses*, of such bones as the vertebræ, the carpal and tarsal bones, and the phalanges. This disease never occurs in a bone with distinct medullary canal, unless at the epiphyses, where the structure is cancellated. When it takes place in these situations, it first induces enlargement of the epiphyses, with extreme pain deep in the bone. Soon after the periosteum becomes thick and swelled; and in no long time sanious matter is found beneath it, issuing from the *cancelli*, which are then softened, partially destroyed, and excavated. The compact shell is partly destroyed by irregular ulceration, and partly extruded by the distending force of the swollen medullary web.

The third source of disease in the osseous texture is the articular synovial membranes and cartilages. Inflammation of the first soon passes to the second, in which it causes erosion or ulcerative absorption. It is very common in that form of disease of the joints which arises from inflammation of the synovial membrane and cartilages. It occurs in the hip-joint and knee-joint especially, and is one of the preliminary steps to ankylosis. This also is one of the modes in which the vertebræ become carious.

Rickets.—In this the bone is light, spongy, and cellular. The interior is homogeneous, like that of a fœtal bone, without distinct medullary cavity, without cancellated structure, and without compactness. The bone is soft, of the consistence of cartilage, and is easily cut by the knife. Its colour is generally some shade of red, but varies from light pink, or brown, to an orange or fawn-coloured tint. This it derives from its vessels, which are numerous, large, and loaded with dark-coloured blood deficient in fibrin. The periosteum is generally thickened, and occasionally detached. In short, the rachitic bone is the fœtal bone in internal structure, but destitute of its proportion of calcareous matter.

One of the peculiarities of the rachitic condition of the osseous system is, that though the bones present the characters now enumerated during its continuance, they afterwards acquire equal or even greater firmness and density than sound bones, by the deposition of calcareous matter. When this process once commences, it proceeds much as in healthy bone. In one respect, however, its completion is peculiar. Instead of the compact matter of the bone being equally distributed on each side of the medullary canal, as in sound bones, it is more abundant at the internal than the external side of the incurvated bone. Thus if the femur, as generally happens, is curved outwards, the greatest deposition of compact bone is at the internal wall. This deposition may be so considerable in bones which are much bent, as to obliterate entirely the medullary canal.

Mollities Ossium.—In this disease the bones gradually lose their firmness and consistence, become soft, flexible, and may even be broken. The change is remarked first in the cylindrical bones, and though it extends to the others, it there continues to be most conspicuous. It consists in the bone becoming soft, sectile, reddish, and something like a mass of flesh. The cancellated structure of the epiphysis entirely disappears, and in its place is found a soft homogeneous reddish mass. The situation of the marrow is occupied by a red, thick, semifluid matter, like clotted blood, mixed with grease, or suet. The flat bones of the skull are generally equally soft, flesh-like, and sectile. The cancellated structure of the *diploe* is equally destroyed, and its place is occupied by a uniform soft reddish substance, from sections of which bloody serum exudes. The periosteum is sometimes thickened, but is often unchanged. The cause of this change is quite unknown.

Fragility of the bones frequently takes place in this disease; and perhaps most cases of spontaneous fracture

are referable either to incipient *osteo-sarcosis*, to *necrosis*, or to *spina ventosa*.

Interstitial absorption..—Under this name, Mr. B. Bell, jun. describes a peculiar sinking or condensation of the cancellated texture of the neck of the thigh-bone, occurring chiefly in aged subjects. The affected part of the bone is highly vascular. In the only instance of this in my possession, says Dr. Craigie, the head of the bone has lost its spherical shape, and is flattened down upon the neck, not unlike the *pileus* of a mushroom.

The arteries of bones are liable to a peculiar anormal development, in which they become much enlarged, and, forming a cyst in the substance of the bone, gradually effect its absorption. Cases of this description were observed by Pearson and Scarpa. Recently similar cases have occurred to M. Lallamand and M. Breschet. It is called *angiectasis*.

Besides these various diseases, bones may become involved in the same malignant degenerations which affect the soft parts.

[To be continued.]

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND PHYSICAL JOURNAL.

April, 1829.

"*Diseases in Demerara.—Cases:* by Edward Barcome, Esq. George Town, Demerara. (Communicated by Dr. James Johnson.)"

The paper so designated consists of three cases. The first, which is called *Colica Pictonum*, appears to have been one of abdominal inflammation, quite independent of the action of lead. The only peculiarity it presents is, that the practitioner seems to have trusted more to local than general bleeding, only ℥x. being abstracted from the arm, while, with regard to the other, the direction is "appl. scarificator *toto abdomini*," by which means, on one occasion, ℥xviii. and on another, ℥xxx. are said to have been removed. The case is followed by "reflections," from the pen of Dr. Doyle, the principal medical officer, which extend to five times the length of the original paper, and the chief object of which is to shew that the case was one of "gastro-enteroperitonitis."

Enlargement of the Scrotum.—A black native of Demerara, aged 28, had enjoyed good health till within the last four years, when he was much exposed to the weather for several weeks. At that time the right leg became painful, and swelled as high as the knee, soon after which the scrotum began to be similarly affected, and he suffered from attacks of intermittent fever. The tumor was broad at the bottom, and suspended from the pubes by a narrow neck, the extremity of the prepuce having the appearance of a navel, from which the urine trickled. No pain was felt on pressure, nor any inconvenience, except from the weight of the parts. The following operation was performed:—

"Avoiding the corpora cavernosa, two oblique incisions were made, commencing at the opening of the prepuce, and continued along the sides of the tumor, meeting below the testes. The dissection was continued to the tunica vaginalis; on cutting into which, a large quantity of limpid fluid (25 ounces) escaped from the left side. The left testis was found to be scirrhous, and was removed in the usual manner. The spermatic vein and artery were the only vessels necessary to be secured during the operation, at which but little blood was lost. The integuments spared by the scalpel were drawn over the parts exposed, and held together by means of stitches and adhesive plaister, assisted by a bandage.

"The tumor, on examination after its removal, was found little vascular, and appeared to be composed of a bacon-like substance, intermixed with hydatids. Weight, 25 pounds."

The wound was healed, and the patient well, twenty-six days after the operation.

Sudden Death from Rupture of the Aorta Ascendens, &c.—A black sailor had slight pectoral symptoms, but not such as to interfere with his business as a seaman. One morning, in assisting to raise a cask, he fell down and expired. Three pounds of blood were found in the pericardium: the aorta ossified and ulcerated, with an aneurismal dilatation, and a small rupture where it emerges from the *right* ventricle: the capacities

of the cavities of the heart, particularly the *right* ventricle, greatly lessened. *Qr.* Does the writer mean the pulmonary artery when he speaks of the aorta, or is right accidentally substituted for left?

"*Case of Diseased Knee-Joint, with Amputation of the Thigh.* By Mr. Samuel Williams Jewel, Assistant Surgeon to H. M. Ship Warspite, Plymouth."

A boy, aged 14, received a severe blow on the knee: various remedies were employed, but some swelling continuing, application was made to a quack, who, after numerous other means had failed, recommended the application of a poultice containing quick lime, in order to produce a discharge. Mr. Jewel, who now saw the patient, found the knee enormously enlarged, measuring 17 inches in circumference, and the tumor extending up nearly two-thirds of the thigh. He amputated the thigh, and the boy did well. The limb weighed 35 pounds, and the joint was found to be extensively diseased.

"*Four Cases of Poisoning by the Berries of Coriaria Myrtifolia.* By Dr. A. Roux, Head Surgeon of the Hôtel-Dieu of Montaubon."

Four children ate of the berries alluded to—one to the extent of eighty or a hundred, the others considerably less. The first laboured under the following symptoms:—The face was bloated and livid; the eyes bright, and rolling in their sockets, with dilated pupils: she was affected with convulsive motions, of short duration in general, though they continued longer in the limbs of the left side: she had trismus, foaming at the mouth, and convulsions of the limbs, as in epileptic patients. The abdomen presented no unusual appearance; and the pulse was not very quick, but rather full. The treatment consisted in repeated doses of olive oil, except that leeches were applied to the head after some hours, and the patient put into a warm bath. She died next day. The membranes of the brain were injected, and there was some extravasation at the base of the cranium. The spinal cord was healthy, but its membranes injected. There was a red spot, the size of half-a-crown, at the great extremity of the stomach, and several smaller spots in the intestines.

The other children recovered, although they suffered from the same symptoms in a minor degree.

"*Cases of Burns treated by the application of Flour.* By J. Marshall, Esq. Surgeon."

Mr. Marshall thinks the utility of the flour in such cases depends in some measure on the gluten which it contains forming a covering, which protects the surface of the cutis, and checks inordinate discharge.

The manner of applying it is by dusting the parts with the "dredger," by which means all handling and rough treatment is avoided.

Three cases are detailed: the two first were scalds of no considerable extent, and the patients did well; the third was a severe burn in an elderly lady, whose clothes had caught fire: the flour gave relief to her sufferings, but she died on the fifth day.

"*Case of Diabetes successfully treated.* By G. T. Burnett, Esq."

This is a good case. The author was consulted, in December 1823, by a gentleman labouring under symptoms of incipient diabetes. Animal diet was enjoined—spirits and vegetable food prohibited; purgatives and sudorifics ordered: but, as frequently happens in such cases, the patient complied but partially with the directions of his attendant, and it was not till March 1824 that he became sufficiently alarmed to adhere rigidly to his instructions. At this time he was wasting very rapidly, with a voracious appetite.

"March 11th, 12th, 13th, and 14th. No amendment. Thirst quite as great, urine as copious; skin very dry, and often hot, but not the slightest moisture.—Let the sudorific medicines (viz. Pulv. Ipecac. c. gr. xij.; Pulv. Antim. gr. v.; Pulv. Acaciæ ℈ss.) be taken at 7, and again at 10 each evening; and an hour after each powder, Liq. Amm. Acet. ℥i.; Mist. Camph. ℥ss. Let the feet and legs be placed in hot water, the bed warmed, and abundance of warm milk and water given him to drink. Let him keep in a warm room

during the day, and take saline sudorifies, and Haust. Sennæ every alternate morning.

"18th.—A slight degree of moisture appeared on the chest last night, which has raised hope, and encourages perseverance. Other things as before.

"22d.—Perspirations have slightly increased each night; thirst perhaps not quite so troublesome; lips parched and cracked; urine still as copious, sweet both to taste and smell: on evaporation it affords a large quantity of bitter sweet extractive matter, of a brown colour; upwards of one ounce from a pint of urine.

"23d.—Sickness came on last night, and the medicines rejected.—Let only one powder and draught be taken each night, and the laxative medicine in the morning.

"25th.—Perspiration lessened; other symptoms as before.—Let the double doses be again exhibited for one night.

"27th.—Perspirations very free; tongue less furred; urine less abundant, but still unnaturally copious. Passed last night without being once disturbed, which has not happened for many months before. The lips are less parched, the thirst much less, and the countenance improving, having lost some of its anxiety and sharpness."

From this time he improved, and was comparatively well for several months, when, relapsing into his former habits of life, his disease returned in October, and was again relieved by similar means. In January 1825, the same causes were applied, and the same consequences resulted.

In May and November of the same year relapses and recoveries under similar circumstances occurred.

In March 1826, a slight attack was experienced, and having at that period taken a country-house, and become very cautious as to diet and regimen, he has continued well up to the present time—a period of three years.

Rheumatism of the Testicle.

In the department of "Intelligence," the following case is detailed:—

"A healthy man, a farrier by trade, after exposure to cold, was attacked with slight rheumatic fever. His arms at first suffered, and very severely. The pains and superficial inflammation then left the arms, and settled in the legs. The left testicle then became very painful: it was considerably enlarged, and very hot to the touch; the surface of the scrotum smooth and red. The patient was now free from pain in every other part. He had hitherto considered the attack to be too trifling to require medical treatment, but he now applied for our advice. He was directed to remain quiet, to apply leeches to the scrotum, and afterwards tepid lotions. The bowels were freely opened. In two days the testicle was no longer painful, and but slightly enlarged. The appearance of the scrotum was nearly natural. He now suffered much from pain in the ankles and fore-arms, both of which parts were swollen and inflamed. Tepid lotions of spirits of wine and camphor mixture were directed to be constantly applied to the affected parts. The Vinum Sem. Colchici was given three times a-day, in doses of thirty minims, and an anodyne at bed-time. In three days he was perfectly well, and has since remained free from any other complaint than a slight tenderness of the testicle. He had not had gonorrhœa for several years."

MEDICAL AND SURGICAL JOURNAL.

April, 1829.

"I. *Case of Abscess of the Spleen.* Communicated by Mr. R. Cooper."

A man, aged 34, complained of great debility, loss of appetite, and distention about the epigastrium. He had hectic fever. About a month previously he had indulged in an immoderate use of spirits, and had felt "slight twitching pain" of the left side next day. This, however, subsided, and he had then a slight cough, with fever. Various remedies were employed, but he died on the eighth day from the time being first seen by the author. No disease was found in the brain. The liver and stomach were healthy, but recent adhesions appeared between them and the diaphragm, and a section of the spleen discovered that it was "converted into an abscess." There was congestion, and some effusion in the head.

"II. *Thoughts on the Use of Emetics in the suppression and cure of Hæmorrhage.* By N. Chapman, M.D."

This paper is copied from an Ameri-

can Journal, and therefore does not come within the scope of our analyses.

"III. *Atherstone Self-supporting Dispensary.*"

Mr. Smith's plan, (see our last No. page 577), seems to have answered better at Atherstone than elsewhere. A dispensary has been instituted, at which 765 patients have been admitted, and 80l. of overplus divided among the medical officers.

"IV. *On the Effects of Calomel in producing Slimy Stools in Children.*"

The author of this paper (it is anonymous) thinks calomel too much used in the diseases of children. He does not believe that the green stools in children under six or seven are dependant upon the superabundance or state of the bile, as usually supposed. But, granting it to be so, he remarks that when the motions are clay coloured, owing to too little bile, mercury restores the secretion, and with it the proper colour of the stools; if so, why give mercury in the opposite state, when the stools are said to be loaded with bile? He states, as the result of his experience, that in the majority of cases where the stools are green, calomel will not render them natural; indeed, the author looks upon this medicine as keeping up the irritation on which the green stools depend. The remedy which he has found most efficacious in correcting green stools is subcarbonate of soda, combined with rhubarb.

MEDICAL GAZETTE.

Saturday, April 11, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MALPRAXIS IN MIDWIFERY.

IN the 50th Number of the Gazette are some remarks, with the above title. It will be remembered that Mr. Bernard Scanton, the assistant of Mr. Kelly, of Liverpool, was committed to prison, on a coroner's warrant, in consequence of certain medical men having given it as their decided opinion that the death of a woman, whom he attended during her delivery, had been occasioned by the improper use of instruments. The patient had been buried; and it was not till a fortnight after that a letter was addressed to the Mayor, stating that the deceased had lost her life from the unskilfulness of her attendant. The paragraph copied into the London papers was so meagre in details, that little was to be gleaned from it; and in our inquiry we were obliged to dwell on probabilities rather than on facts, and of course our arguments referred merely to abstract principles of moral and professional integrity. We have lately learned, however, that Mr. Bernard Scanton had little or nothing to do in the business, for literally his part was to wait patiently by the side of the poor woman for 24 hours doing nothing: he did not deliver her; he did not apply the instruments; yet he was committed to prison, and confined there for six weeks, by a coroner's warrant, on a charge of manslaughter!! But, by that time, even the prosecuting parties saw their mistake, and by the application of their own solicitor he was admitted to bail, and has since been discharged without any redress.

An indictment was afterwards preferred, at the recent assizes for the county of Lancaster, against Mr. Kelly, (to whom Mr. Scanton was assistant,) as the real delinquent; but, unfortunately for him, it was ignored by the grand jury, and he has been deprived of the most effectual means of proving his ENTIRE INNOCENCE in the eyes of the public. We will endeavour, however, to do him justice; and for this purpose we will lay before our readers a very brief digest of the facts, as they would have

appeared in evidence had the trial taken place; having had opportunities of examining the evidence and affidavits on both sides.

The patient, Ellen Read, had had two miscarriages; was of an irritable habit, and had suffered from prolapsus ani for a year or two, in consequence of an accident. She was taken in labour September 17, 1828. Mr. Scanton attended in the absence of his principal, Mr. Kelly, and at one in the morning of the 18th, found the os uteri dilated to the extent of a crown piece. At seven the pains slackened, and the patient was exceedingly faint and exhausted. About eight Mr. Kelly arrived, and then the os uteri was fully dilated, and the child's head low in the pelvis. At nine, in consultation with another practitioner (Mr. Davis), opium was given, and the patient left quiet under Mr. Scanton's care. At eight in the evening the patient was still weaker; the pains as feeble and ineffectual as before; the head had made no progress; the pulse was quick and weak; the vagina tender, hot, and dry; and the prolapsed rectum in danger of strangulation. Still Mr. Kelly wished to be backed by an additional opinion; and another medical man (Mr. Wood) was called in. The forceps were then carefully applied, and the child easily extracted alive, the head being well on the perineum. Mr. Wood swears that he felt the locking of the blades, and that they did not include any part of the mother. The patient complained of no pain,—was quite cheerful, and the next day was as well as possible, but had passed no urine. Mr. Kelly ordered fomentations and castor oil, and left instructions that, if no water was made in a few hours, he was to be sent for to pass the catheter. He received no message, and did not see the patient again.

We now come to another person, a Mr. Jeffrey, whose patient Mrs. Read proves properly to have been, but who, being absent from Liverpool at the time, had left Mr. Kelly in charge of her. It appears that he called directly after Mr. Kelly had left the house, and, from some reason or other, countermanded all Mr. Kelly's treatment. The bladder was not emptied till the morning of the 20th, when the catheter was introduced with some difficulty; the patient having been in great pain all night. Alarming symptoms of inflammation came on on the 21st; the patient, however, was not bled till the 23d. On the 25th she died.

A fortnight after interment, and of course nearly three weeks after death, the body was taken up and examined. The intestines were declared healthy, but the uterus (particularly the os uteri and the cervix), with the vagina, were said to be in a state of gangrene.—Mr. Jeffrey stated, that, during life, he had examined the parts, and found a great deal of tumefaction and inflammation, with a *slight laceration in the vagina* *. Some of the medical witnesses gave it as their opinion that the gangrene was owing to the instruments; but the one who seems to have had most experience, having been twenty years surgeon to a large lying-in charity (Mr. Dawson), declares that, "from the examination of the body, he could not say whether the instruments had, in this case, been used unskilfully or not." We do not know what reliance is to be placed on Mr. Dawson's opinion, as he also declares that "he considers soreness, tenderness, pain on examination, and swelling, combined with exhaustion, a *very inadequate* reason for the use of instruments, even supposing the os uteri to have been fully dilated."

These are the leading features of the case, and we have no hesitation in declaring, that, if Mr. Kelly committed

* It would require a most delicate touch to distinguish this under such circumstances.

any fault, it was in waiting too long—with the head on the perineum for ten or eleven hours, and with the symptoms above described; and that the gangrenous condition was owing to the inflammation consequent on so long an impaction of the child's head in the passages. Under similar circumstances, we should have either given the ergot of rye or applied the forceps several hours before. Even in lectures to students, the directions are generally, not to wait beyond five or six hours; and yet, to them, latitude is necessarily very cautiously given, as, in inexperienced hands, instruments are better left alone as long as possible. But, with more matured judgments, the fetters of the schools are to be frequently broken through, or much mischief may be done; whilst it is decidedly advisable to give younger heads and hands such simple and strict directions as will bear them through under ordinary circumstances. It used to be, and still is, perhaps, a standard rule, never to apply the forceps till an ear of the child may be felt. We remember an instance where it became necessary to deliver a woman immediately: the ear was not within reach, the perforator was applied, but the child's head being unusually firm and the instrument blunt, it only pierced through the scalp. A sharper perforator was sent for; and meantime an endeavour was made to pass the forceps: with great caution one blade was introduced: with it the head was hitched a little lower, the second blade applied, and the child extracted *alive*. It had a hole in its scalp, but fortunately did well, though by the rules of the schools it would have been murdered.

It is unnecessary to make any lengthened remarks on Mr. Kelly's case: the facts speak for themselves; and we would willingly refrain from animadverting upon the conduct of the gentleman who so cavalierly made use of Mr. Kelly's services, and then laid all the blame of the subsequent death of the patient at his door. We allow how irritating it is to lose a patient after parturition, and how satisfactory it is to shake all the burden off ourselves; but Mr. Jeffrey should have reflected (to use a vulgar adage) that those who live in glass-houses should not throw stones.

We have received a letter from Mr. Kelly, thanking us for the remarks in our former Number, which, we find, he had embodied in his brief to counsel. We cannot, however, comply with his wish by publishing his present letter. We can feel for his situation, and can only regret that the state of the profession puts it in the power of any jealous and malignant rival thus to blast an honest man's peace of mind, and destroy his prospects. This, however, would not be remedied by inserting a letter of personal attack: some of its passages are only fit for the Lancet.

MEDICAL REFORM.

It has often been matter of surprise to us, that, in the midst of all the contention and criticism of the day, no one has attempted to establish a code of medical ethics—has endeavoured to give us rules for what is right, instead of continually lamenting what is wrong. Such an experiment could be made just now, with this advantage—that the field would be quite open; there would be *tabula rasa*; for no one can be ignorant that every thing is at present out of order, and every person out of his place. It is the most charitable solution of this state of things, to suppose that neither people in general, nor people in particular, really know what is proper, and therefore the sooner a prophet arises who shall lay down the law to us, the better.

It has been common in those pur-

suits, or professions, which are without any fixed and determined precepts, that the example of the older and more experienced should be followed by the beginner; but this deference to age and practical experience is, in our profession, improper; for has not every person, of any name among us, been long ago proved to be unworthy of confidence or regard? To whom, then, shall we look for instruction? It may seem a natural consequence of the gratitude due to those who have opened our eyes upon this point, that they, having been most busy in finding fault, should be entrusted with the task of reform, and exalted into models for our imitation. But, from some unaccountable perversity in the organization of the public and professional mind, although the premises with which these good people set out—namely, that all those who were once considered persons of authority and ability among us, had, in reality, no pretension to this distinction—have been universally admitted; yet the conclusion to which the authors of this discovery would have led the world—that is to say, that, in the place of these false gods of stick and stone, they and their abettors were the true objects of worship—this conclusion, we grieve to say, has not been adopted in an equal ratio. The condition, then, of the medical community is lamentable. A good deal has been lost, and nothing gained, by the efforts of the "*invaluable*" friends of the profession. In the absence of positive knowledge upon the subject of the duty of medical men, and of the well-being of the profession, we should now be glad to have an account of the rise and progress of those same arch-offenders whose monopoly of the public confidence, and of the public money, has been of late so successfully and so justly exposed. We do not, of course, imagine that a *code moral* could be made up from the example, or from the maxims of men whose iniquitous career deserves reprobation; on the contrary, we wish the rogues to be shown up *in terrorem*. But as their career of crime and imposture must have been long before it could have reached the height at which it has been rated, for "*nemo repente fuit turpissimus*," we think that much good might result to the ignorant and unpractised from a detail of the incipient stages and gradual development of their guilt. There is, to be sure, some danger that the exposition of the exploits and adventures of men of a popular celebrity might lead away some weak and unwary persons—as we know has frequently happened among apprentices from seeing George Barnwell; but we think that some check would be given by shewing the dishonour which has been heaped upon even the most venerable sinners by the hand of the avenger. Some good would be done, too, by an occasional dying speech and confession of all the pains and perils which attended their arduous life, and many, on learning how difficult the business of some of these malefactors had been, would be little tempted to follow it.

We therefore shall be ready to receive from guilty or condemned individuals any contribution in the shape of "experience," or "sentiment," or "warning," and have great hopes that the expression of a sincere contrition and repentance will recommend them strongly to the mercy of those innocent persons who have never encroached upon the field of public favour; and we will ensure them a most gracious pardon from "the friends of medical reform," if they will only get out of the way of their betters, and "go and sin no more."

COLLEGE OF PHYSICIANS.

Monday, April 6.

Physiology of the Spleen and Thyroid Gland.

A PAPER by Sir Anthony Carlisle was read to the meeting on Monday evening, in which he entered into some physiological details with regard to the spleen and thyroid gland. After alluding to the fact of the purpose which these glands serve in the animal economy being still one of the arcana of physiology, he stated that he had been induced to speak of them together from regarding them as similar in structure, and analogous in function. The author spoke of the composition of secerning glands in general, alluding especially to their being possessed of a parenchymatous texture, in which the blood-vessels were ultimately distributed, and in which the blood probably underwent certain changes. On the other hand he remarked, that the spleen and thyroid gland were destitute of this peculiar organization, having the blood distributed more in the manner of the corpus cavernosum penis, a structure which, he said, was particularly developed in the spleen of the turtle. From this distribution, along with other circumstances, he inferred that the blood did not undergo any change similar to that which took place in secreting glands, but was merely converted from arterial to venous; a change which likewise took place in the corpora cavernosa. As connected with the above facts, he also mentioned the non-existence of an excretory duct in either of the organs under consideration.

The next circumstance to which he particularly adverted was the relative proportion of nerves with which different glands were supplied: thus he stated, on the authority of Mr. Swan, of Lincoln (whose investigations on this subject he said surpassed those of any other inquirer of the present day), that the largest relative proportion of nerves was sent to glands in the following order:—The testicle, kidney, liver, pancreas, absorbents, and, lastly, to the spleen and thyroid gland. By which it appeared, that the organs which performed important and easily determinable offices, were largely supplied with nerves, and that those more scantily supplied were to be considered only as subsidiary to more important functions.

It had frequently been conjectured that the spleen supplied warmth to the stomach, and this was the function attributed to it by Sir Anthony; and the only difference between his views and those of preceding physiologists consisted in his endeavouring to establish the theory rather as a legitimate inference than as a mere conjecture. For this purpose he dwelt on the general connexion which exists between a certain degree of heat and the nervous energy necessary for sensation and motion; and also the marked influence which the presence of red blood has on the development of caloric. The two taken together were remarked as characterising the organs of sense—as the choroid coat in the eye, the vascular lining of the nostril and mouth, &c.; while, as regards the muscular system, the general red colour was alluded to as shewing its large supply of blood, and consequent source of caloric. Contrasted with these was the circumstances of the stomach, the muscular fibres of which were thin and comparatively pale; while the organ altogether had not within itself those provisions for the supply of heat observable in other parts where this is necessary to the due performance of their functions. A considerable portion of the stomach towards the right side was protected in this respect by the liver; but towards the great curvature, and where matters received into it naturally lodged, it was not connected with any viscus save the spleen whence the requisite supply of heat could be derived; and when we consider the benumbing and injurious effects of cold food upon the stomach, and the immediate vicinity of an organ copiously supplied with blood, and thus constantly ready to give out caloric, it appeared to the author most rational to attribute this office to the part.

Sir Anthony also glanced at the provision made in those animals subjected to low temperatures, as the change in the fur of many species on the approach of winter; but more particularly the thick covering of fat in whales, and their very abundant supply of red blood, and consequent high animal temperature. One particular illustration of the care which nature took to keep up the temperature in some of these animals he derived from the distribution of a large number of blood-vessels along the spine, especially behind the lungs, which were exposed to the action of an atmosphere frequently below Zero. In the human sub-

ject he thought the omentum might serve as a safeguard against the effects of cold upon the otherwise frigid intestines. The same general doctrines were applied to the thyroid gland, which was held to be placed in the front of the throat as a protection to the organ of voice against cold. This idea was imagined to be strengthened by the circumstances under which goitre occurs, namely, among the inhabitants of cold and damp vallies, and chiefly among women who go with the neck bare.

In the course of the paper the author alluded to experiments on the lower animals with regard to the spleen, and operations on the human subject with regard to the thyroid gland, as affording proofs that these organs are not essential to life; and in conclusion suggested that, as they performed a function different from all other glands, a generic name, indicative of their peculiar office, might be given to these subsidiary organs.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 4, 1829.

Dr. James Somerville in the Chair.

Medico-Legal Discussion.

Dr. Granville being called upon by the Chairman, stated that he had not authorised the communication which he understood to have been made on a former evening, that he was to bring forward the subject of Scarlatina—a circumstance which he mentioned to exculpate himself from the imputation of neglect in not having kept his implied promise. He would now have offered some remarks on the subject alluded to, had not Dr. Johnson intimated his intention to bring under their notice a question of much, but more transient interest; and he, therefore, would give place to him.

Dr. J. Johnson then addressed the meeting at considerable length on the subject of a recent alleged murder. He dwelt upon the importance of medical jurisprudence, and alluded to the necessity of every practitioner being prepared to give his evidence in such a manner as to elicit truth, and protect his own character from the injury which it must sustain from opinions ignorantly formed, or incautiously expressed. For this purpose he thought the medical man ought not to limit his inquiry merely to the state of the body, but that all the moral circumstances of the case ought likewise to be taken into consideration. He then briefly detailed the circumstances of the case more immediately in view, alluding particularly to the quantity of spirits the deceased was ascertained to have taken, and to the repeated falls he had met with. He argued against the idea of one nostril being so compressed as had been described, for the purpose of obstructing the breathing, or of the possibility of effecting this while the other was left open; and afterwards entered into a consideration of the appearances in the head—the congestion of vessels—the effusion of blood — the presence of lymph on the surface and tumors in the ventricles:—the latter giving a predisposition to apoplexy, and the former demonstrating its occurrence. He adverted to the fluid state of the blood, so much dwelt upon as a proof of violence having been used, but which he (Dr. Johnson) contended was a common occurrence when sudden death took place, whether from violence or not—and even in sudden death, as depending upon various circumstances; for instance a hare, if caught immediately after being started by the hounds and instantly throttled, has the blood fluid; but one which is first hunted for a considerable time has the blood coagulated in the veins. He stated that in various diseases leading to what was called *natural* death, fluidity of the blood was observed, and instanced phlebitis as an example.

He concluded by declaring his conviction that the individual in question had died of apoplexy.

Dr. Granville, in rising to offer some remarks on the other side of the question, stated that he did so from no desire to fix guilt upon the individual who stood in jeopardy, but merely with a view of endeavouring to ascertain the truth, and fully aware how much more gratifying it was to argue in favour of the accused being innocent. It struck him, however, that Dr. Johnson had omitted some points of importance, particularly the fluid state of the blood in the heart and great vessels. He had seen many cases of apoplexy, but in none of them had he found the blood otherwise than coagulated in the heart,

although his attention had been directed particularly to this point. But perhaps a still more important circumstance was the state of the genital organ, and the emptying of the bladder. He had heard it stated at the Royal Society, by one of those who examined the body, that the deceased wore a double truss, with a belt crossing above the pubes; and that the penis was tucked in beneath this belt, the urine having been evacuated, and with so much apparent force, as to reach as high as the upper part of the chest, the under garments being soaked with it. Now the explanation offered of this was, that the penis, though flaccid when the body was examined, had been brought into a state of erection during the act of suffocation, as is known to take place frequently in hanging and strangulation, and had then ejected the contents of the bladder in the forcible manner above alluded to.

Mr. Shillito said that he had seen five persons die apoplectic after drinking spirits. He thought the evacuation of the bladder a very likely circumstance to occur in any case of sudden death, and regarded the evidence of violence in this particular instance as very inconclusive.

Dr. J. Somerville said that when in Paris he had been called to a gentleman who was apoplectic, in whom the penis was in a state of permanent erection. On examination after death, effusion was found in the head, particularly in the neighbourhood of the cerebellum.

Mr. Arnott stated that the phenomenon in question occurred under various other circumstances besides suffocation; for instance, in death by the guillotine. But his particular object in rising was to mention that he had last week seen a case at Middlesex Hospital, in which the penis remained in a state of erection 48 hours after death. The patient was a gouty subject, and had died rather suddenly of inflammation of the lungs; some effusion was found in the head, but it was on the surface of the brain, not at the basis.

Dr. J. Johnson did not think the circumstances mentioned by Dr. Granville entitled to the importance he attached to them. The fluidity of the blood in the heart, as well as elsewhere, was too well known as occurring from other causes, to admit of its being attributed to violence alone. With regard to the state of the genitals, he could not admit the explanation offered by Dr. G.:—the phenomenon itself had been observed in various affections connected with the state of the brain and nervous system—as in epilepsy, tetanus, injuries of the spine, &c. Neither was there any difficulty whatever in supposing the sphincters to give way so as to suffer the contents of the bladder to escape. As the phenomena described might occur from other causes than violence, so the benefit of the doubt ought to be, and certainly would be, given to the accused.

Dr. Granville said, that as the state of erection was admitted to take place in death by suffocation, it would, in order to exculpate the prisoner, be requisite to prove that in this case it had arisen from other causes. The ejection of the urine to so great a distance was not to be explained by the mere giving way of the sphincter, particularly as the direction it had taken shewed that the penis had been pointed upwards. With regard to the manner in which the organ had got beneath the belt, he had heard one of the gentlemen say that he thought the deceased had been turned round upon his belly, for the purpose of burying his face in the pillow, and that the genital organ might then more readily have assumed the position described, while the same explanation would account for the nose being turned to one side.

Dr. Macleod said that Dr. Granville had taken up a position not only different from, but opposed to that adopted by those who opened the body. [Dr. Granville here said, that he only stated what he had heard one of them say.] Still (continued Dr. M.) the statement now made is not consistent with that laid before the jury. It was natural to suppose that the parties would lay most stress on what they thought of most importance: but they had not then said one word about the state of the genital organs; and even with regard to the evacuation of the bladder, a very different explanation of it had been offered—for it was held to be a proof of great pressure having been exercised upon the abdomen. He could not see any thing extraordinry in the emptying of the bladder—unless, indeed, the explanation of it which had been given in evidence was admitted. If the patient was, as now supposed, turned upon his belly, the urine could not by possibility have been ejected so

as to have "flown" as high up as the chest; and if laid upon his back, whatever was employed to press the abdomen, the deceased's clothes being still on, would have presented a similar obstacle: granting (which however he denied) that pressure on the belly had any tendency to empty the bladder while the sphincter retained its power. Neither would the explanation offered account, in any degree, for the position of the genital organs as described by Dr. Granville. But, supposing that there was no violence used, and that the deceased had been laid upon his back, it was easy to suppose that the penis might be directed upwards. (No, no, from Dr. Granville—Yes, yes, from Dr. Macleod; and much laughter.) He "maintained his position," and held that, under the particular circumstances of the case, it was most likely that the organ would be in the position he supposed, and direct the stream of urine upwards. But, "dropping the point," if Dr. G. would have it so, he contended that, the bladder being emptied while the individual lay on his back, with his clothes on, it was quite natural to suppose that the whole of his under garments would imbibe a portion of it by capillary attraction. He thought it did not look well for the case when it was deemed necessary to cast about for better arguments than those originally adduced. It was now supported by a succession of assumptions without one jot of proof. They had been arguing that the erection of the penis was a proof that the man had been strangled: but it ought first to be shewn that the penis had been in that state at all; for, when the body was first examined, it is expressly stated to have been "flaccid." It was also assumed that the body had been turned round, and the face buried in the pillow, by which the nose was pushed to one side; but how was this to be reconciled with the statement that the nostrils were pinched between the thumb and finger? It would also be for them to shew that effusion of blood into the head, which most persons looked upon as indicative of apoplexy, was a usual consequence of strangulation. Dr. Munro and others had shewn that it did not generally follow from hanging; and it did not appear to have taken place in any of the cases of *Burking*, in Edinburgh.

Dr. Stewart said that he had heard the explanation of one of those who had examined the body; and his impression was that the evidence of violence was extremely defective.

Dr. Webster mentioned, that it had been stated by one of the Edinburgh police men, during the late investigation, that he had known several instances of persons who had been much intoxicated dying in the street, having fallen with the face towards the ground.

Mr. North did not agree with Dr. Johnson, that the medical practitioner had any thing to do with the "moral" considerations of the case; he had only to state his opinion as to death having been produced by violence or otherwise, and not to become a juror on the question. It would be of importance to know how long a period had intervened between the death of the patient and the examination of the body; as it was well known, and had lately been particularly shewn by Dr. Christison, that the blood remained fluid for several hours after death, and, if drawn during this time, would coagulate like that abstracted during life. He mentioned, on the same authority, that bruises exhibiting many of the phenomena with those inflicted during life, might be produced after death; a circumstance not to be lost sight of in considering the marks on the abdomen in this particular case. He thought the evidence of violence, in this instance, altogether inconclusive.

Dr. Johnson explained, that, by moral considerations, he meant the collateral circumstances; for instance, was the medical man here to look merely at the body, and shut his eyes to the fact of the deceased having been intoxicated and met with several falls?

The President announced that Dr. Granville would, next night, bring forward the subject of Scarlatina.

Mr. Thomson's Paper.

We have received a note from Mr. Alexander Thomson, in which he states that he did not allude to Mr. C. Bell under the title of "an individual," but distinctly mentioned his name. He adds, that he "agreed with Mr. C. Bell in his opinion of the cranium's being a species of dome, although he could not altogether arrive at the same conclusion as that learned gentleman had done in regard to the use of the temporal bone." As the first part of this note impugns the accuracy of our

reporter, we beg to say, that we have been informed by several of those present that, at the commencement of his paper, Mr. Thomson spoke of the opinions, and quoted the words, of "an individual," without mentioning the name. This we must presume from his note to have been from inadvertence.

MEDICAL SOCIETY OF LONDON.

April 6, 1829.

Mr. Callaway, President, in the Chair.

Medico-Legal Discussion—Fluidity of the Blood.

Mr. Iliff stated, that having, at the last meeting of the Society, noticed a medico-legal investigation, in which the inferences from the examination post-mortem were not, in his opinion, and the opinion of others, borne out by the appearances after death, he would now, by the permission of the Society, relate a case of death by apoplexy, in which a circumstance on which much stress had been laid—viz. *fluidity of the blood after death*—had been present. The subject of this case, Mr. Hillary, æt. 62, was of short stature, and rather of a plethoric habit. His general health had been good, although he had been a very free drinker. Latterly he became much altered in his circumstances, and was unable to procure much spirits, but when he drank he was observed to be more than usually affected by them. About three months back, he was taken in a fit at a public-house, but, on being removed home, recovered without medical assistance. On Thursday, April 2d, he was brought home very much intoxicated; on Friday he talked thick, although no particular appearance about him called for observation from his family *. On Saturday, at 11 A.M., he requested a light from a neighbour, and from that time until about 10 P.M. he was not seen. An individual having called at his house at about twelve at noon, and not being admitted, creates a belief that he must have been in a fit about that time. When first discovered, in the evening, he was lying on his right side, the left leg thrown over the fender; his head was in the corner of the room, and, from the plaster near the floor being injured, with portions of hair sticking in it corresponding to that on his head, it was evident to Mr. I. that he had fallen against the wall. There was a slight wound on the right temple, from which blood had issued, and some was collected on the floor. The right cheek was also bruised and flattened by lying on it; the nostrils were surrounded with a frothy mucus; the right arm was bent, with the hand pressed over the stomach; the fingers contracted; the left arm and hand placed over the bowels. The pupils were rather contracted, equal in size, and the tunica conjunctiva suffused with blood. Upon examining the various glasses and mugs in the room, none appeared to have contained any thing of a noxious quality.

Examination on the 5th, at 2 p.m. (*perhaps 26 hours after death*), present, Dr. Wilmot, Mr. Clark, Mr. Garraway, and Mr. Iliff.—In the general appearance of the body there was nothing very remarkable, except that the *left* side of the face appeared to be drawn up. The head was drawn back; the jaw was closed; the skin about the thorax was of a light purple colour; the arms were fixed over the body; muscles rigid; the face was of a livid character; there was a bruise on the right cheek, and a wound on the right temple. A large scrotal hernia existed on the right side. The body was cold. Upon dividing the scalp, a larger quantity than usual of blood, quite fluid, escaped. Beneath the scalp, under the superficial wound, considerable ecchymosis existed; and, upon dividing the temporal fascia, the muscle was found partly covered with a coagulum of dark blood. The dura-mater was not attached to the cranium by strong adhesions. The tunica arachnoides was considerably thicker and more opaque than usual; and between it and the pia mater a gelatinous fluid was apparent, particularly upon the superior part of the two hemispheres. The vessels of the pia mater were nearly emptied of their contents. The substance of the brain was rather firmer than usual, and, when cut into, the vessels appeared with open mouths, but empty. About eight ounces of fluid blood and serum escaped from the brain and vessels leading to it, during the examination. At the upper and outer part of the middle lobe, on the right side, a small cyst about the size of a pea was discovered; and at the back part of the anterior,

* Mr. I. has learned since that a friend thought his mouth was a little drawn down.

and the anterior and lower part of the middle lobe, an apoplectic cyst was found, about the size of a large walnut, containing some coagulated blood. The walls of the cyst appeared like brain broken down, and were in some parts of a yellowish hue. The ventricles contained about half an ounce of serum. The plexus choroides appeared more vascular than usual, and a number of small tumors were attached to it; a little vesicle was also observed. The pineal gland contained more than usual of material of a sandy character. The lungs were healthy; slight adhesions of the pleura costalis to the pleura pulmonalis were observed. The stomach was healthy, and contained a fluid like milk, or thin gruel, having no smell. The intestines were healthy. About a foot of small intestine, and a similar quantity of colon, both healthy, and a large portion of omentum, were contained in the scrotum. The liver was firmer than usual; the gall-bladder was about half filled with yellow bile. The spleen was softer than usual; the kidneys soft, enlarged, and containing more fat than natural. There was great thickness of the parietes of the heart, which were still further thickened by a coating of fat. Dilatation of both ventricles, as well as of the right auricle, existed. Ossific deposit (or something bordering upon it) was present in the aortic valves—distinctly ossific in one. The coronary arteries exhibited the same character as the rest of the body, but perhaps in a greater degree. No coagulum whatever was found in the heart. Upon cutting through the vessels, all the blood flowed out; and in every part of the system the blood was found *perfectly fluid*, the small coagula before mentioned excepted.

Dr. John Gordon Smith animadverted upon the document to which allusion had been made. He (Dr. S.) fully agreed with those who saw in the conclusions drawn from the appearances found on dissection no relevancy whatever. The presumption of the deceased having come to his death by violence, could not, he ventured to say, be inferred from the appearances found post mortem. Dr. S. expatiated upon the utility of a discussion of the report of this dissection—a report which had very much surprised the profession.

The President requested the Society to confine their remarks to the abstract questions arising out of the report about which so much had been said. As the report was not before the Society, nor the authors of it present, to reply to observations made upon it, it would not be fair to discuss it as a matter to come in evidence in a court of judicature; although it was warrantable to examine minutely the questions to which it had given rise, as matters of professional inquiry. The important inferences that had been drawn from the fluidity of the blood after death, and other appearances found in the dead body, were legitimate objects for the consideration of the Society; and although he (the President) could not arrive at the same opinions as the authors of the report, he should expect the Society to discuss the circumstances of the dissection abstractedly from their bearing upon the individual case to which they referred.

Dr. James Johnson said that he should attend to the suggestion of the chair. The report of the dissection in question had, however, been discussed at a very full meeting of the Wesminster Medical Society, and the general conclusion of that meeting was, that the weighty inferences that had been drawn from the appearances post mortem in the case in question, were not warranted by the present state of our knowledge on these subjects. As to "fluidity of the blood," taken as a proof of death by violence, that phenomenon had been over and over again observed in cases of sudden death—in cases of death from poisons. Fatal poisoning from opium is, in general, succeeded by a greater fluidity than usual of the blood. There were whole tribes of diseases in which this state of the blood was found. In confirmation of this fact Dr. J. appealed to the recorded opinions of Dr. Christison, Dr. Beck, and other authors. Dr. Beck, after summing up all that had been observed of the condition of the blood in question, concludes that little or nothing is to be inferred from it. Dr. J. then remarked upon the circumstances of the effusion of coagulable lymph—of blood effused into the ventricles—of tumors found in the brain; also upon the intense state of intoxication of the individual who had been the subject of examination; also, and a most important circumstance it was, the stertorous breathing that had preceded the loss of life. Dr. J. was clearly of

opinion that the appearances observed in the brain were sufficient to account for the destruction of life, without the intervention of violence.

Mr. Shearly examined the points in the dissection upon which so much stress had been laid, and stated his concurrence in the opinions given upon them by Dr. Johnson; and thought also that there were in the brain morbid appearances enough to account for death upon ordinary principles.

Dr. Stewart remarked, that looking into Morgagni, he had found that that author had recorded not less than fifty cases in which the blood had been found fluid after death. The diseases were so various, that scarcely any two of them agreed either as to character or duration. In the bodies that had been opened a short time after death, the blood was found fluid in some parts, and coagulated in others.

Dr. Ramadge said that he had examined many bodies in which the blood had been found fluid; in bodies which retained the heat in an unusual degree, such a condition of the blood had been found. Upon the whole, he, Dr. R. placed no reliance on the circumstance as a criterion of the manner of death.

Mr. Waller said, that, in some diseases of the heart and pericardium, this state of the blood had been found after death.

Mr. Proctor, after adverting to the fact of the blood being found fluid in persons destroyed by lightning, mentioned a case of serous apoplexy that occurred at Worcester, terminating fatally. The condition of the patient had called for a stimulating plan of treatment—the carbonate of ammonia was freely exhibited; stimulating injections were also employed. An examination, instituted 48 hours after death, shewed the blood in a fluid state. Dr. W. Philip, who had been in consultation, was of opinion that the excitation caused by the stimuli had contributed to the effect in question.

Dr. Walshman adverted to the opinions of the late Mr. John Hunter, in reference to the fluidity of the blood occurring in cases of sudden death, &c. and to the illustration of the subject by the fact that, in a hare hunted to death, the blood was found fluid.

Mr. Taunton having asked the President whether his experience in a large hospital had not furnished him with any instances of the condition of the blood in question?

The President replied, that he had seen, in many cases of sudden death, the blood in a fluid state. In a case of apoplexy, he had known, upon the jugular being opened, a considerable quantity of fluid blood to escape.

Mr. Field (the Registrar) read from notes he had made a case related to him by Mr. Wray, who had regretted he could not be present that evening. Mr. Wray had been summoned to a boy, whom he found dead, with his neck lying upon the rope which is attached to the steps used by glaziers. There was a mark in the neck corresponding to the length of the rope upon which it had been lying: upon examining this part, 48 hours after death, with the scalpel, the jugular vein was opened; and from this vessel, from the position in which the body had been placed, the whole of the blood, in a fluid state, passed off. No injury of parts was found, nor was there any suspicion of a violent death. Mr. Wray added, that, in his dissections, he had often found the blood fluid: but it was most frequently seen in sudden deaths.

Dr. James Johnson said, that Mr. Shillitoe (we believe of Putney), had known fluidity of blood to be found after death caused by drunkenness. Five men had died from this cause: in such of them as were examined the blood was found in a fluid state. It had been observed, said Dr. J., that in the cases of opium, taken to the destruction of life, the effects would be similar, as to the blood, to death from intoxication by spirits, &c.

Dr. Whiting remarked, that the blood sometimes appeared quite fluid, when it was not really so; a coagulation had, in fact, taken place, but the fibrine had afterwards separated into very minute portions, and would pass off with the fluid parts of the blood. Dr. W. added that he did not believe in the doctrine of the vitality of the blood.

Dr. Johnson said that there was another circumstance that had been deemed important in the case referred to; this was the extravasation of the urine, as if by some pressure upon the abdomen. Now, it was well known, that in sudden death from apoplexy, the urine and fæces, and even the semen, were sometimes evacuated.

THE APOTHECARIES' COMPANY *v.* SERGEANT.

Mr. Serjeant Wilde stated the case to the jury. He said this was an action brought by the Masters, Wardens, &c. of the Apothecaries' Company, to recover of the defendant certain penalties for his having acted as a surgeon and apothecary, he not being a competent person, or having passed the examinations required by the act 55 Geo. III. This was an inquiry of the utmost importance to the public. They (the jury) were probably aware that considerable mischief had been found to result from persons using and administering drugs, of which they knew as much the properties of as the very bottles that contained them. To remedy this evil the act to which he had called their attention was passed. It was then enacted, that all persons, from the passing of that act, before they should be enabled to carry on the art which they professed, should undergo a certain examination as to their ability; the defendant knowing this, tendered himself, and on examination he was found not to have the knowledge which was required. Some time after he again applied, and the result was the same; he was again rejected. From that time till a little while since, nothing was heard of him, and then the plaintiffs received information that he was practising in the country; and it was found that he had set up at Carrington, and being a man of some address, he had managed to get into considerable practice, and it would appear was employed by the parish authorities to administer medicine to the poor of that parish. If ever there was a case which called for the interposition of the Company, this was that case. Here was a man pretending to administer to the medical wants of the poor, he at the time being a person not competent. He was the person before all others who ought not to be employed by the parish authorities. If they (the jury) wanted medical advice, they could exercise their own judgment; the poor were not in the same situation—they must have that assistance which the parish chose to give them. It was, therefore, of the greatest importance that the person so employed should be competent to perform that which he undertook to do. The defendant was not present to defend this action; he (the learned Serjeant) should therefore limit the inquiry, and ask for two penalties only, the object being to stop the mischief. Having made out these facts, the plaintiff would be entitled to their verdict. He would call their attention to the act which inflicted a penalty of 20l. for every offence. It would be for them to say whether they thought the defendant came within the meaning of the act; if so, they would give their verdict for the plaintiff.

Witnesses were then called to prove the act of practising; after which,

Mr. Justice Gaselee summed up. He said it was a case of the greatest importance to the public, and very proper to be made the subject of serious inquiry. There could be no doubt that the defendant came within the meaning of the act, and they (the jury) would give a verdict for two penalties of 20l. each.—Verdict accordingly.

FOUNDLING HOSPITAL.

Mr. J. G. Perry was elected Surgeon to the Foundling Hospital on Wednesday, April 1st, in the room of Mr. Earle, who resigned the office. The candidates were, Mr. Perry, Mr. Skey, and Mr. Tuson.

At the previous meeting of the Committee it was resolved unanimously, "That this Committee cannot accept the resignation of Henry Earle, Esq. without expressing to him its high sense of the zealous and successful manner in which, for the term of sixteen years, he not only discharged his duties towards the children and inhabitants of the hospital, but with respect to his ready and kind compliance with the wishes of the Governors, in many cases not strictly within the duties of the surgeon of the hospital."

Extracted from the minutes.

(Signed) Morris Lievesley,
Secretary.

BOOKS RECEIVED FOR REVIEW.

An Introductory Lecture to a Course of Lectures on Clinical Medicine, delivered in the Theatre of the London Hospital, Saturday, Jan 31, 1829. By James A. Gordon, M.D. Member of the Royal College of Physicians, &c.

An Essay on the Use of the Nitrate of Silver, in the Cure of Inflammation, Wounds, and Ulcers. By John Higginbottom, Nottingham, Member of the Royal College of Surgeons of London.

Letters on the Study and Practice of Medicine and Surgery. By James Wallace, Assistant-Surgeon, R.N.

A Treatise on Obstructed and Inflamed Hernia; and on Mechanical Obstructions of the Bowels internally. By Henry Stephens, Member of the Royal College of Surgeons.

NOTICE.

The length of the discussions at the Westminster and London Medical Societies have obliged us to postpone the Hospital Reports.

ERRATUM.

In the report of the Medical Society of London, March 30th, in Mr. Drysdale's observations on tic douloureux, *for* "hot pillow," *read* "hop pillow."

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, APRIL 18, 1829.

AN ABSTRACT

OF

JOHN HUNTER'S THEORY OF LIFE,

Illustrated by an Analytical Map.

From the Treatise on "Blood, Inflammation, and Gun-shot Wounds."

By James Ansley Hingeston.

[Concluded from p. 600.]

2. *Of the second Division of the Scheme.*

Immediately beneath the nervous system I have inscribed nervous transmission, on the same level as the blood of the sanguiferous system. For my authority in its application, I refer to the concluding part of my explanation of efficient animal life; its insertion is both useful and reasonable, and without it the scheme would have been imperfect. Below this, follow sensation and volition—two properties of the cerebral principle, which require no comment, and readily explain the meaning and propriety of their names and stations; but voluntary contractility, the next and last in sequence, although it may be understood and admitted, calls for a few observations. Instances can be drawn from my text, to prove that John Hunter has mentioned muscular contraction oppositely, either as an effect of nervous transmission or as a proof of the existence of simple animal life. The contraction which took place in a portion of a muscle separated from a living body, after it had been exposed to a freezing temperature, is an illustration of the latter (p. 83); and the contraction of the muscles in voluntary locomotion is a familiar example of the former (p. 102). These two kinds he has divided into voluntary and involuntary contractility: *this*, he states, "is very extensive in the system, and is employed in carrying on a number of operations, of which the circulation is one;" *that*, on the other hand, is not so necessary to the animal self-economy, and is subject to the influence of the will (p. 103). Many more references might be given, and will be easily found by the attentive inquirer, and adduced as examples of contractility belonging to many other organs besides those subject to volition; and, by a comparison with Bichât, it will appear that they separately fall under *his* distinct heads of *organic* and *animal* contractilities; while it will be further observed that such a discrimination in our plan is not unauthorized, and both explains and coincides with the strict meaning of our text.

We now, as in the foregoing division, ascend to the collateral ramifications, which shoot from the efficient animal life, and succeed with propriety the descriptions of those first impressions which *excite* to action.

Of Action.—On the same level, in the opposite division, we placed power, with its individual modes, and we endeavoured to ascertain (the subject was almost inexplicable) how it existed as the innate and hidden stimulus of action. We have reached, after a tedious and perhaps unsatisfactory investigation, the immediate *effects* of these stimuli, or impressions, and at length view, at an easy distance, the more visible operations of nature. But the subject must be considered, not merely as action alone, but action as an effect which sometimes exceeds the force of the stimulus, or original impetus. The

equal balance of power and action is the equal balance of health: but when the action has once commenced, it may proceed with violence, the power being diminished (p. 8), and become, according to the degree of its velocity, the cause of irritability, of inflammation, or of disorganization. Every action of the body does, indeed, depend essentially upon the first powers of life; but these powers vary in different parts of the same body, and in the same body under different circumstances: thus, paradoxical as it may appear, parts sometimes cannot sustain their own natural actions; for "as every part of the body has not equal strength, the proportions (of power and action) cannot be the same in every part of the same constitution," (pp. 221, 228). "Strength and weakness of the constitution, or of parts, are synonymous terms with a greater or less quantity of (simple) animal life, or living principle joined with powers (or capability) of action," (p. 229).

Without presuming to decide, and leaving the reader's judgment free to refuse or accept the authority here offered, I have alluded to this questionable part of our subject as a necessary duty; and I now cheerfully proceed to the easy and agreeable task of describing actions, instead of searching for their motives. The propriety of placing action in this place is self-evident; for, in the living body, it is the combined effect of the two species of life; and though some simple functions have been indicated as peculiar to the conservative principle, yet the actions could not have been properly described until the brain and its efficient animal life had been previously included in the scheme.

All living actions whatever are either salutary, unnatural, or final.

1. The *salutary actions* arise from a stimulus either of necessity or imperfection.

Those arising from necessity are the actions of health; and the attributes of health are, regularity, cessation, and renewal of action. The favourable progress of disease partakes of these attributes, and the healthy functions of the body are illustrative of them; for "life cannot go on the same continually in any state, but must have its hours of rest and hours of action," (p. 405). "Every disease, whether local or constitutional, that has the power of termination in itself, commonly has its regular progress and stated times of action; in some, however, there are no changes in the modes of action, the disease coming on and dying away—but in others there are; and in those where changes take place, there are stated periods for those changes, so as to render them regular. These are a cessation of action, either temporary or permanent," (p. 396).

Those actions which arise from a stimulus of imperfection are only modifications of health, manifested in the termination of disease, or the healing of a part. They follow under the familiar names of resolution, reparation, and restoration.

2. The *unnatural actions* arise from a stimulus of disease. The attributes of these actions are unity, novelty, slowness, or rapidity.

By *unity* of diseased action is meant, "that no two actions can take place in the same constitution, nor in the same part, at one and the same time" (p. 3). Every diseased action in the whole, or in a part, is a single action.

Novelty of action.—Every action, inasmuch as it is unnatural, must on its first accession be novel. And the accession of a new action almost always causes debility (pp. 317, 395, 401).

Slowness of action. Every unnatural action is either slower or more rapid than is compatible with health. Slowness of action happens sometimes only at the beginning of disorder: but very often it is the prominent feature of certain diseases, especially those of a malignant nature (p. 499); for continued slowness of action is inimical to integrity of structure. "Perhaps the specific inflammation is slow in its progress and operations, and such slowness marks it to be an inflammation of a specific kind" (p. 376). Debility of the constitution, or of parts, is a concomitant of slow action; and "it is probable the blood of people of weak habits is weak in its living principle." And if the blood be weak in its power of coagulation, the pulse slow and irregular, and "the constitution affected, either originally or sympathetically, I suspect that a disposition for dissolution, and perhaps mortification, is much to be feared" (p. 322. In short, whenever disease immediately interferes with the actions essential to existence, debility and slowness of action are early symptoms (p. 325).

Rapidity of action is the peculiar

characteristic of certain forms of fevers and inflammations. Many diseases, which run through their stages with some degree of rapidity, are more simple in their course, and more speedy and salutary in their termination and effects. "And this idea agrees perfectly with inflammation in consequence of accidents; for there it runs through its stages more rapidly, and with less inflammation; necessity appears to be the leading cause here" (p. 376). "Nature requires to feel the injury, for where, after a considerable operation, there is rather a weak, quiet pulse, often with a nervous oppression, with a seeming difficulty of breathing, and a loathing of food, the patient is in a dangerous way." But it is only a certain medium of rapidity that can afford any favourable prognosis; for if it degenerate into violence it produces mischievous consequences.

These four are the attributes, or general characters, applicable to all diseased actions inclusive. But there are others which are peculiar to certain structures of the body, and particular conditions of the vital principle: these are neuralgy, pain, cold, vascularity, heat, tumescence, and disorganization.

α. *Neuralgy* is that peculiar affection of the cerebral or spinal nerves which is known under various names; as, tic douloureux, tetanus, aura epileptica; and which, as far as we yet know, is an affection of the nerves alone. It may be a consequence of debility, and is often the effect of some remote local complaint; it attacks the adult as well as the youth, and exhibits itself during the age of infancy in fits of local or unival convulsions (pp. 231, 404, 406, 410).

β. But *pain* is that affection of the nerves which is common with the surrounding disease of other structures, and is distinguished from the former as well by the kind of suffering as by the general concomitant symptoms of danger and alarm. This affection of the nerves varies in the degree of sensibility which it produces, from a slight itching or tingling to the most acute agony of rending or distraction; and presents a different feature proper to every different kind of disease, and stage of its progress (p. 286). The salutary actions of a return to health, and sometimes of local reparation, proceed almost without sensation; and with one single exception, pain is the infallible announcement of the introduction or progress of some new, unnatural action (p. 285). That one exception is the act of parturition; the only natural, healthy action of a living body which is productive of pain. Although pain is commonly the result of an increased mode of action, it requires a certain medium of action to render it acute; for "we find that the sensations are more or less acute according to the slowness or quickness of the progress" of disease (p. 286). During a morbid condition of the constitution or a part, "the nerves also, at that time, acquire a degree of sensibility which renders them much more susceptible of impression than when they are in their natural state; thus an inflamed part is not only painful in itself, but it communicates impressions to the mind independent of pain, which do not arise from a natural sound part" (p. 286). The impression on the sensorium is, probably, equal to the action of the inflamed materia vita" (p. 288). The accession or cessation of pain may be equally sudden; in the one instance, it may vanish almost before the cessation of action; in the other, it may precede the accession of the most violent complaint: but those actions which proceed with too much, or too little velocity, are unproductive of pain, or even of sensation. Pain, therefore, with one remarkable exception, is the effect of an unnatural action, and is proportioned to the degree of violence, the kind of structure, the progress of the disease, and the original susceptibility of the constitution.

γ. *Cold* is another symptom of unnatural action, and is almost always connected with debility or slowness of action. Animals appear to have a power of diminishing their own temperature (p. 300), either universally or locally, especially on the accession of many of those complaints with which the stomach readily sympathizes. At this time, perhaps, "another action shall be joined with the cold; viz. the action of sweating, so that a cold sweat shall take place all over the body. This cold shall be partial, for under many diseases a partial cold sweat will come on, while other parts remain tolerably temperate." Rigors, likewise, mark the time of change in diseased actions, and sometimes recur at stated intervals, with a favourable regularity and certainty. If rigors recur frequently, "I

believe, in most cases, it shews a degree of weakness, especially if easily excited, or a peculiarity of the constitution. But as the cause is still continued in cases of rigors arising from irritation, these rigors may recur; and if they recur, it shows a constitution ready to be affected; however, if they do recur at stated intervals, it still shows the constitution to be able to resist the effects of disease" (399). "Disagreeable applications to the stomach produce them, as well as disagreeable affections of the mind: but rigors are not confined to the commencement of disease, for they occur in its progress, and sometimes at its termination" (p. 402). Cold is most generally a consequence of diminished action of strong parts (p. 290).

δ. *Vascularity* consists in an increased action or capacity of the smaller vessels. The quantity of blood in a part is proportioned to the importance, the rapidity, or violence of the action; "and this particularly in parts whose uses may be called double, as the organs of secretion in general, the brain, and muscles; even in inflammation, and in proportion as these parts are employed in their particular actions, they become to appearance more vascular" (p. 155). "In short, whenever nature has considerable operations going on, and those are rapid, then we find the vascular system in a proportionable degree enlarged." And this increase of vessels and circulation, together with the increase of "sensibility in a part, takes place in diseases, as is well illustrated in inflammation, where the whole seems to be increased in the same proportion, especially the two last" (p. 157).

ε. *Heat.*—Whenever there is an increased vascular action, the natural temperature of the body is also morbidly increased. Heat is a positive action, while cold is the reverse: it arises from some rapid local action, from the operation of some stimulating substances applied to the stomach, or from mental affections with which that organ strongly sympathizes. "That diseases augment the animal heat is evident; for in many diseases the animal becomes much hotter, and in many others much colder, than is usual to it" (p. 291.) But this apparent increase of animal temperature is often only a morbid sensibility of the nerves; and even when the external surface does become thermometrically hotter, "disease does not increase the local heat above the natural heat of the animal, at the source of circulation" (p. 293.) All variations of animal temperature are either constitutional or local: the first "arises from a constitutional affection, and may arise primarily in the constitution itself; or secondarily, from a local disease, with which the constitution sympathizes: the second is the local effect of a local complaint, and is always associated with an unequal distribution of arterial blood, or nervous energy" (p. 292). Heat is a proof of real powers, and of the constitutional recovery from the depressing action of some mental or corporeal affection: at this time "the blood is determined to the skin; and we may suppose into the smaller vessels in general; then the pulse becomes full; the whole action appears to be there (in the skin), and it becomes hot" (p. 317).

In fine, variations of animal temperature are always indicative of the various kinds and different stages of all unnatural actions.

ϑ. *Tumescence.*—The natural secretions vary in quantity and quality during the progress of any kind of unnatural action; but these changes must be regarded as the multifarious effects of the foregoing *primitive* unnatural actions. To trace the ultimate effects of these actions would be a task too extensive for our present plan, and one which would lead us into a minute investigation of diseases: the scheme here offered is but general and elementary. Under the term of tumescence, we therefore include two kinds only of deposition, which may be discriminated as common and peculiar. *Common* tumescence may be instanced by the swelling arising from the effusion of lymph or serum, as an immediate effect of some local inflammatory action (p. 284); *peculiar* tumescence includes the generation and growth of all enlargements, which arise from one or other mode of the above unnatural actions, continue to increase into diseased substances, and finally become, as it were, monsters (p. 307).

η. *Disorganization*, which is an occasional consequence either of inflammatory action or loss of power, concludes this branch, and completes our account of unnatural actions. And let

it be remembered that this has been deduced from a work written expressly on injuries productive of inflammation.

3. The *final* actions of life succeed as the effects of the stimulus of death; and dissolution, which may be either gradual or instantaneous, concludes this division of our subject, and closes our investigations of life and its phenomena.

After what has been written, inflammation is reasonably placed on the limits of this part; since it could not have been previously mentioned, nor could it assume its proper station, until the power, the constitution, the healthy and unnatural actions, had been detailed and described. According to John Hunter, inflammation is either single or compound (p. 251).

Of Parts.—The subsequent subdivision, under the denomination of parts, may perhaps appear to the cursory inquirer a needless recapitulation; but I shall leave the text to plead in its defence, and submit the propriety of its location to the judgment of those who are familiar with the volume.

No comment, however, is requisite to prove, that all parts of the human body are either continuous or contiguous—essential or not essential to existence. That they have comparative powers of vitality, according to their structure, situation, or position; being weak or strong, active or passive; being enlarged, wasted, or removed, under various circumstances and habits of life: and that they are likewise endowed with particular susceptibilities, correspondent sympathies, peculiar sensibilities, and spontaneous action; while they are at the same time subject to all the modifications arising from age, sex, and constitution.

On the limits of this division, therefore, justly arrange themselves—adhesion, suppuration, and ulceration, which required some notice of the particular influence of parts, as well as of the modes of action, of the tendencies of constitution, and of the origin and important existence of power, to substantiate their position. Suppuration and ulceration embrace the subjects of granulation, skinning, and abscess, to each of which several pages are allotted; and which, moreover, lead to "gun-shot wounds," that very object for which the work was written, and at which we have at last arrived, after following a long chain of causes and effects, and reviewing every attribute of the living human body.

3. *Of the termination of the scheme.*

The compound materials of the frame might be solved into several simple and elementary forms of organization; but there are three distinct gradations, in which parts are connected with the continuance of life, during either health or disease. 1st. There are organs primarily endowed with life, and with which the stomach readily sympathizes: such are the liver, the intestines, the kidneys, the generative organs, &c. &c. 2d. There are structures secondarily endowed with life, and with which the stomach does not so soon sympathize: such are ligaments, tendons, fascia, &c. &c. And, 3d. There is matter neither endowed with life, nor holding any immediate sympathetic intercourse with the stomach: such are bone-earth, animal oil, fat, and several other excretions. Last of all, we are brought to a view of the whole body, a piece of complicated machinery, full of the most minute and curious workmanship; and we find it compounded of solids and fluids.

We have now reviewed the two prominent principles, and various actions and processes of the living human frame; they may, however, be referred to one head, Life, of which they are only the species and particular modes, including every mental and corporeal operation. The reasonable question of the nature of this one comprehensive principle may be suggested and asked with seeming propriety; and we may consistently indulge the laudable desire of understanding the first cause of our existence; but we might ask, with an equal certainty of remaining uninformed, what is magnetism, and where is the centre of gravitation? These, the prime causes of many natural phenomena, are shrouded behind a veil of the most impenetrable obscurity: yet every man, according to the measure of his faith, may deduce his own being either from the sacred inspiration of the Deity, or as a casual or necessary consequence from a certain coaptation of the particles of matter; although, if a single instance * of means adapted to an end can be shewn, a first intelligent cause is no

* As in the construction and useful application of any joint.

longer disputable. My pen, however, has attempted to describe only the attributes of life.

And here I conclude. These observations, and this analysis, can be fully understood and appreciated by those only who are conversant with the treatise on "blood, inflammation, and gunshot wounds;" but every judicious reader must have observed, that my attention has been exclusively confined to the pages of that volume. In the exposition of John Hunter's opinions, I cannot be charged with the love of theory, or of wandering in the mazes of speculation and groundless belief: my thoughts have been directed by the words of that great man, and my judgment has submitted to the calm dictates of reason; if there be any theory, it attaches itself to a high authority. But the blame, which may justly fall upon me, is that of the miscomprehension of my subject: upon this point I pretend not to decide, but resting within the security of my own faithful endeavours, leave it to the determination of those who are uninfluenced by the fond partiality of self-love. In submitting this rapid sketch to the impartial eye of a medical public, I presume not to claim for it more than the rational curiosity of a candid inquirer; care and studious attention have been bestowed upon it, according to the real or imaginary importance of the undertaking; and the maturest reflection has preceded and accompanied, as far as possible, the grateful execution of my labours. A young man, in a very polite and learned period of history, cannot enter on the consideration of an abstruse subject without a feeling of timid anxiety; and I shall be satisfied if I raise the attention of the reader by offering the opinions of others, as they have appeared to myself, under a different aspect and a peculiar character.

RETENTION OF URINE,

Fatal after the Bladder had been emptied by the Catheter.

To the Editor of the London Medical Gazette.

Grove-House, Little Chelsea,
April 5, 1829.

Sir,

On the 1st of October I was called on to see John Drury, who had been labouring under retention of urine some hours. He was a short, stout, muscular, florid, healthy-looking man, about thirty-five; had been the subject of stricture for fifteen years, but, whenever it became troublesome, the passage of a bougie down to the obstruction was followed by a pretty full stream of water. Had been getting worse some days, till he became so ill as to undertake a journey to the Borough, to a gentleman who usually relieved him. This gentleman endeavoured, as before, to pass a bougie, but failing, requested him to go to an hospital for further advice.

8 o'clock, A.M.—His sufferings now are extreme; has made only a few drops of water during the last 24 hours; complains of a violent bearing-down pain; skin moist; bowels active; pulse full, 120. Bled to syncope, and a very gentle attempt made to introduce a bougie. During this period, a warm-bath had been prepared, in which he remained about twenty minutes, and was removed in a fainting state. The bougie again fruitlessly attempted to be introduced.

> Capiat Opii, gr. iij. statim et repetat. post horas tres. The bowels to be covered with Leeches, and, on their removal, a fomentation of Poppy to be constantly applied.

12 o'clock.—Much relieved; has been in a violent perspiration; but little bearing-down pain, and thinks a small quantity of water dribbles away.

> Repeat the Leeches and Fomentation, and take ℥xv. Træ Ferri Mur. every ten minutes.

4 P.M.—Mr. Butler saw the patient with me. He complained of much pain; had passed no water; pulse full, 125. About ℥xx. of blood were removed, and, during a state of approaching syncope, the catheter slipped readily into the bladder, and about a quart of high-coloured urine was drawn off. He felt much relieved, drank some warm tea, and went to sleep comfortably for two hours, when he awoke and asked for some warm gruel, which he sat up and took. He lay about two hours as if sleeping soundly, and expired without the slightest symptom indicative of approaching dissolution. I examined the body 13 hours after death, in presence of Messrs. Cummins, Butler, and Maybery, surgeons, of Chelsea. The body presented no uncommon trait; the features were placid, as if he had still been sleeping,

and shewed any thing but an exsanguine appearance. The cellular substance covering the abdomen was at least four inches thick with fat, and large masses were appended to the omentum and mesentery. The bladder enormously thickened, its mucous coat presenting the appearance of the carneæ columnæ of the heart; the prostate gland twice its usual size, and the whole length of the urethra highly inflamed and turgid, with several dark patches of coagulated blood, and this more particularly at its membranous portion. All the other viscera perfectly healthy.

The post mortem examination threw little light on the proximate cause of this man's death. The disease had never reached the secreting part of the urinary apparatus; it seemed to exist locally; and the constitution, accustomed to the irritation, was perfectly healthy and vigorous. The depressing power of the remedies would afford no adequate cause of the fatal result. He lost about ℥xl. of blood from the lancet, and perhaps half that quantity from the leeches. The principal cause of death seems to have been of a moral character. From my first seeing him, he pressed on me most anxiously the hopeless state he was in, and the impossibility of his recovery.

If you think the above case worth inserting in your Journal, it is at your service. I am, Sir,

Your obedient servant,

FRANCIS GODRICH.

INFLAMMATION OF THE KNEE,

Treated according to Mr. Scott's Plan.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IF you consider the following case of sufficient interest, I shall be obliged by your inserting it in your valuable Journal.

Your most obedient servant,

WM. THORNTON,

Surgeon, R. W. M. Militia.

Uxbridge, March 20, 1829.

A young woman, 28 years of age, applied to me on the 30th of July, 1828, on account of a disease in her left knee. A spot on the inner side of the head of the tibia was so excessively tender that she could not bear to have it touched. There was neither pain nor tenderness throughout the remainder of the joint, although there was a general fulness and tumefaction over the whole synovial membrane. She could neither straighten the limb nor bend it, without great pain; the slightest motion, or any attempt to bear weight on it, occasioned very great pain in the joint; the thigh and leg were much wasted; and she could find no easy posture for the limb, the half-bent position being that in which it was the least painful. She suffered so much at night as to impair her rest. She was of a fair complexion, and delicate appearance. Pulse quick, tongue foul, bowels irregular, and the appetite impaired. She was evidently labouring under considerable disorder of the digestive organs. About a month before she applied to me, she first experienced a pain in the joint, which was tender and extremely painful on exercise. These symptoms increased daily, notwithstanding the use of various remedies, such as embrocations, the application of a blister to the joint, &c. Purgatives, leeching, fomentations, &c. &c. were now had recourse to, and absolute rest strictly enjoined.

8th.—The bowels have been regularly relieved by the medicines, the tongue is less coated, and appetite somewhat improved. The tenderness, pain, and swelling, are so much reduced, that the knee is now in a fit state for mechanical support, agreeable to Mr. John Scott's directions.

Applied the adhesive bandage, and ordered a tonic mixture and laxative pills.

20th.—The joint is much reduced in size; pain and tenderness very much relieved, and her health improving. The mixture and pills continued; the knee supported with adhesive bandages.

23d.—In consequence of attempting to walk, the pain of the joint has returned.

Removed the dressings. Ten leeches to the knee; fomentations and cataplasms twice a-day.

27th.—The pain and tenderness relieved; can move the joint without suffering.

A small quantity of Tartar Emetic Ointment to be rubbed on the knee, previous to the application of the adhesive bandages.

Oct. 2d.—She has felt no pain except a slight smarting produced by the application of the ointment. The limb can be moved without any uneasiness, and her nights are no longer disturbed.

30th.—Continues to improve.

Adhesive bandages as before.

27th December.—The joint is now reduced to the natural dimensions; she has not the least feeling of uneasiness in it, and can walk and use it perfectly.

February 6th, 1829.—Continues quite well.

OBSCURE CASE OF HERNIA.

To the Editor of the London Medical Gazette.

Sir,

The following case, which was rendered doubly interesting by the obscurity which characterized it throughout, presented itself in a private patient of Mr. Vincent, whose good wishes towards your very serviceable Journal has induced him to authorize me (I having been present at the operation) to put you in possession of the principal facts.

I am your obedient servant,

C. M. Burnett.

House Surgeon's Apartments,
St. Bartholomew's Hospital.
April 7, 1829.

A robust and healthy-looking woman, fifty-six years of age, who had been in the habit of making such exertions as her trade, which was that of a grocer, required—had never been the subject of hernia, nor afflicted with any other complaint than a prolapse of the uterus, which she had had for many years, and which never gave her more trouble than the mere inconvenience which it produced. She had been a widow for many years. Although she had been accustomed to lift weights, still, from the nature of her complaint, these could not necessarily be very great; nor was she at all conscious of having made use of any force which could have accounted for the formation of a hernia.

On the 23d of March she directed Mr. Vincent's attention to an inflamed swelling, somewhat larger than a pigeon's egg, which took its seat rather upon than below Poupart's ligament of the left side, and a little to the inner side of the external ring. It was moveable, and presented very much the character of an inflamed gland. But this superficial swelling, for so I may call it, seemed to lie immediately upon another, which was deeper seated, and consequently more obscurely felt; though, when pressed upon, it gave considerable resistance to the finger, was perfectly immoveable, and excessively painful on being touched. She had observed this swelling only the day before, since which she had not had any motion from the bowels, but had been in a constant state of sickness, accompanied by hiccup. The abdomen all over was tender on pressure, but at the lower part of the left side she complained of its giving her acute pain. The pulse was quick and strong. Mr. Vincent took away about fourteen ounces of blood from the arm, which afterwards became very much cupped and buffed. Mr. V. then ordered that she should take repeated doses of Epsom salts; but the stomach rejected every thing; in consequence of which, enemata were repeatedly admininistered, but without moving the bowels. She continued restless through the night, and on the following day (24th), at two o'clock, there did not appear to be any alteration in the symptoms. She had retained no food. On directing her to cough, no impetus was communicated to the part, while she at the same time voluntarily observed, that it gave her no pain.

Considering all the circumstances of the case—the excessive tenderness, the constant sickness, the hiccup, and the constipated state of the bowels—Mr. Vincent thought (and those gentlemen who were present agreed in his opinion) that it would be advisable not to defer the operation of cutting down upon the tumor. An incision was accordingly made, an inch and a half or two inches long, commencing just below the external ring, and passing downwards and a little inwards upon the tumor. After the fat was divided, the first thing observed was an inflamed and enlarged gland, which seemed to block up the wound. This was divided, when another tumor came into view, corresponding to the one which had been felt beneath. The operator raised the gland, and cutting horizontally upon this last tumor, which was the size of the tip of the finger, expected by so doing to enter the sac of the hernia. The part

had a black appearance, and looked like a sac in which the circulation had been obstructed by stricture above. The division of this, however, only exposed another covering beneath, to which it was very firmly adherent. Mr. V. now raised a portion of this last covering with the forceps, as he had done the former, and, making a similar horizontal cut, when about an ounce of a turbid yellow urinous-smelling fluid gushed out. He now thought he had opened the sac of the hernia, and, after having enlarged the aperture, introduced the point of the index finger, and felt for the strictured gut, but there was none to be found—the sac was quite empty. He desired the patient to cough, but no impetus was given by so doing to the tumor, and the sac appeared to have no connexion with the abdomen; but the opening under Poupart's ligament was plainly to be felt, and by passing a director upwards, in the direction of the sac, it was observed to enter the cavity of the abdomen.

The patient did not express herself relieved by the operation, though the sickness left her for a time, and as there was no intestine or omentum to reduce, the wound was immediately closed by a ligature and some pieces of strap, after which she was placed in bed. Fourteen ounces of blood were drawn from the arm, the pulse being sharp; she then felt faint, but slept for about four hours. At the expiration of this time an injection was given, but it produced no effect, and she remained restless, though free from sickness.

25th.—The sickness had not returned, and she was now directed to take calomel and colocynth by the mouth; but after these had been repeated a few times, the sickness returned, without their producing any evacuation by the bowels. The blood which had been drawn yesterday was not cupped or buffed; but there was still the pain and tenderness of the abdomen, and the pulse was beating about 90. Several injections were now repeated, but to no purpose; and in the evening she brought up, by vomiting, a great quantity of matter which had the appearance, and she said tasted, of the injection.

26th.—The night was disturbed by sickness, and she continued to bring up matter of the same character. Altogether she had vomited about three quarts of fœcal matter. The abdomen was more tender. Two large blisters were now placed on each side of the abdomen; she felt considerably relieved by them, but this relief was not permanent—nor, perhaps, depending entirely upon the blisters. Another injection was administered, which was the only one which seemed to be at all efficacious; it produced an evacuation of a quantity of hardened scybala, and the relief was great for the time.

27th.—The sickness had gone off, and she slept occasionally through the day. The pulse was the same in frequency, but rather smaller. As there had been no evacuation from the bowels, she was ordered to take three grains of calomel and twelve of jalap.

28th.—No evacuation from the bowels. The stomach could retain small quantities of farinaceous food, but she seemed lower, and her pulse was materially weaker. In the evening the sickness returned with greater violence; her anxiety was very great. An injection was given, which was returned without any thing. She was ordered some pills containing calomel and opium, but the night was passed in increased restlessness and anxiety, and she died early the next morning.

The examination was conducted by Mr. Vincent, in the presence of one of the female relatives. On opening the cavity of the abdomen, neither the peritoneum nor intestines were, to appearance, at all inflamed. Towards the lower portion of the ileum, in tracing it down, there was seen to be about an inch of its long diameter adherent to the neck of the sac, but only by about half an inch of the caliber of the intestine; which part was so firmly attached as to look as if it had been nipped. The inner coat about this part of the intestine was ulcerated, and there was a slight inflammation around; but the channel of the bowel was perfectly free, and its circumference opposite to the part which was nipped not at all inflamed.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

First Lines of the Practice of Physic. Commenced by the late WILLIAM CULLEN, M.D. &c. &c. Continued and completed by J. C. GREGORY, M.D. F.R.S.E. Edinburgh. 1829.

DR. CULLEN is still obviously a great

favourite in Edinburgh. But a very short time has elapsed since Dr. Thomson published an edition of Dr. Cullen's works, and now we have that of Cullen and Gregory. The labours of the present Editors have been confined to the adding, in the form of an Appendix, such notes and illustrations as may give to the student an idea of the additions made to the science of physic since Cullen's time. This task has been very judiciously performed. Dr. William Cullen began, and had completed about a hundred pages of additional matter, when a premature death put a sudden period to his labours. The prosecution of the work was then entrusted to Dr. James C. Gregory, second son of the late Professor, who added about two hundred and fifty pages more; in which short space he has condensed a vast quantity of very valuable matter. We think the work lost nothing by the change of Editors; for with every respect for the talents and extensive information of Dr. William Cullen, there was a flippancy about his style, and an overweening attachment to the doctrines of the modern French school, which, if persisted in, would have detracted considerably from the value of the work. Dr. J. C. Gregory is quite free from these faults. He confines himself to a statement of new facts in medicine, especially in the department of pathological anatomy, and steers clear of all discussions purely theoretical.

Dr. Cullen's portion of the Appendix is occupied, almost exclusively, with four topics—fever, pneumonia, *gastro-enterite*, and puerperal fever. Dr. J. Gregory commences with hepatitis, and proceeds to a brief notice of all the remaining topics which modern medicine has, or claims to have, improved; more especially vaccination, rheumatism (of the heart), erysipelas, melanosis, hæmoptysis, consumption, dysentery, apoplexy and palsy, hydrocephalus, diseases of the heart, cholera, diabetes, insanity, delirium tremens, dropsy. It is very interesting thus to contemplate the improvements which medical science has made—to see, as it were, the line of demarcation drawn between the physic of 1784 and that of 1829, and to reflect upon the kind of alteration which our art has recently received. We need hardly hint to our readers that we are alluding now to the paucity of new *remedies*. We discourse, it is true, much more learnedly than Dr. Cullen ever did on the degeneration of tissues, visceral engorgement, and the other effects of inflammatory action, as displayed after death; but we continue to treat disease much as our forefathers did, a pretty clear proof, by the way, that their notions concerning disease could not have been very wrong, though expressed in language which is now almost as obsolete as that of Galen and Paracelsus. Dr. W. Cullen, indeed, speaks in very strong terms of the cure of peripneumony by the tartar-emetic (a piece of practice which we are inclined to think is here extravagantly over-rated); but it really appears to us that the sulphate of quinine is the only very efficient remedy which Dr. Cullen was ignorant of. It is time, however, to give our readers a specimen of the manner in which the Editors of this work have acquitted themselves. It is difficult to make the selection, for we must keep in view our own narrow limits, as well as the merits of the writers.

We select, as a good illustration of Dr. W. Cullen's style of writing, the following sketch of pleurisy:—

"Pleurisy, or inflammation of the pleura, may be either acute or chronic: it is generally, as far as my observation goes, acute, when combined with inflammation of the substance of the lungs, and very commonly passes into the chronic form when it exists alone. It may be fatal in a few days; I have seen it last for two years, and finally cut off the patient by the pressure of the effused fluid on the sound side. The disease may be general over the whole pleura, or partial, confined to the portion of it lining the diaphragm, or situated between the different lobes of the lungs. Its causes are various, but the application of cold is by far the most common. According to its severity, and the time it has lasted, different changes are induced in the state of the membrane and its secretion. In the first stage, and soon after the attack of inflammation, the vascularity of the pleura appears increased, and shows small effusions of blood in dots or patches, while its transparency is much diminished. This increased vascularity, however, is not really in the membrane itself, but in the subserous cellular tissue; the loss of transparency seems owing to the want of secretion of the serous surface. In a short time the increased vascularity terminates in effusion. This latter is of two kinds; one,

soft, pultaceous, yellow, like soft fibrin of the blood, is the coagulable lymph of pathologists, the usual product of all inflamed serous membranes. A large quantity of it adheres to the membrane itself; portions of it are loose in the general cavity of the pleura. At first this matter is inorganic; by degrees it becomes more solid, firm, vascular, and at last is organized into membranous bands, which connect together the lungs and pleura, and form the adhesions so often met with in opening the chest. When this coagulable lymph has existed for some time, it becomes united to the pleura by vascular connexions, in such a manner as to give to this latter the appearance of greatly increased thickness; but it can be generally scraped off from the surface of the membrane, which will be found of its original smoothness, and nearly as thin as before. The other kind of effusion is liquid, often colourless and transparent, like pure serum, sometimes turbid, yellow like pus, and generally having a considerable quantity of the more solid matter floating in it, in the form of small fragments or membranous shreds. When the effusion is clear and transparent, the case is often thought to be one of hydrothorax; when it is yellow and turbid, it is often said to be pus. But it is hardly ever of one kind: there is generally a mixture of the two sorts, the clear portion occupying the highest situations, the yellow and turbid the inferior."

After detailing with great minuteness the stethoscopic indications in pleurisy, Dr. W. Cullen thus expresses himself on the general value of the stethoscope:—

"By the assistance of these symptoms, derived from percussion, and the stethoscope, we can discover, with certainty, the existence of pleurisy in its different stages and degrees, and distinguish perfectly when it is simple, and when it is combined with other affections, either of the lungs or of the heart, a precision of diagnosis unknown in medical or surgical practice prior to the introduction of the stethoscope. I say surgical practice, as well as medical; because an exact diagnosis is absolutely necessary in reference to the operation for empyema, the paracentesis thoracis. This operation is not often performed, not because cases requiring it are not often met with, but because the practitioner is rarely, or never, so sure of the case, as to recommend it with confidence. I remember a conversation I once had with my most distinguished friend Mr. Abernethy, in which that excellent surgeon informed me, he had often seen the operation performed where there was no fluid to evacuate, and as often omitted when the thorax was completely distended. Let us hope that such errors will now be rarely committed, and that we shall see paracentesis thoracis as frequently performed as it may be necessary, and that we shall have some treatise on the subject published, at present a great desideratum."

As a specimen of Dr. J. C. Gregory's manner of treating a subject, we subjoin the following very neat sketch of *melanosis*:—

"From the analogy which it bears to purpura, it may not be improper to notice, in this place, that peculiar affection pointed out by M. Dupuytren, but first accurately described, under the name of *Mélanose*, by M. Laennec, who considered it to be a *tissu accidentel*, without analogy in the healthy state. More recent investigations, particularly those of M. Breschet and M. Andral, lead to the conclusion, that it is the result of the simple deposition of an inorganic colouring matter, in the solid or liquid form, on the surface, or in the parenchyma of various organs. In its chemical composition, the substance of melanosis only differs from that of the crassamentum of the blood, in containing a peculiar very insoluble principle, resembling charcoal or china-ink (and stated by Thenard to be carbon), to which it owes its colour, and which is more or less analogous to the colouring matter of the blood. Hence M. Breschet concludes, that the matter of melanosis is composed of effused blood which has undergone certain alterations. This opinion seems to be confirmed by the observations of MM. Trousseau and Leblanc, who state, 'that melanosis, as it occurs in horses, when examined in its earliest stages, is evidently caused by a deposition of the red globules under the form of petechiæ, which, in the midst of other spots evidently melanotic, they have observed losing their purple colour, and passing by gradations into the characteristic black colour of this affection; and that, in portions of large melanotic tumors, they have recognized the red co-

lour of the blood.' When of some standing, however, these tumors are certainly somewhat different from the crassamentum of the blood.

"Melanosis occurs under different forms: in solid masses, or tumors of various forms and sizes, sometimes, but not always encysted; in the state of infiltration in various tissues and organs; in the form of layers upon the surface of membranes; and in the form of a liquid contained in a cyst, or secreted in the substance or on the surface of organs.

"In some one of these forms it has been met with in almost every tissue of the body. It occurs most frequently in the lungs, in the subcutaneous and intermuscular cellular tissue, and in that of the thorax and abdomen. More rarely it has been observed in the cancellated structure of the bones, in the muscular substance of the heart, and in the liver, the spleen, the kidneys, and other abdominal organs. In general, it may be stated, that melanotic tumors are not surrounded by any marks of increased action or vascularity in the dead body; that no vessels can be traced, even by minute injection, into their substance, which is quite homogeneous and unorganized; that the texture of the tissues and organs, in which these depositions take place, commonly remains unaltered, even in their immediate vicinity; that they may exist to a great extent without materially affecting the health, or giving rise to any symptoms local or general; and that when they appear to cause pain or other symptoms, as when developed in the orbit, this is to be attributed, in a great measure, to the mechanical pressure and irritation produced by the presence of these tumors acting as a foreign body upon the organ in which they are deposited. But, unfortunately, we have few accurate statements of the early symptoms in these cases. Some patients, in whom the melanosis has been found after death, had suffered, for some time, from pains similar to rheumatism, in the affected parts.

"This affection is comparatively rare in man, while, on the other hand, it is not uncommon among the lower animals, and particularly in horses, on the Continent at least. It is a curious fact, that white or grey horses are more subject to melanosis than those of any other colour; and MM. Trousseau and Leblanc state, that there are few horses of this colour, in which melanosis in some of its forms does not exist. In the human species, it is most frequently met with in advanced life, or in debilitated constitutions, and, unless when complicated with other diseases, is very chronic, and only proves fatal by the debility which it causes or increases. As when once deposited, the matter of melanosis does not appear to be again absorbed, the treatment in this affection, when it can be ascertained during life, can be only palliative, and therefore need not be more particularly alluded to in this place.''

We can only find room for one other extract, Dr. J. Gregory's sketch of the condition of brain called *ramollissement:*

"This morbid appearance is often found in apoplectic cases, especially when febrile symptoms have been present. It consists of a disorganization of the substance of the brain to a greater or less extent, without the peculiar fœtor of pus; taking place sometimes very rapidly, apparently in connexion with inflammation within the head; and at other times, especially in persons advanced in life, according to M. Rostan, more slowly, and unconnected with any inflammatory symptoms during life, or appearances after death. In these cases the colour of the softened portion is whiter than natural; and partial and minute effusions of blood, or spots of ecchymosis of a purple or livid colour, are frequently observed in its substance. In those cases which have been accompanied by febrile symptoms during life, the softened portion is sometimes of a red or rose colour, or brown, and at other times yellow or greenish, apparently from the admixture of purulent matter. The consistence of the part affected is sometimes not greater than that of cream, and it is commonly reduced to that of a pulpy mass by the slightest pressure. The substance of the brain surrounding a coagulum of effused blood, or an abscess, is frequently found in a state of complete *ramollissement blanc;* and in this last case the difference between this affection and ordinary suppuration is very well marked. In other cases a yellow softening, evidently from purulent infiltration, surrounds a coagulum. It occurs in any part of the brain, and may be either superficial or deep seated; but is most

frequently met with, according to M. Rostan, in the thalami nervorum opticorum, the corpora striata, and the middle lobe. Dr. Abercrombie states, that he has found it most commonly seated in the corpus callosum, the fornix, the septum lucidum, or the parts immediately surrounding the ventricles. In cases which came under his observation, it occurred chiefly in young persons and children. 'It was in many cases distinctly combined with appearances of an inflammatory kind, such as deep redness of the cerebral matter surrounding it, suppuration bordering upon it, and deposition of false membrane in the membranous parts most nearly connected with it.' From these and other circumstances, Dr. Abercrombie considers this form of the affection as the result of inflammation, and as one of primary importance in the pathology of acute affections of the brain. A similar opinion is entertained by M. Lallemand, who states, that the cineritious substance, which receives larger and more numerous vessels, is peculiarly liable to that variety of *ramollissement* which is accompanied with infiltration or effusion of blood; while that occurring in the medullary substance, where the vessels are fewer and more minute, is rarely accompanied by well-marked vascular injection, and is generally pale, yellow, or of a greenish colour. In his later publications, M. Rostan, who previously considered it as a disorganization *sui generis*, admits that the *ramollissement* is very often the result of inflammation."

Upon the whole, we have been much pleased with the general execution of this work, which is certainly highly creditable to the Editors. We need hardly say, that it is decidedly the best edition extant of Dr. Cullen's First Lines.

ANALYSES OF BRITISH MEDICAL JOURNALS.

EDINBURGH MEDICAL AND SURGICAL JOURNAL.

April 1, 1829.

ORIGINAL COMMUNICATIONS.

"Art. I.—*Cases and Observations in Medical Jurisprudence.* By ROBERT CHRISTISON, M.D. F.R.S.E. &c. &c."

1. *Disfiguring the Countenance with Sulphuric Acid.*

Several horrible instances having occurred, in which the workmen in some of the manufacturing districts, particularly at Glasgow, had recourse, in their disputes, to throwing sulphuric acid, or other corrosive substances, upon each other, the Ellenborough act was extended to Scotland, by which the perpetration of the above crime was made felony; and the first part of the paper before us refers to a trial which lately took place in Edinburgh, under the act alluded to.

Into the circumstances which brought home the crime to the parties accused, it is unnecessary for us to enter; suffice it to say that a man named Campbell had a liquid thrown over him, which he suspected, and which afterwards was proved to be sulphuric acid. He was carried to the Infirmary, and the following account is given of his situation:—

"The skin on the left side of the face was partially removed, and the whole presented at first a white disorganized appearance. The eyelids of both eyes were much inflamed and swollen, and the left eyeball was also severely involved in the mischief, but the right eyeball was uninjured. The skin of the inside of the lips was also white and swollen, and on the back of the left hand, as well as between the fingers, there were white excoriated streaks. In the course of sixteen hours the white marks turned brown. The pain of the face and eyes, which was at first excruciating, became easier under the use of suitable applications. But as, at the time of the visit, about twelve hours after the accident, the pain of the left eye, extending to the head, evidently threatened a severe ophthalmia, he was bled from the arm; and next day the operation was repeated. From these measures he derived great relief. The inflammation and disorganization of the eye, however, went on increasing, and soon ended in the bursting of the cornea and discharge of the aqueous humour and crystalline lens. Towards the close of the fifth day—namely, on the evening of the 22d,—while apparently doing well, he had a shivering fit, and next morning complained of acute pain at the bend of the right arm, where he had been bled. Inflammation immediately sprung up around the orifice, general swelling of the arm came on, and progressively increased for the three following days. Severe febrile symptoms ensued, and afterwards also difficult breathing, with other signs

of pulmonary inflammation. Under these complicated disorders he gradually sunk, and died on the morning of the 30th October. The report concluded with ascribing his death to the inflammation of the arm and concomitant fever."

An account of the appearances on dissection was drawn up for the information of the Court; it runs thus:

"The right arm was carefully examined and anatomized. We found the vein from which he had been bled very highly inflamed at the wounded part, at the bend of the arm. From this point the inflammation had extended upwards to the great vein of the arm and shoulder, and downwards to the small veins of the fore-arm. These vessels were almost filled with purulent matter, and partly obliterated. The great veins at the upper part of the chest were natural.

"There was a small quantity of serum in the cavity of the membrane which invests the heart, but that organ was itself sound.

"The membrane which covers the lungs and ribs, called the pleura, was inflamed, and covered at the back part with the usual product of inflammation. Sero-purulent fluid was found in both cavities of the pleura. Both lungs, when cut into, were found very highly inflamed, and particularly in the upper and lower lobes.

"The left eye had its anterior part entirely destroyed. Some of the humours had escaped, and the whole organ was disorganized, and absolutely incapable of recovery.

"Water was found in considerable quantity on the surface, in the cavities, and at the base of the brain. That organ itself was natural. No other morbid appearance was any where observed.

"Upon the whole, we are of opinion that Archibald Campbell died of inflammation of the veins of the right arm, and of inflammation of the lungs, the former caused, according to the best of our judgment, by the wound of the vein in bleeding."—*Signed*, &c.

The different portions of the clothes, which had been preserved for the purpose, were subjected to chemical analysis by Dr. Turner and the author. The injured parts of the hat, stock, and sleeves of the coat, were boiled in diluted water, and a reddish-brown fluid obtained by filtration: this fluid was acid to the taste, reddened litmus paper powerfully, and gave, with acetate of baryta, a brown precipitate, which was rendered white by nitric acid. A portion of the powder was mixed with charcoal and heated for two minutes in a platinum spoon. Dilute muriatic acid was afterwards poured upon the product, which effervèsced and smelt of sulphuretted hydrogen. A piece of paper, moistened with a solution of sugar of lead, became black when exposed to the fumes. Of course these experiments were performed on very minute quantities, but they sufficiently demonstrated the presence of sulphuric acid.

Campbell, it appears, died from the phlebitis produced by venesection, and it became a very delicate question, which in this case was waived, not determined, whether the prisoner was responsible for effects which resulted not directly, but as a secondary consequence of the injury inflicted. Now it appears, so far as Dr. Christison's statement goes, that the prisoner, in charges of homicide, *is responsible*, provided the original injury be serious and the secondary effects such as lie in the natural course of things, though they may not be common. Thus, if a person receive a serious injury, and die of hospital gangrene, or of tetanus, or of phlebitis, the inflicter of the original injury would be held responsible for the secondary consequence. The question, it must be acknowledged, is one of considerable nicety.

2. *Murder by Suffocation.*

The observations of Dr. Christison, under this head, have particular reference to the state of the body in the case of Margery Campbell, the individual for whose murder Burke was executed. The original circumstances, as well as those of more recent occurrence, render the dissection of great interest, and we shall therefore give it in full. Death took place on Friday night, between eleven and twelve; the examination was made on the Monday following.

"It was examined on Sunday at three, and next morning at eleven, by Mr. Newbigging and myself, having been transported to the police-office early on Sunday morning, doubled up in the box in the way in which it was found; but it had been removed and examined externally by the police-offi-

cer at the dissecting-rooms, and had been subsequently taken out some hours before our arrival at the police-office, and stretched on a table, with a view to its being identified. The following is a detailed account of the appearances it presented.

"Joints flaccid; features composed, red, and rather more turgid than natural; lips affected with dark livor; conjunctivæ of the eyes, even in the horizontal position of the body, much injected with blood; a little fluid blood on the left cheek, proceeding apparently from the nostrils; tongue not protruded or torn by the teeth; the scarf-skin under the chin much ruffled, and the surface of the true skin dry and brown where denuded, but without blood or surrounding ecchymosis. Integuments everywhere very free of lividity, except on the face.

"On the inside of the left leg, a little above the ancle, and on the outside of the right leg, a little below the calf, several considerable bluish-black discolorations, one as big as a crown, without swelling, but arising from black, thick, though not coagulated blood, incorporated with the whole thickness of the true skin, and effused deeply into the cellular tissue beneath. A similar large spot on the outside of the left elbow, and a superficial laceration on the outside of the left fore-arm, with blood effused into the cellular tissue and substance of the skin around. A slight laceration on the inside of the upper lip opposite the left eye-tooth, with surrounding effusion of blood into the cellular tissue. A small soft tumor near the occipital angle of the left parietal bone,—found during the subsequent reflecting of the scalp to arise from thick, semifluid blood, effused between the scalp and periosteum, and also between the periosteum and bone. A similar extravasation of blood above the middle of the temporal ridge of the right parietal bone, and another small effusion above the left eye-brow, were also found during the reflecting of the scalp; but these were not indicated by any external swelling or discoloration.

"The bones of the skull, together with the brain, cerebellum, and all the other organs within the head, quite healthy. A little more turgescence of vessels than usual.

"Organs in the abdomen perfectly healthy, with the exception of the liver, its investing membrane being here and there covered by short, opaque, white lines, and the gray matter of its struture rather more abundant than usual,—the incipient stage apparently of the liver disease of drunkards. The stomach distended, and containing about a pint of thin greyish pulp, like half-digested porridge, entirely free of any spirituous or narcotic odour.

"No effusion of blood or laceration of the parts around the windpipe; no injury of the cartilages; the os hyoides and thyroid cartilage farther apart than usual, in consequence of stretching of their interposed ligament. On the inside of the windpipe some tough mucus, not frothy, with a few points of blood between it and the membrane, which last was healthy. Organs within the chest perfectly natural; the lungs remarkably so, and unusually free of infiltration; blood in the heart and great vessels, and indeed throughout the whole body, very fluid and black, and accumulated in the right cavities of the heart and great veins.

"An extensive effusion of semifluid blood under the trapezius muscle, near the inferior angle of the right scapula; a small effusion of the same nature in the left loin; neither of them indicated by any outward mark. Some black fluid blood extravasated into the cellular tissue, and among the muscular fibres in various parts on each side of the cervical and dorsal spine, but especially of the upper cervical spine. No displacement or fracture of the vertebræ. A little blood under the anterior ligament of the spine, covering the fore-part of the bodies of the third and fourth cervical vertebræ; and this blood evidently extended into the intervertebral space. On careful examination, we found nearly the whole posterior ligamentous connexions between the two vertebræ ruptured, namely, the posterior ligament of the spine, the posterior half of the intervetebral substance, the posterior halves of the capsules of the articulations of the oblique processes, and the whole of the yellow ligament of the spine, except what connects the tips of the spinous processes. In the region of the rupture, blood was minutely injected among the fibres of the spinal muscles, into the cellular tissue between them, and into the lacerated part of the intervertebral space. On the sheath of the spinal

cord opposite the rupture there was a mass of thick, semifluid, black blood, about the diameter of a halfpenny, and twice its thickness, from which also a thin layer of the same kind of blood extended along the posterior surface of the sheath as far down as the lowest dorsal vertebræ. The spinal cord was not injured, and no blood could be found under the sheath."

The gentlemen who conducted this examination were at first inclined to suppose that the injury of the spine might have been inflicted during life, and that it was adequate to account for death: but various circumstances led them to try the possibility of inflicting similar injury, and also to ascertain the effect of contusions, on the dead body. The results of these experiments, as applied to this particular case, induced them to declare their opinion that the injury of the spine might have taken place as well seventeen hours after death as during life, but that the contusions had almost certainly been inflicted while the deceased was yet alive: that the question whether death arose from natural causes or violence, did not admit of a positive answer; but that the appearances led to "a suspicion of death by strangulation."

It appeared to Dr. Christison to be imprudent to give a more positive opinion, because it is known that death may take place from natural causes within a very short period, and leave no trace behind. As instances of such, he mentions the *simple apoplexy* of Dr. Abercrombie, and the *idiopathic asphyxia* of M. Chevalier.

It was endeavoured, on the cross-examination, to make out that death might have resulted from suffocation caused by the stupor attending excessive drinking: but it was answered that death could not have taken place in so short a period (for it was proved that the woman was alive at eleven o'clock and dead at twelve) without spirits being detected in the stomach. The concluding part of the paper consists of a detail of experiments, with a view of ascertaining the effects of lacerations of the spine and blows inflicted on various parts from an hour and a half to eighteen hours after death.

Experiment 1.—Heavy blows were inflicted on various parts of a dog, soon after death; but no appearances resulted.

Experiment 2.—A woman aged 33, of rather full habit, had died of a fever after three weeks illness. An hour and three quarters after death, the body not being quite cold, several severe blows were made with a stick across the shins, on the thighs, breast, and neck. In less than ten minutes, deep-bluish-black marks followed the blows on the breast and neck. A little more than two hours after death, the head was bent forwards with force upon the chest; and twenty-three hours after death a blow was struck over the os ilium. Twenty-four hours after death, the skin was cut into at the parts struck; but even where the marks were most distinct they were so superficial as not to be referable to "a portion of skin of appreciable thickness," and there was no tumefaction.

The yellow ligament connecting the first dorsal and lowest cervical vertebræ was completely lacerated, and there was black fluid blood extravasated into the loose cellular tissue covering the dura mater of the cord. The posterior ligament of the spine was not injured; there was no effusion into the sheath.

In the site of the blow inflicted on the ilium twenty-three hours after death, the cuticle had been ruffled at the time, and the surface of the true skin was now dry and brown, but no effusion had taken place.

Experiments 3, 4, and 5, were nearly similar, and confirm the results above-mentioned. One of the individuals had died of an injury of the head, followed by inflammation: blood drawn from the jugular and femoral veins, eight hours after death, "flowed out quite fluid, and in a few minutes formed a firm coagulum, with separation of serum." Blood drawn an hour and a half afterwards was "losing its fluidity," and did not perfectly coagulate.

It is obvious from the above, that the appearances assumed by severe blows inflicted within a few hours after death, will imitate those of slighter injuries during life. But the presence of the following phenomena will distinctly indicate that the blows have been given during life: 1, swelling from extravasation; 2, a yellowish hue round the black mark; 3, clots of blood in the subjacent cellular membrane; 4, incorporation of the

blood, with the whole true skin, rendering it black, and increasing its firmness. The period beyond which the appearance of contusions cannot be imitated on the dead body, varies with the state of the blood, and the time which the body takes to cool and stiffen: probably about three hours and a quarter is very near the extreme limit.

Internal hæmorrhage and percolation readily take place if any considerable blood-vessel, especially a vein, be lacerated in the dead body.

"Art. II. *On Exfoliations from the Bones of the Pelvis as causing the obstinacy of Sinuses in this situation.* By James Syme, Esq. Surgeon, and Lecturer on Surgery in Edinburgh."

The object of this paper is to show, that the sinuses which frequently prove so obstinate in the region of the pelvis, sometimes depend not upon caries, but on exfoliation, at a point distant from the surface; and consequently that the surgeon is to be on the look-out for such pieces of bone as may have separated, in order to remove them. Four cases are related in illustration of these opinions, in each of which Mr. Syme detected exfoliations, which he removed by dilating the external apertures, and with the best effects.

"Art. III. *Three Cases in which the Elbow Joint was successfully excised, with some General Observations on the Treatment of Caries.* By James Syme, Esq. Surgeon, and Lecturer on Surgery in Edinburgh."

The author first points out the necessity of distinguishing between caries and necrosis, and then proceeds to speak of the treatment of the former. He states that he has frequently employed the actual cautery, of which he expresses a favourable opinion; but that in most cases the extent of its operation is limited, as it can scarcely be applied to all the affected surface. Indeed it would appear that the influence of the cautery extends but little beyond the point which it touches.

"About ten years ago (says Mr. S.) I saw a surgeon remove an eye, together with a large tumor, from the orbit of a boy aged 14, and then apply a succession of full-sized cauteries to the thin orbitary plate of the frontal bone. I expected that, if the patient did not die from inflammation of the brain or its membranes, the whole thickness of the roof of the orbit must exfoliate; but neither of these events took place; and I found on dissection, some weeks subsequently, that the bone had been affected to a very slight depth. Having my attention called to this circumstance, I took every opportunity of observation, and ultimately satisfied myself that the actual cautery affects a mere film of the bone to which it is applied."

The only other mode is excision, and this the author recommends to be done very freely. He objects to the subsequent application of the cautery, as is frequently enjoined. When a joint is affected, he thinks it much better to remove the articulating extremities entire. This is usually regarded as a fearful operation, which the author attributes to the fact that the slightest wounds of healthy joints are frequently attended with the most formidable mischief; but he adds, it ought to be remembered that the structure which excites so much disturbance by its inflammation is removed when the joint is excised; indeed in cases requiring extirpation, the synovial membranes do not exist, having been destroyed by the previous disease. According to our author, a carious joint may be opened with the same impunity as an ordinary abscess.

Mr. Syme has already published two cases in which he performed excision of the shoulder joint, and the present paper contains three instances of a similar operation practised on the elbow. One of these will serve as an illustration:—

"I resolved to excise the joint, and proceeded to do so on Monday, the 3d of November. Having placed the patient on a sofa, so as to present the elbow in a favourable position, I made a transverse incision at once into the joint, immediately above the olecranon, and extending quite to the radial tuberosity of the humerus, but at such distance from that on the ulnar side as to avoid the ulnar nerve. Introducing my finger by the free opening thus obtained, I found that all the bones entering into the formation of the articulation were affected. I therefore cut upwards and downwards for about an inch and a half at each extremity of the first incision, so as to form two large square

flaps, which being dissected from the subjacent bones, exposed them completely. Having ascertained that the ulna was carious as far as the coronoid process, I sawed it across at this part, and then insulating the extremity of the humerus, divided it in the same way immediately above the tuberosities. I lastly removed the head of the radius, which was very much diseased.

"No vessel required ligature; but there was considerable general oozing from the cut surface. After exposing the wound for a few minutes, and sponging it with cold water, I brought the flaps together, and retained them in contact by means of a stitch in each of the perpendicular incisions, and three in the transverse one. Some pieces of lint and a roller were then applied, after which the patient was put to bed. The gentlemen present were much struck by the very slight alteration that appeared in the limb after the stitches were introduced."

Great part of the wound healed by the first intention, and but little deformity remained. The patient, a gentleman aged 24, at the time of the report, was able to write, and to move the limb without any uneasiness.

This, with the two other cases related, are calculated to command the attention of the profession, and will probably lead to the preservation of limbs which would otherwise have been sacrificed.

"Art. IV. *Reports on the Diseases of Plymouth.* By Edward Blackmore, M.D."

The first part of this paper only is given: we shall postpone our account of it till it is completed.

"Art. V. *Observations relative to the question, 'Is the appearance of the Blood abstracted as a remedial means, a just criterion in considering the propriety of repeating the operation of Blood-letting?'* By John Davy, M.D. F.R.S. Physician to the Forces."

The circumstances connected with the appearances of the blood which are generally regarded as warranting further depletion, are an unusual degree of fluidity, slowness in coagulating, and the formation of cupped surface and buffy coat. These appearances, however, present some considerable variety —first, when the inflammation is violent, extensive, and rapid, the blood is often neither cupped nor buffed; second, in diffuse cellular inflammation, Dr. Davy has noticed the blood coagulate rapidly, at the same time being unusually liquid, and exhibiting a slight buffy coat; third, in common cases of inflammation, the blood drawn at first is sometimes neither cupped nor buffy, and afterwards assumes both these qualities; fourth, in inflammation of mucous membranes, the blood sometimes has, and sometimes has not, the qualities alluded to; fifth, there seems to be no general relation between these appearances and the intensity of inflammation.

Opposed to these are the appearances and quality of the blood, which are generally supposed to be incompatible with further depletion. They are a soft crassamentum, small in proportion to the serum, or the blood remaining fluid. But Dr. Davy holds that these appearances are not proved to be connected with the state of system supposed: because, 1st, in remittent fever and cholera blood-letting is often beneficial. 2dly, blood without fibrin is very uncommon, and the author has only witnessed it in cases of pulmonary apoplexy; yet he presumes that it is proper to draw blood in that complaint. 3dly, the proportion of crassamentum to serum is small in the advanced stage of acute diseases, or in those supervening on chronic; but the author holds that, if venesection were strongly indicated, this state of blood would not prevent any judicious practitioner from adopting it. 4thly, there are various diseases, as apoplexy and tetanus, in which blood-letting is often useful, although the fluid shews no deviation from the healthy state. These considerations have induced the author to place but little confidence in the appearances of the blood, in forming his opinion either of the nature of a disease or the mode of treating it.

The concluding part of the paper contains an expression of the author's concurrence in the opinions upon this subject detailed by Dr. Heberden; and, consequently, his dissent from those more recently advanced by Dr. Scudamore.

[To be continued.]

MEDICAL GAZETTE.

Saturday, April 18, 1829.

" Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ALLEGED MURDER OF MR. NEALE.

OUR readers are aware that Butler has been acquitted of the murder of Mr. Neale, though found guilty of the robbery. In our number of April 4th, we entered into a critical examination of the medical evidence in the case of Mr. Neale, and more recently we have laid before our readers discussions which took place at the Bolt-Court and Westminster Medical Societies, upon the same subject. Now we know it has been said by the lawyers, that these various articles ought not to have been published, inasmuch as they tend to influence the minds of the Jury, and thus to interfere with the ends of justice. To this position we take leave to object, that it was not our observations, nor the discussions subsequently published, which produced the original impression on the public mind; but it was the oral testimony and the written document of those employed to examine the body: and whatever injury the deliberate statement of three medical men, that the deceased had been murdered, was calculated to do to the cause of the accused, was fully effected by the insertion of their evidence in all the newspapers. Shall we then be told that it interferes with the ends of justice to investigate the grounds on which those who had examined the body rested their opinion? and if such grounds were found altogether fallacious and absurd, should the public press conceal a circumstance so intimately connected with the elucidation of the case, and therefore with the true ends of justice? A prejudice of the strongest kind had been produced against the individual who was to stand his trial, and we did but endeavour to neutralise that prejudice, and put the prisoner and his counsel in a situation to appreciate the real value of the medical evidence, by shewing that a few grains of common sense thrown into the opposite scale, made the charge of violence kick the beam.

But again. Suppose that the medical evidence had been suffered to pass without comment, does any one for a moment believe that Mr. Brookes, who, both before the coroner and magistrate, on two separate occasions, declared most positively his conviction that the deceased had received violence from the hand of another so as to occasion death, should within a week depose on oath at the Old Bailey that Mr. Neale had died of apoplexy, and this in the face of a declaration made by another of the witnesses before the magistrate, that there were no symptoms indicative of that disease? (See Gazette, p. 581.) It is perfectly obvious that from the public attention which was directed to their evidence, the medical men were induced to examine the subject more carefully—to make themselves acquainted with certain pathological facts which appear to have been previously unknown to them—and, finally, as we have seen with regard to the principal witness, to reverse his decision. So far are we from blaming Mr. Brookes for this, that we think it highly creditable to him that he should have suffered his eyes to be opened to the true bearings of the question, and that he should rather have sacrificed his own consistency than persevere in an error likely to be attended with such injurious consequences.

At the same time we trust that the manner in which the evidence in this case has been scrutinized, and the freedom with which public opinion has been

expressed with regard to it, will prove a useful lesson to others; shewing them the necessity of previously possessing themselves of the requisite information connected with medical jurisprudence, and bringing to the investigation of any case in which they may be called, a cool and unprejudiced judgment.

DISSECTION OF THE LIVING.

While Mr. Warburton's anatomical bill is for the moment suspended, in order (as we hear, and as we hope) to make the preliminary arrangements, so as to avoid, as much as possible, any discussion in the House, we would offer a remark or two, in addition to all we have already said, on the subject. The necessity for advancing direct arguments for the expediency of legalizing and facilitating the practice of human dissection, we should hope no longer exists; we would rather indulge our unconvinced friends, and those who have listened to the lucubrations of some writers in the public journals, with a glimpse of the alternative—with a prospect of the blessings that must fall to their lot in the event of the proscription of anatomical schools, so strongly recommended by a contemporary.

The first thing that must occur to every thinking individual is, that all contact and intercourse between the living and the dead being cut off, except for the purposes of burial, the living must have recourse to the living. On the *living* human body must the surgeon practise his hand to dexterity in operation; on the *living* human body must he learn to cut down upon a bleeding or bursting artery; on the *living* human body must he first attempt the perilous operation for the stone, and the most safe and expeditious mode of amputating a limb. As to the physician, (we speak of both surgeon and physician as junior practitioners), he can never hope to ascertain or explore the causes of the most simple and obvious phenomena; he must be content to be a mere empiric; his profession must ever remain a mystery to him. The question then comes to this, which will we do, consent to give up the dead or the living body for our preservation sake? One or other must necessarily be done as long as professional assistance is sought after; that is to say, until men can change their nature, and divest themselves of the attribute of mortality. Will certain classes of the community be content and satisfied that the poor should be made a *living* sacrifice, and their bodies be employed for the purposes of experiment? We can hardly be persuaded that any of our fellow countrymen are so destitute of humanity. When the *experimentum in corpore vili* was ordained by the older physicians, the *living* human body entered not into their contemplation—the system would be murderous.

We recollect, some few years ago, a violent clamour was raised against the practice of experimenting upon living animals; indeed we believe the ferment has not yet subsided. Certain lecturers were represented in the most odious light as unnecessarily torturing and sacrificing the lives of rabbits, frogs, dogs, and cats. The attention of parliament was called to the subject; the infliction of pains and penalties was threatened; and conviction, under a special statute, was with difficulty evaded. The appalling experiments of Magendie were the topic of the day; and the correspondence of Mr. Abernethy, Sir Everard Home, and others, with various members of parliament, excited a strong sensation. If, then, the "corporal suffrance" of a living thing, even of the brute creation, caused such a pang in society, and was

so sympathetically felt, can we be amazed, in the event of this bill being rejected, at the shock which the employment of *human* beings for experiment will presently produce? Inferior animals, besides, were only used for the purpose of illustrating some few physiological facts—the recent human subject displaying the greater mass of wonders in that science, and in its kindred branch pathology; and serving also the great object of acquiring dexterity in operation. But, supposing any obstacle to be thrown in the way of this bill, things must undergo a change: through the influence of a misguided feeling on the part of the public, the profession will be driven to the horrid necessity of learning every important fact on the bodies of their patients ere the vital spark be extinct. No doubt many a life will be the forfeit, but physicians will be obliged to do the best they can.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY*.

April 1, 1829.

Dr. Billing, President, in the Chair.

Dr. Conquest adverted to the case of abortion related by Dr. Ramsbotham at the last meeting, and expressed his approval of the practice adopted therein. He knew instances where he thought life had been saved by the removal of the separated ovum; and particularly related a case at eleven weeks, in confirmation.

Mr. Randall inquired how it happened, if so much mischief ensued from the ovum's lying within the os uteri, that sometimes, although the symptoms of abortion had taken place and ceased, the ovum remained for several months, and then came away without inconvenience?

Mr. Cooke apprehended that the irritation produced by the introduction of the fingers would be more likely to promote hæmorrhage than the wholly detached ovum lying within the os uteri. He adverted to cases of profuse hæmorrhage attended with uterine pains, which subsided without the detachment of the ovum, and the women completed the term of utero gestation without further accident. He mentioned a particular instance in which he imagined that if there had been digital interference, the lady would have miscarried.

Mr. Gaunt exhibited to the Society a curious specimen of vegetation within the glottis, taken from a child three years of age. The child, from birth, had not been able to cry, and never could speak except in a whisper. At length difficulty of breathing came on, and it was supposed by the medical man who attended that the disease was inflammation of the lungs. Mr. Gaunt entertained a different opinion, and considered the disease as seated in the larynx. The difficulty of respiration increased, so that the child died of suffocation. There were no signs of pulmonary inflammation.

Mr. Key had met with three instances in which the appearances were precisely those of this specimen. The patients in these circumstances, have difficulty of respiration, and they drop suddenly. He believed that the vegetations arose from a very slow inflammation. There was often, he observed, great difficulty in distinguishing the affections of the larynx and lungs. A case at Guy's Hospital, under Dr. Bright, was supposed to be one of croup, and both the parents and the child directed attention to the larynx. The child died of suffocation, and on examination no disease was found in the lungs or larynx; but the symptoms arose from an abscess in the spine pressing on the trachea. The child, it afterwards appeared, had laboured under spinal affection; and Mr. Key thought that a scrofulous state of system was rarely combined with croup. The vegetations in the three cases he had adverted to were situated either in the sacculus laryngis, or on the chordæ vocales.

Dr. Whiting thought that, in the case brought before the Society by Mr. Gaunt, the appearances in the larynx were connate. He was acquainted with a gentleman who had a greyhound bitch with a curious affection, that disabled her for barking or running: she produced puppies, some of which were healthy,

* This Report was received too late for insertion last week.

others had precisely the same affections as the mother. This was found to consist of warty excrescences in the larynx and trachea down to the bifurcation.

Mr. Key had to-day visited a family, in which the children appeared to inherit the disease of the parent. The father, whenever the subject of catarrhal affection, had loss of voice; and the same happened to the children. Mr. Key attributed it to a relaxed condition of the mucous lining of the larynx and trachea.

Dr. Davis introduced to the attention of the meeting three specimens of unnatural and morbid parts. Two were malformation of the heart, and the other he designated acute aneurism. A child, the subject of one of the instances of malformation, when a month old had dyspnœa, sighing, shrieking, tumultuous motion of the heart, leaden hue of the skin, and coldness. When examined twelve months afterwards it was not above half the size it was at one month. The pericardium consisted of a fine pellicle like the coat of an hydatid, and contained serous fluid; the foramen ovale was open; the right ventricle was in a state of hypertrophy, and the aorta arose from it; the left auricle received the four pulmonary veins; the left ventricle was thinned, and from it the pulmonary artery proceeded. There was free communication between the two arteries by the ductus arteriosus. Dr. Baillie, he said, had given a plate of this form of malformation.

Dr. Davis regarded the second case as yet more extraordinary: the child died at three months. The foramen ovale was large; the ostium venosum extremely small; the right ventricle in a state of hypertrophy, and so contracted as scarcely to receive a pea within its cavity. The pulmonary artery was impervious at its origin; and this artery and the aorta communicated by the ductus arteriosus.

The third case he had to relate occurred in a woman, æt. 52: she was very weak, and one day expecting her husband home inebriated, and hearing his footsteps, she was seized with trembling and palpitation, vomiting followed, and she survived from seven in the morning until the middle of the next day. The heart was empty; there was ulceration of the inner coats of the aorta, and blood had insinuated itself between the fibrous and cellular coats, and then burst into the pericardium. A coat of coagulum still surrounded the vessel.

Dr. F. Ramsbotham alluded to a preparation of Mr. Headington's, in which there was no pulmonary artery, but the deficiency was supplied by the bronchial arteries.

Mr. Key directed the attention of the meeting to circumstances in the contraction of arteries, confirming opinions of Mr. Hunter. He had repeatedly observed, that when arteries are injured and cut down upon for the purpose of tying, they so contract that not only the hæmorrhage ceases, but pulsation also; the vessel appears a white cord, and is often not easily found, unless the precise situation of it is known. He regarded this point as one of importnce in operating: the operator should not depend upon pulsation. He related two cases of injured artery, to elucidate the fact he had described.

A conversation ensued as to the muscularity of arteries.

Dr. Whiting mentioned a fact to shew that pulsation was not essential to circulation. This was a case of aneurism at the bifurcation of the arteria innominata: no pulsation could be perceived in the corresponding limb, and yet both limbs were equally warm and nourished. The whole impetus of the heart appeared to be expended in the aneurism, and the arm received a continued stream of blood.

MEDICAL SOCIETY OF LONDON.

April 13, 1829.

Mr. Callaway, President, in the Chair.

Mr. Wray related the following case: he had been called to a lady in labour who was suffering slight pains. On examination he found the membranes protruding into the vagina, and the os uteri dilated. There was some difficulty in ascertaining the presentation; he therefore ruptured the membranes, and discovered that the arm presented. Turning became requisite; assistance was sent for, and Mr. W. proceeded to the operation. His hand passed readily through the os uteri, but he found about the middle of the uterus a strong contracted band, which divided the uterus into two parts; the arm and half the chest being contained in the lower portion, the rest of the body in the up-

per. The band in question presented so much resistance, that Mr. Wray was unable to accomplish turning. Dr. Walshman was sent for, and after a considerable time and the use of great force, the operation was accomplished. Mr. Wray thought this hour-glass contraction of the pregnant womb had not been met with before, or at least had not been described.

Dr. Walshman had accomplished turning by passing the hand gradually through the contraction, which resisted much and long. The feet were on each side of the head. He brought the feet several times down to the cervix uteri, but owing to the severe cramp in his hand lost them again. He never knew a case where such great force was required, nor one where the patient had a better getting-up afterwards.

Mr. Ashwell suggested that taking away blood in this case would have rendered the difficulty less: in such cases he should always adopt bleeding, and that not succeeding, he should still wait and give opium. He would never attempt turning until he had reduced the power of the uterus.

Mr. Wray thought bleeding inadmissible in the present case, on account of the state of the patient's constitution, and there was no time to wait.

Mr. Waller agreed with Mr. Ashwell on the propriety of using general measures before attempting to turn. By their use he had been able to turn in a case where two other gentlemen had failed. Bleeding might have been inadmissible, but what objection was there to opium?

Mr. Wray said the objection to the use of opium was, that it would have caused delay.

Mr. Ashwell thought the danger of forcible extraction was greater than that of delay.

Mr. Proctor thought the extraordinary nature of the case was such that it could not be reduced to the same rules as others. He thought delay dangerous, because the longer you wait the stronger the uterine contractions become. As to bleeding, it reduces rigidity and inflammation, but not preternatural contraction. The exhaustion produced by turning should render us careful in taking blood.

Mr. Ashwell asked Mr. Proctor if he thought the uterus muscular.

Mr. Proctor did; but stated that bleeding would not stop muscular contraction, and that much irritability might exist without power.

Mr. Ashwell still defended bleeding, opium, and waiting, because such measures do, in the majority of cases, reduce action; and rupture of the uterus was the fearful consequence of immediate attempts at turning.

Mr. Wray wished the Society to recollect that the uterus was dilated: there was *not* a general resistance of the uterus. There was only resistance where the hour-glass contraction existed.

Dr. Ryan did not think the case very peculiar. It was not, he thought, an hour-glass contraction. He concurred with Messrs. Ashwell and Waller. Dr. Milligan some time ago gained great reputation because he turned when no one else could. This he effected by opium.

Mr. Wray would not give up the very evident fact that there was for *three* hours an hour-glass contraction.

Dr. Walshman defined an hour-glass contraction. This was usually not met with, and must necessarily be most apparent after delivery. But the case in question was an hour-glass contraction, because the Dr. passed his hand without difficulty to the middle of the uterus, then with great difficulty through a contracted band, then with ease again to the fundus. He thought "hour-glass contraction" the best possible term. He thought bleeding reduced the strength, and exhausted the patient, and that delay was dangerous; for the Dr. remarked that he could as easily turn a child in uteri as his handkerchief in his pocket before the membranes were ruptured, but never could do it without great danger and difficulty if the membranes had been some time broken, and the contraction of the uterus allowed to come on. Dr. W. related a case where the uterus was ruptured from the cervix to the fundus. It was under the care of six very clever medical men, who tried bleeding, opium, and delay. He considered the delay the cause of this accident.

Mr. Ashwell agreed that Dr. Walshman's opinion was correct when the membranes were unbroken, because then no contraction ordinarily occurs. But when this does happen in a great degree, he thought the measures he had advised absolutely called for. Mr. A. said, after trying all these measures, if they did not succeed, rather than risk

rupturing the uterus, he would dismember the child. Mr. A. then related a case of an arm presentation, where there was such resistance he could not introduce his hand. He bled and left the patient for a time. A midwife attempted turning in his absence, and ruptured the uterus.

Dr. Ramadge thought Mr. Wray's case was not an hour-glass contraction, and that that gentleman might have ascertained the presentation without rupturing the membranes. He should have waited, when a more favourable presentation might have occurred.

Mr. Wray contended he could show the possibility of an hour-glass contraction even by a diagram. The hand, when he ruptured the membranes, was in the vagina, but receded when the pains remitted, so that it was impossible to ascertain through the membranes whether it was a hand or foot.

Mr. Shearly related a case of spontaneous evolution, which occurred under the influence of opium and waiting.

Mr. Proctor thought it would not do to wait for so rare a circumstance as spontaneous evolution.

Dr. Walshman concurred: he had never seen an instance of such an evolution.

Mr. Waller had seen cases of spontaneous evolution at seven months.

Mr. Wray now brought forward a specimen of diseased kidneys. A woman had suffered four years under pain in the region of the bladder, and incontinence of urine. At the commencement of that period she had passed four small calculi, and ever after had great suffering, not being able to retain her urine longer than ten minutes without the use of balsam of copaiva, which medicine enabled her to retain it half an hour. Dr. Prout and Mr. W. had tried all the usual medicines. The most remarkable circumstance about the case was, that the patient had not at any period of her illness pain in the loins. She died in a state of stupor, which supervened on a complete suppression of urine. After death the brain was found turgid with blood, and much water was in its ventricles. (A state often found, Mr. W. observed, and probably attributable to the quantity of water left in the system by the inaction of the kidneys.) The pelves of both kidneys were much enlarged, and the substance of their glands changed into fat: one of them contained two, the other three calculi.

Mr. Lloyd inquired in what condition the lumbar glands were found, and whether there was not ulceration of the upper part of the vagina and of the os uteri.

Mr. Wray had observed nothing particular in the lumbar glands, nor had examined the other points. [Upon slitting open the vagina, Mr. Lloyd's supposition was found to be correct.]

The President now expressed his regret that the active discussion of the evening had precluded him from calling on Dr. Whiting for his promised remarks on the vitality of the blood, and requested that gentleman to favour the Society with his opinions at the next meeting.

Dr. Whiting acceded to this request, and the Society adjourned.

EXTRACTS FROM JOURNALS,
Foreign and Domestic.

OBSERVATIONS RELATING TO THE FUNCTION OF DIGESTION.

By A. P. W. Philip, M.D. F.R.S. &c.

The author, referring to his former papers published in the Philosophical Transactions, concludes that digestion requires for its due performance both a proper supply of gastric secretion, and a certain muscular action in the stomach, the latter circumstance being needful for the expulsion of that portion of food which has been acted upon by the gastric juice. Nervous power is necessary for secretion; but the muscular action of the stomach being excited by the mechanical stimulus of the contents of that organ, is independent of the nervous power. It had already been shewn by the author, that after the removal of a portion of the eighth pair of nerves, the galvanic influence directed through these nerves will restore the secretion of gastric juice. But Messrs. Breschet and H. Milne Edwards, have lately endeavoured to prove that the same effect results also from mechanical irritation of the lower portions of the divided nerves. The author points out several circumstances which appear to have been overlooked by those gentlemen, and which he thinks invalidate the conclusions they have

deduced from their experiments. He states that a certain quantity of digested food will always be found in the stomach of the animal for five or six hours after the operation, and even after the lapse of ten or twelve hours, from its being less completely changed, and therefore expelled more slowly than in the natural state. The paper concluded with the recital of experiments made for the author by Mr. Cutler, in which the contents of the stomach of a rabbit, whose eighth pair of nerves, after excision, had been kept mechanically irritated, were compared with those of another rabbit in which the nerves had not been irritated, and a third which had been left undisturbed. All those who witnessed the result of this experiment, among whom was Mr. Brodie, were convinced that the irritation of the nerves had no effect whatever in promoting the digestion of the food, neither did it at all contribute to relieve the difficulty of breathing consequent upon the section of the nerves.—*Phil. Mag.*

REDUCTION OF HERNIA.

From a Clinical Lecture of M. Dupuytren.

The means of reducing hernia are various, and more or less efficient. The application of the hand or taxis is the most methodic and advantageous; it is modified according to the kind of hernia, its size, and other circumstances. Among the empirical methods adopted for the same purpose, there is one which approaches to this. The patient being laid upon his back, the feet are raised as high as possible, leaving the head and shoulders upon the ground; the weight of the viscera in the abdomen acts upon the portion of bowel in the hernia, dragging it towards the interior, sometimes effecting the reduction. Here there is a mechanical action, not from without, inwards, as in the taxis, but in an opposite direction. Various topical applications are made to strangulated herniæ; some of these, as cold water, &c. are intended to diminish the volume of the parts in the sac. The action of cold produces several effects; it increases the tone of muscular parts, often, indeed, giving rise to sudden contractions, capable of overcoming the obstacle which has been opposed to the passage of the intestinal contents; so that strangulated herniæ are sometimes speedily reduced by the affusion of very cold water. Ice, applied with perseverance, condenses the liquids and gas, and thus also facilitates their return into the abdomen. Other local applications appear intended to act upon the secretion of the mucous membrane of the part; such as cataplasms of senna, gratiola, &c. These are asserted to have good effects in the cases of elderly persons, in whom it is well known that the slowness of the peristaltic motion more frequently occasions overloading than actual strangulation; a circumstance which must be kept in mind, that we may not trust too much to these measures where the patient is young, and the case one of genuine incarceration. As experience has demonstrated that the manner in which purgatives act is by facilitating the expulsion of the contents of the hernia, it may be asked why more active substances are not employed; for example, the croton oil?

The nausea and vomiting so frequently present in such cases, does not always contraindicate the use of purgatives, as they sometimes succeed when more methodical treatment has failed. With regard to enemata, they ought never to be omitted unless there be evident symptoms of inflammation.

Some local applications are intended to produce relaxation at the point of strangulation; thus the extract of belladonna has recently appeared to produce good effects in the hands of M. St. Amand.

The rapid sinking of the patient frequently produces the relaxation favourable to the reduction of the hernia. This is effected by means of copious general bleeding; the application of leeches to the tumor; and long continued immersion in a warm bath; means which in general are not employed with sufficient energy. These observations show, that the operation is not the only resource in such cases; but it is a very important point that the operation be not delayed after its necessity has become obvious. A consideration of all the circumstances can alone lead to a satisfactory conclusion. The following case will show that at the Hôtel Dieu other means are tried before operating.

A woman, aged 50, had laboured under crural hernia of the right side for more than ten years. It frequently become obstructed; but repose, the horizontal posture, and the taxis, had always sufficed to restore it. On the 24th of February, after some

efforts to carry a load, the tumor suddenly became the size of a small egg, and symptoms of strangulation manifested themselves with violence. The usual methods to produce reduction were adopted without avail. Next day she was brought to the hospital, when she was bled from the arm, the tumor covered with leeches, and she was put into a warm bath, where she remained nearly two hours. At the end of this time faintness came on, when the "interne" took the opportunity of applying the taxis; by which means he entirely reduced the hernia.

M. Dupuytren stated, that at the Hôtel Dieu they succeeded in reducing only one-third of the herniæ brought to them, while in civil life at least two-thirds were reduced. Among the causes of this difference the principal is, that those cases in which reduction has already been attempted without success are generally sent to the hospital. In the better ranks of life the causes of strangulation are much less frequent; the patients much more ready to call in assistance. If we are in haste to operate on such individuals, some of those who die might possibly be saved; but at the same time we run the risk of practising an operation which is not called for. Besides, there is never more than twelve hours between each visit; and it is generally in this interval that reduction takes place. Prudence, therefore, requires that we ought not to be in too great haste; and experience proves that gangrene of the intestine neither comes on so easily nor so soon as is generally said. We are now less imposed upon by the brown colour which the organ assumes in consequence of the constriction; and knuckles of intestine are now replaced in the abdomen, the appearance of which would formerly have been regarded as indicating the necessity of establishing an artificial anus. It is necessary, then, to multiply the means of reduction; to persevere as long as possible in their employment, and only to despair of their success when the continuance of the local mischief, and the increase of the general symptoms, give rise to well grounded apprehensions.—*La Clinique.*

SILVER IN THE INTERNAL VISCERA.

Dr. Wedemeyer, of Hanover, has published the case of an individual who used the nitrate of silver internally for eighteen months: the epilepsy was cured, and the skin became discoloured in the usual manner. The patient, however, became affected by disease of the liver, and dropsy, of which he died. On examining the body, all the internal viscera were found to be more or less stained of a blue colour, in the same manner as the external surface. The plexus choroides and pancreas were submitted to chemical examination by M. Brande, and a portion of metallic silver obtained.—*Rust's Repertorium.*

OSSIFICATION OF THE VITREOUS HUMOUR.

Among the organs of sense, the eye alone presents examples of ossification. The choroid membrane is the part which most frequently undergoes this change: in cataract the degree of induration is scarcely ever such as to warrant the appellation of bone. Haller asserts that he has seen the retina ossified, or at least an ossific lamina occupying the place of this membrane; and the same statement is made by Morgagni, Scarpa, Magendie, and Manoury.

No author, however, has recorded a genuine case of ossification of the vitreous humour. Lobstein, it is true, in his Pathological Anatomy, says, that ossifications of the hyatoid membrane are asserted to have occurred; but he cites no authority, and appears to doubt the fact. Scarpa says the hyatoid is occasionally opaque, and thicker than natural; and Morgagni speaks of it as sometimes cartilaginous. Beer mentions having found earthy matter in the interior of the vitreous humour, and occupying its place.

M. Kuhn, however, has lately met with a well marked case of ossification of the vitreous humour, the preparation of which is deposited in the museum at Strasbourg. It occurred in a man aged 70, who had died of inflammation of the stomach. The left eye was healthy, but the right was in the following state:—The globe had sensibly diminished in size—it had lost its spherical figure, and presented the appearance of four furrows or wrinkles, which corresponded with the insertion of the recti muscles: it was heavy, and felt hard. When a horizontal incision was made from behind forwards, the sclerotic was found to be very thick, particularly at its posterior part, near the entrance of the optic nerve: the instrument was soon arrested by a hard body,

filling the whole space of the eye-ball behind the chrystalline lens, and consequently occupying the place of the vitreous humor. Immediately within the sclerotic was the choroid membrane distinct, and rather thicker than natural. The retina was unchanged. The solid body within was marked by the same depression which had been observed externally; it was of a pale white colour, and was internally of a cellular texture, like the cancelli of the long bones. The chrystalline was indurated, and of a yellowish white colour; the optic nerve was wasted.—*La Clinique.*

LONGEVITY.

Juan Moro y Gota, a native of the parish of Tabio, of the canton of Cipaguira, completed his 138th year on the 12th of June last. At this advanced age he enjoys perfect health, and works every day as an agricultural labourer.—*Gaceta de Colombia.*

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Fracture and Dislocation of a Lumbar Vertebra —Formation of pus on the Theca Vertebralis —Curious Symptoms—Death.

John Harris, 47 years of age, was admitted into hospital on the 8th of March, under the care of Mr. Brodie, having just received some injury of the back, the nature of which was not clearly ascertained, in jumping to the ground from a height of fourteen feet. The man was drunk at the time this took place, and was reported to have alighted on his feet. There was a good deal of ecchymosis all over the back, and something like an unnatural convexity of the spinal column, about the last dorsal or upper lumbar vertebræ. We did not examine the case at this time, and cannot, therefore, speak to the symptoms presented; suffice it to say, that the patient complained of a great deal of pain about the back and loins.

He was ordered house-physic, and next day was bled to fifteen ounces; but on the 10th the pain was still severe, and the bowels being bound, he was ordered some calomel and colocynth, and more house-physic. In the evening of the 11th, he was restless, and required an anodyne; and on the 12th, he suffered much from the pain in the lower part of the loins. However, according to the house-surgeon's report, he passed his water freely, and the blood that had been effused about the back was becoming absorbed. Castor oil was prescribed, and on the 13th ten ounces more blood were taken from the arm; fomentations were applied; and salines, with four grains of Dover's powder, given thrice daily. By these means the pain was considerably relieved, but it returned with increased severity in the afternoon of the 15th, when the pulse was found to be frequent and small; the skin approaching to cold; the countenance anxious, and unnaturally sallow; the abdomen somewhat tense and tender under pressure.

℞ Tint. Opi. Mxx. Spt Æth. c. ℥ss. Mist. Camph. ℥j. statim.

Next day, at Mr. Brodie's visit, we saw the patient for the second time since his admission, when there was a remarkable alteration in his appearance. The skin and conjunctivæ were decidedly yellow; the pulse was rapid, but totally devoid of strength; the tongue dry, and of a dusky red; the patient rambling, and delirious He complained of excessive tenderness of the back, and had very little power over the muscles of the lower extremities. The belly was swollen and tympanitic; there was some degree of pain on pressing on the right hypochondriac region; no cough, nor pain in the chest on making a full inspiration. From all that we could learn the patient had had no rigor, nor any vomiting or nausea. From the nature of the symptoms, the peculiar delirium, the yellow tint of skin, the depression of the nervous and bodily power, the state of the belly, and pain in the region of the liver, Mr. Brodie was disposed to believe that purulent depôts were forming in some of the textures of the body, and considered the case as next to hopeless. He ordered the patient:—

Calomel, gr. iv. Op. gr. ss. pro pil. statim sumend. Haust. Senn. ℥iss. post horas octo, et repetend, nisi prius responderit alvus. Empl. Canthar. capiti raso.

He was very noisy and delirious in the night, and on the 17th was worse. The yellowness of the skin was subdued in a kind of cadaveric hue; the teeth were dry; the mouth surrounded by herpetic eruptions; the tongue dry and red; the pulse exceedingly rapid and small. He had much pain on pressing the right hypochondrium; and some in the right side of the chest on breathing, which was short and hurried. No vomiting, nor any distinct rigor; bowels freely opened. Brandy was given; and the patient lingered out till the morning of the 18th, when he died.

Dissection.—The body had an uniformly yellow tinge. On cutting down upon the spine from behind, the spinous processes of the last dorsal vertebra and first lumbar were found to be separated at their apices for a full inch or more; the ligaments be-

tween them, as well as the ligamentum subflavum, uniting the bony arches from which they sprung, being torn across. The gap thus formed was the seat of a purulent depôt, extending transversely to the joint of the right articulating processes of the vertebræ above mentioned, and even beyond them; and dipping down to the surface of the theca vertebralis, with which it was in contact. There may have been about two or three drachms of pus.

On closer investigation, it was now discovered that the first lumbar vertebra was subluxated backwards from the last dorsal, their articulating processes on the right side being completely separated, the little capsule torn, and the joint laid bare and bathed in the pus of the abscess above described. The transverse process on this side was uninjured. On the left side, the displacement of the articulating processes was less; the joint was not fairly laid open, nor in contact with the matter; but the transverse process of the lumbar vertebra was broken off. The connexions of the first and second lumbar vertebra were little, if at all, disturbed.

The body still lying on the belly, the arches of most of the dorsal and lumbar vertebræ were removed, and the state of the parts within was examined. A little, and but little, effusion of blood had taken place on the spinal sheath in the site of the injury. On opening the sheath, no pus nor marks of inflammation were discovered on the medulla, which was equally sound in its internal structure. There was no other mischief detected in the spinal column whilst looking at it thus from behind, but the traces remained of considerable extravasation in the soft parts and subcutaneous cellular membrane throughout the dorsal and lumbar regions.

On cutting through the integuments over the sternum, for the purpose of opening the chest, some very yellow gelatinous-like serum was observed upon the bone, mingled with a little dirty-looking pus. There were some adhesions, most of them to all appearance old, between the pleuræ, but the lungs were sound. There were no purulent depôts in the liver, nor any thing in that viscus that could fairly account for the extreme tenderness felt during life on pressing the hypochondrium. There was scarcely a drop of urine in the bladder, and that afforded no satisfactory indication of its state, when tested by litmus and turmeric papers.

On prosecuting the examination of the spinal column from the front, a small quantity of pus was found in the loose cellular membrane, over the first lumbar vertebra and behind the liver. The spinal column was cleared of the viscera, &c. when the displacement backwards of the vertebra in question was very perceptible indeed. The body of the bone was also found to have been broken transversely across, and splintered.

The head was opened, and the membranes presented marks of inflammation. There was fluid effused between the arachnoid and pia-mater, and also to a considerable extent in the cells of the latter. The vessels of the membranes were very full of blood. There was no fluid in the lateral ventricles, no appearance of inflammation at the basis.

Prior to closing the report, we should mention that both arms had, what is commonly called, "festered" after bleeding; that is, the orifice itself had not healed kindly, though nothing like phlebitis had occurred.

This is an extremely interesting case, and bears upon some questions which are much agitated at the present moment. The yellow colouration of the skin was as strong as we ever remember to have observed it, and the symptoms altogether were remarkably similar to those which attend the formation of purulent depôts in various parts and tissues of the body. In all the instances, however, of visceral deposites—for example, in the liver or the lungs—which we have observed, there have been rigors more or less frequent, accompanied with nausea and vomiting more or less severe. In this case, as we mentioned before, there were neither these symptoms nor the visceral deposites; a valuable fact, as tending not to shake our confidence in two of the most important items in our means of diagnosis. Perhaps it may be thought by some, that the inflammation of the wounds in the veins of the arm played an important part: but we have fortunately, or unfortunately, seen too many of this melancholy description of cases, to believe that inflammation of the veins is a constant, or even a very frequent concomitant, and much less a cause.

The disposition to the formation of purulent matter in and about an injured part, and that not actually at the spot in question, is a curious and far from uncommon circumstance. In our next we will detail the particulars of another case of this kind, which has occurred still more recently. These cases are closely allied to those in which the genuine visceral deposites take place, although they occur at an earlier period, and are characterized by a certain degree of variety in the symptoms. Every day elucidates this interesting subject more and more; every day discloses some new and curious facts connected with it, and demonstrates its importance in actual practice. Δ

WINCHESTER COUNTY HOSPITAL.

Spontaneous Cure of Femoral Aneurism, assisted by Pressure.

John Leavy, ætat. 45, labourer, admitted

with a large femoral aneurism of the left extremity: had been in the hospital two years previously under Mr. Lyford, at which period he underwent the operation of having the right crural artery secured for a popliteal aneurism. The patient's account of his present affliction is as follows:—In June last, whilst in the act of mowing, he felt something give way, or, as he expressed himself, snap in his thigh, which was productive of such excessive pain as to entirely prevent him proceeding with his employment. From this time, a pulsation, or throbbing, commenced, which became so much aggravated at night as to deprive him of sleep. A very short time elapsed before a small tumor became distinct at the place where he felt the pulsation at the lower anterior and internal part of the thigh, which has gradually increased to its present enormous size, being four or five inches in circumference, circumscribed, rather hard, and can be almost entirely reduced by pressure on the artery above. The whole extremity much enfeebled; and he is quite incapacitated from moving without a stick or crutch. As he was desirous of making some domestic arrangements prior to his coming into the house, he became an out-patient; he was requested to make moderate pressure on the part by means of a flannel roller, and to keep himself at home perfectly quiet.

September 27.—He was made an in-patient. On examining the thigh, the tumor was found to have greatly subsided, and to have lost all pulsation, which, according to his statement, had taken place three days previously. He had experienced a most decided diminution of pain from the pressure of the bandage, which he therefore increased from time to time by tying a handkerchief very tight around the thigh, the knot of which was directly over the centre of the aneurism. Since the pulsations have ceased, he has felt exactly similar sensations to those with which he was troubled after the operation on the opposite limb. He now complains most severely of a burning heat immediately under the skin, which he compares to boiling water trickling down his foot and leg. May not this disordered feeling be connected or depend on the circulation of the parts below the aneurism being carried on by the more superficial vessels? The pressure has been reapplied by means of a tourniquet and splint. The temperature of both feet exactly correspond.

October 8.—On removing the apparatus by which the pressure had been applied, all appearance of swelling had entirely vanished, and every vestige of disease removed. The knee-joint is now capable of the most perfect flexion and extension, and the patient enabled to walk without any support, and without inconvenience. He was therefore discharged cured.

Extensive Wound of the Heart, in which the patient survived one hour and a quarter—Necrotomy.

William Beckett, bricklayer's labourer, ætat. 25, native of Winchester, was brought to the hospital, having been precipitated from a ladder on the top of a house in the vicinity of the town, on some wooden railings, which had perforated the upper part of the abdomen, causing a wound about two inches and a half in extent, through which a vast quantity of the small intestines had protruded. A surgeon being sent for at the moment of the accident, reduced the intestines, applied three sutures to the wound, and directed the man to be conveyed to the hospital. On his arrival he was found to be in a very exhausted state, with great coldness, not only of the extremities, but of the surface of the body generally; the pulse at the wrist, or carotid artery, could not be felt; respiration very laborious and interrupted; extreme jactitation, so much so as to require three or four persons to retain him in bed; complete insensibility; the pupils dilated permanently. On his admission he was immediately enveloped in warm blankets, bottles of hot water applied to his extremities and stomach, and small quantites of hot brandy and water administered every ten minutes, which he swallowed not without some considerable difficulty. These endeavours were, however, entirely fruitless; the surface of the body still retained its death-like coldness, as well as its convulsive movements; the respiration became gradually less frequent and more feeble, and he expired in rather more than one hour and a quarter from the time of the fall.

Necrotomy.—The body was examined six hours after death. On tracing the wound, which had been made by the top of the pales on which he had fallen, it was found to have extended through the diaphragm, immediately underneath the sternum, into both ventricles of the heart, and through the septum ventriculorum, leaving a large ragged opening of one inch in length in the parietes of each ventricle, by which the blood had escaped from those cavities into the chest, which contained rather more than two quarts of that fluid perfectly uncoagulated. The small intestines, in many places, were in a complete state of introsusception. With these exceptions, the body presented a most healthy appearance.

Reflections.—This case, in one point of view, is highly interesting, and of much practical importance, inasmuch as it clearly manifests that a very considerable injury of the heart may be sustained without causing that immediate dissolution which is commonly supposed uniformly to arise from wounds of this most important and vital organ. We have on record numerous instances of rupture of this viscus from disease,

occurring principally, if not entirely, amongst persons at an advanced period of life. In ten patients, who lost their lives from this organic lesion, it was observed eight died instantly, one at the expiration of about two hours, and another at the end of fourteen. The longest period which a person has been known to survive after a wound of the heart is forty-eight hours, exemplified in the case of a soldier on duty at Haslar Hospital, who had a bayonet plunged into the right auricle. On examination after death, it was found that a coagulum had formed, and completely filled up the wound; but in an effort to evacuate the bowels, a second hæmorrhage took place, and he was found dead, sitting on the night chair.

Sudden Protrusion of the whole of the Intestines into the Scrotum.

John Marsh, ætat. 50, labourer, was brought into the hospital, having been knocked down and completely run over by a cart laden with bricks. His scrotum, on inspection, was found to be of most enormous size, extending two-thirds downwards between the thighs, and measuring in circumference 17 inches; its colour of a jet black, and its texture, from over distention, so exquisitely thin, as to threaten immediate rupture from the slightest manipulation. The abdomen perfectly flaccid and nearly empty. Immediately over the umbilicus existed a large transverse ecchymosis, indicating the exact course of the wheel over the belly. The patient was incessantly vomiting, accompanied by the most urgent retching, extremities cold, the body bedewed with profuse clammy perspirations, attended with syncope. On being placed in bed, the viscera were returned to their natural situation without much difficulty, merely by elevating the hips, depressing the shoulders, and applying moderate and careful pressure with flannels moistened in hot poppy fomentation; the facility of reduction depending on the large opening through which the viscera had passed, together with favourable and relaxed state of the patient. One grain of opium was now exhibited, with the view of allaying the irritability of the stomach, and the abdomen fomented, as well as the scrotum, with poppy fomentation; bottles of hot water applied to the feet.

Four o'clock P.M.—Sickness still continues unabated. Abdomen exceedingly tender, so as to confine the patient entirely to his back. Extremities warm from the application of the bottles containing hot water. Pulse feeble.

Repeat the opium pill; to use a tepid bath for ten minutes, and in one hour after a common clyster to be exhibited. The scrotum to be constantly suspended.

Second day.—Sickness has subsided. Has passed an easy night, without much sleep; still unable to move the least in bed. Clyster has operated twice. Expresses great comfort from the bath. Pulse 90, and feeble; skin temperate; countenance not so anxious.

Castor oil, 6 drachms, to be taken directly. To repeat the bath again at bed-time.

Third day.—The castor oil has operated twice copiously. Has passed a very restless night. Intense pain in the abdomen on pressure; slight tension; nausea; pulse 100, and wiry; skin dry; tongue white. The scrotum somewhat reduced in size, though perfectly black.

Thirty leeches to be applied to the abdomen directly; tepid bath as before; blister to be placed over the belly at bed-time, and to take three spoonsful of the following mixture every four hours: Sulphate of magnesia, 1 ounce; water, half a pint; make a mixture.

Fourth day.—Bowels have been relieved five times; the evacuations very fœtid and dark. Pain on pressure nearly removed—the tension entirely. Has slept at intervals during the night; blister has produced extensive vesication. Pulse 90, and soft; skin perspirable; tongue white. The thighs partake of the same discolouration as the scrotum.

Effervescing saline mixture, two tablespoonsful, to be taken every five hours; the bath at night; and the scrotum to be kept wet with the spirit lotion.

Sixth day.—Has continued to improve in every respect. Quite free from pain, except when endeavouring to turn in his bed. Pulse 86; skin natural; tongue moist; complains of great flatulence. The lotion has had the effect of corrugating and contracting the scrotum, which is still extremely black.

Infusion of cloves, 1 ounce; aromatic spirit of ammonia, half a drachm; to be taken twice or thrice daily. Diet, a small quantity of animal food.

Twelfth day.—Quite convalescent; has been capable of sitting up in his bed for some hours, the precaution of applying a double truss having been previously taken. He was discharged cured in three weeks from the time of the accident.

Since this patient has left the hospital, I am informed he is subject to occasional diarrhœa, which is extremely violent, and reduces him very considerably before it can be checked. He is compelled to wear his double truss both night and day, otherwise the viscera descend immediately into the scrotum in very large quantities. He was never afflicted with hernia prior to this unfortunate occurrence*.

* Provincial Gazette, March.

HOTEL DIEU.

Wounds of the Chest and Abdomen for the purpose of Suicide—Recovery.

Persons who attempt to commit suicide are frequently brought to the Hotel Dieu, where a portion of one of the wards (St. Bernard) is set apart for them.

Case I.—An individual was admitted Feb. 26, who had wounded himself by inflicting two stabs in the left side of the chest. His actions were controlled, the wounds, from which the blood flowed freely, were brought together, and he was bled in the arm. In half an hour, the difficulty of breathing having increased, a second venesection was employed, and a cupping glass applied over the wounds, by which means a large quantity of blood was removed. The wounds were again closed, and the patient was brought to the hospital within a few hours after the receipt of the injury. He was about 46 years of age, a tailor, of middle stature, and rather robust, but without any thing in his countenance indicative of remarkable energy. On his admission he was in a state of depression; the pulse feeble; almost the entire left side of the chest painful on pressure, but without any emphysema or obvious effusion of blood; the respiration was slow, but regular, without cough or spitting; in short, there was no evidence of the lungs having been wounded. The patient became calm, and by the 10th of March (when the report is dated) the recovery was almost complete.

Case II.—A man, aged 56, large and robust, having been arrested at the moment when he had stolen some money, seized a knife, placed the handle of it against the wall, and the point towards the epigastrium, and threw himself upon it. He fell. A practitioner was called, who brought the lips of the wound together, and bled him from the arm; two hours after which he was received at the Hotel Dieu.

The skin was uniformly yellow, the eye haggard, and the countenance animated. The wound was transverse, about six lines in breadth, and, according to the practitioner who had first seen the patient, it was from an inch and a half to two inches in depth. There was nausea, but no vomiting; the pulse quick and hard; the entire circumference of the wound extremely tender to the touch. In the evening, as this last symptom continued, 15 leeches were applied to the part; and in other respects the treatment consisted in diluents, cataplasms, and a straight waistcoat. On the 10th the wound was nearly healed; but the pain continuing, the leeches were again applied; and once more on the 14th. On the 20th the patient was discharged, apparently hypochondriacal.

These cases are related, and others are referred to, with a view of showing that persons who attempt to commit suicide in consequence of some sudden impulse, as after the perpetration of a crime, seldom have resolution or coolness enough to secure the accomplishment of their object.—*La Clinique.*

EDINBURGH INFIRMARY.

Case of Compound Fracture—Question of Amputation.*

Alexander Kerr, æt. 20, admitted Oct. 6th. The whole left leg is very much swelled, tense, and painful. About one inch and a half above the ankle there is a small wound upon the anterior surface of the tibia, and the skin above the outer malleolus is very much contused, and fluctuates from the effusion of blood beneath it; when the foot is forcibly moved an indistint crepitus is felt. About 8 o'clock this morning he was overturned in a cart, the edge of which fell against the lower part of his leg, whilst the weight of the horse was resting against the shaft. Limb was placed on M'Intyre's splint, and the spirit lotion applied.

Took an anodyne draught at bed-time, and a dose of oil on the following morning. The spirit lotion was continued to the leg, and an antimonial solution administered internally from time to time. On the 8th, gangrene began to appear, and the following report was entered:

"Slept ill; pulse 108, very full and strong; bowels once relieved; tongue slightly furred; skin upon the outer side of the leg is evidently gangrenous, and that upon the inner side considerably discoloured. An incision was made through the former, some serum was discharged, but the wound bled very little. He was bled to twenty ounces.

"11 o'clock.—Pulse 132; gangrene does not appear to have spread on the outside, but the skin upon the inside is more extensively discoloured.

Venæsectio ad ℥x.

"9th.—Slept a little; pulse 112, not so strong; skin hot; less thirst; bowels once relieved yesterday; gangrene has not spread at all upon the outside of the limb, and there is some healthy purulent discharge from the incision made yesterday; on the inside, the gangrene has certainly spread a little. Last blood drawn neither buffed nor cupped."

The fomenting poultice was applied to the leg, and the antimonial solution continued internally. His feverish symptoms now began to subside, and on the 11th it was reported that "his pulse was 100; skin cool; tongue less furred; appetite returning; gan-

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* From Dr. Ballingall's Clinical Lectures. This will account for the intermixture of narrative and comment.—E. G.

grene had ceased to spread, but the sloughs had not begun to separate."

It now became obvious that we should not be compelled to amputate by the extension of the gangrene, but when the sloughs came to be detached, and both the tibia and fibula were laid bare to a considerable extent, with a copious purulent discharge, and rather profuse sweats, I was greatly inclined to amputate the leg; and had not some of my colleagues entertained a more favourable opinion of the case than I did, it is probable the operation would have been proposed to him.

There was great encouragement, however, to persevere in our attempts at a cure, from the prosperous state of the man's general health; as well as from his youth and apparently vigorous habit. The extensive sore which nearly surrounded the lower part of the limb became covered with florid and healthy granulations; the discharge rapidly diminished, and on the 21st December he was discharged cured, a trifling exfoliation having previously taken place from the fore part of the tibia.

Case of severe injury of the Ankle, with exposure of the Astragalus, and consecutive luxation of the Joint.

Martin M'Owen, æt. 19, admitted 19th October.—"Situated over the fore-part of the ankle is a contused wound, the size of the palm of the hand, occasioned by a loaded waggon passing over it. The astragalus is felt quite bare on the outer side. There does not appear to be any fracture. The limb was placed on M'Intyre's splint, and a poultice applied.

"October 20.—Was bled twice during the course of yesterday. Little swelling of the limb. There appeared to be a dislocation of the ankle, which was easily reduced. Slept badly. Bowels freely opened, tongue moist, pulse 60, skin hot, no thirst.

Venæsectio ad ℥xii.
Cataplasma Ferment.
Sol. Tart. Antim. ℥ss. every hour.

"21st.—Blood buffed and cupped; some sleep; tongue clean and moist, belly open, pulse 84. Skin cool, some thirst, little swelling of leg, which is looking well.

Venæsectio ad ℥xii.
Sulph. Magnes. ℥i. statim.
Cont. Sol. Tart. Antimon.

"25th.—Sloughs nearly all separated; pulse 78, rather sharp; belly open; tongue moist.

Venæsectio ad ℥xii.
Tart. Antim. gr. ii.
Aquæ ℥viii. M.
Capiat ℥i. tertiâ quâque horâ.

"26th.—Blood buffed and cupped; slept badly from pain in limb; no swelling; discharge increased, and not so healthy; belly open, tongue moist.

Venæsectio ad ℥x.

"27th.—Granulations more healthy; no pain of leg; slept well; belly open, tongue moist, pulse 84.

"Nov. 1st.—Leg looking well; was ordered six ounces of beef steak and a pint of porter daily; and on the 2d of January was dismissed cured."

CASE OF MRS. DENMARK.

To the Editor of the London Medical Gazette.

Sir,

Allow me, through the medium of your Journal, to ask a question of any of my brethren who may chance to possess information upon a subject which I consider of much importance. In Mr. Wardrop's late work "on Aneurism," he has detailed, at full length, the well-known and often-canvassed case of Mrs. Denmark. The last report which he gives us of this patient, is such as to induce surgical practitioners to believe that the operation he performed was, if not perfectly successful, at least so far useful as to justify the repetition of it in similar cases. Now, Sir, it is very currently reported, that Mrs. Denmark *is, at this moment, nearly in the same state that she was previous to the performance of the operation*, and that, in all probability, she will shortly fall a victim to the disease. I am anxious to ascertain whether these reports are true or false; and I have no doubt that Mr. Wardrop himself will be the first person to satisfy so reasonable an inquiry. I am, Sir,

Your well-wisher,

Chirurgus.

London, April 15, 1829.

BOOK RECEIVED FOR REVIEW.

Elements of Medical Statistics; containing the substance of the Gulstonian Lectures delivered at the Royal College of Physicians. By F. Bisset Hawkins, M.D. of Exeter College, Oxford; Fellow of the Royal College of Physicians, &c.

NOTICE.

Without formally answering each Correspondent individually, we beg to state that communications are inserted, as nearly as we find convenient, in the order of their receipt.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

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OF

Medicine and the Collateral Sciences.

SATURDAY, APRIL 25, 1829.

ON THE

DOCTRINES OF THE ANCIENTS

CONCERNING

THE NERVOUS SYSTEM.

By F. Adam, Surgeon.

The recent physiological investigations of Messrs. Bell, Mayo, MM. Magendie, Flourens, and others, having drawn the attention of the profession to the study of the nervous system, I have thought that it might prove both interesting and instructive to take a review of the state of knowledge which the ancients had attained upon this subject, not only that it may be ascertained whether any of the discoveries of these experimentalists had been anticipated, but in the hope that some other forgotten truths may be brought to light in the course of the inquiry. I am the rather induced to undertake this task, from having observed in certain periodical publications of late, such misrepresentations of the doctrines of the ancients, as seem to stand in need of being corrected, by giving to the public a full and impartial statement of their real opinions. It has been admitted by some, that Galen had indeed *guessed* at some of those truths which have more recently been admitted; but it is insinuated, that all the knowledge attained by the famous physician of Pergamos was founded entirely upon a *fortunate conjecture* advanced by him at random, and disregarded by all succeeding ages, until *the real discovery* was made by modern physiologists.

I mean not to affirm that Galen's views were as extensive and accurate as those which now prevail; but from the extracts given below, I am convinced it will appear that whatever opinions the Grecian physiologist really advanced, were founded upon patient dissection, attentive observation, and careful experiment; and that there is no ground whatever for believing that his knowledge was altogether conjectural.

In order that my review of the ancient doctrines may be as complete as possible, I shall, in the first place, give a brief sketch of the opinions maintained by Galen's predecessors, from the earliest times. From Hippocrates I shall, indeed, make no extracts, because it appears very doubtful, from Galen's Commentaries upon his works, whether any of the Anatomical Treatises generally attributed to him be really his genuine productions; and by rejecting them, we shall not detract much from the reputation of the *Coan sage*, for the descriptions which they contain of human structure are often egregiously inaccurate. Vesalius, indeed, affirms that he was acquainted with the true origin of the nerves; but I have never been able to find any passage in his works which would lead me to believe so; and we shall see presently that Galen ascribes the honour of this discovery to another.

Timæus Locras, a celebrated Pythagorean philosopher, cotemporary with him, has treated, in his curious work *De Anima Mundi*, of the different functions of the body; but with regard to the nervous system, he has little to say. He calls the brain "the seat of the soul," and says that it is "the origin and root of the medulla, and that a process extends from it through the vertebræ of the back."

Plato, who amplified this work, (though, as his Commentators admit,

without in general improving it) has shown himself ignorant of the proper distinction between nerves, tendons, and ligaments. In his Theætetus, however, he has treated of the philosophy of sensation with such precision as proves that he had formed a distinct conception of the nature of sensation, although he was but imperfectly acquainted with the instruments which convey it to the mind.

His pupil and great rival, Aristotle, in his works *De Anima* and *De Sensu et Sensibili*, has handled the same subject with great depth of reasoning and accuracy; and although some of his tenets have been severely animadverted upon by the Scotch mataphysicians, I am convinced that their objections would have been fewer if they had been at sufficient pains, by a previous study of his logical definitions, to comprehend the precise signification of his terms. And in the following passages he has pointed out the distinction between the principle of life and its prime instrument in so admirable a manner, as, if properly considered, might have prevented some late experimentalists from wasting their time and attention upon vain attempts to substitute galvanism, electricity, or any other *material* substance, for the *immaterial cause* of the vital phenomena:—

"Some are of opinion that the nature of fire is simply the cause of nourishment and growth, for it appears to be the only element or body which nourishes and supports itself; wherefore one might suppose that it is this which operates both in plants and animals; and yet, properly, it is but the accompanying cause, for it is not *this* which is the real cause, but the soul. For the increase of fire is unlimited in as far as it is supplied with fuel; but in natural substances, there is a certain limit and cause of magnitude and increase. This belongs to the soul rather than to fire—to the cause rather than to the matter."—(De Anima, lib. ii. c. 4.)

"Some improperly call fire, or some such principle, the soul. It would be better to say that the soul exists *in* such a substance, because fire is the body most subservient to her operations. For to nourish and move are the operations of the soul, and these she performs by the instrumentality of this principle. To say that the soul is fire, is as if one were to call a saw or a wimble the artificer, or his art, because his work is performed along with them. Hence it appears why animals stand in need of heat."—(De Partibus Animalium, lib. ii. c. 7.)

It is not to be concealed, however, that although the Stagirite has displayed such penetration in stating his abstract ideas regarding life and sensation, he has betrayed his ignorance of the minute structure and peculiar functions of the human body. Thus he derives all the nerves from the heart, and, like Plato, confounds them with tendons and ligaments (De Historia Animalium, lib. iii. c. 5.). He considered the brain as the antagonist of the heart, whose heat he thought it counteracted: he says that it is devoid of sensibility, and that man has the largest brain of all animals, in proportion to his bulk (De Part. Anim. lib. ii. De Sensu et Sensibili).

To his grandson Erasistratus*, the famous Alexandrian dissector of *living men*† in the days of Ptolemy Philadelphus, is due, by the admission of Galen, the honour of having first pointed out the true origin of the nerves. In an extract preserved by Galen he says—"All the productions of the nerves are from the brain, and, in a word, the brain appears to give origin to all the nerves of the body."—(De Placitis Hippocratis et Platonis, lib. vii. c. 3.)

This important discovery seems, however, not to have been so generally appreciated as it deserved, for we find Cicero (De Nat. Deor. lib. ii.) copying the mistakes of Aristotle; and the following quotation from Pliny will show that he had derived his information from the same erroneous source:—

"All animals which have blood, have also a brain; and even some marine animals which have not blood, as the mollusca and polypi. Man has the largest share of it in proportion to his bulk, and it is the most humid. The brain is the citadel of the senses. . . . The nerves arise from the heart."—(H. N. lib. xi. c. 49 and 88.)

Such are the first rude attempts at a correct knowledge of this important department of the animal economy; and hitherto, it must be admitted, that we have met with nothing approaching to an anticipation of the discoveries lately claimed by the experimental physiologists of London and Paris.

But my next extracts will show that

* "Erasistratus, Aristotelis filia genitus."—Plinii Hist. Nat. lib. xxix. c. 3.

† "Remanenti etiamnum spiritu."—Celsi, lib. i.

this branch of physical science had afterwards been cultivated with a considerable degree of success. They are from the writings of Ruffus, the Ephesian, who flourished, according to Suidas, in the reign of Trajan:—

"The upper part of the brain is called the varicose; the inferior and posterior, the base; and the process arising from it, the cerebellum. *Two kinds of nerves arise from the brain, namely, the sensatory and the voluntary; by which sensation and voluntary motion are produced, and all the actions of the body are accomplished.* Some of these nerves arise from the spinal marrow and its investing membrane."—(De Part. Corp. Hum. lib. i. c. 23.)

"The nerves which proceed from the brain and spinal marrow are divided into the active, the sensatory, the voluntary, and the tensive."—(Ibid, c. 35.)

The æra of Aretæus is not well ascertained, but it is generally supposed that he lived in the first century; so that if he did not precede Ruffus, there is every reason to believe that he was prior to Galen. In his work *De Morbis Chronicis*, he gives the following account of paralysis, which would seem to indicate that he was not unacquainted with the distribution of the nerves into sensatory and motory:—

"Apoplexy, paraplegia, paresis, paralysis, are all diseases of the same kind, for they are all a defect of motion or touch, or both; sometimes of mind, or of some other sense. If the sense of touch alone be deficient (but this is of rare occurrence), the disease is more properly called insensibility than resolution. . . . Sometimes the nerves proceeding from the brain suffer, which generally occasions insensibility, but not readily loss of motion; and yet if they are affected sympathetically with the parts which are moved, they may even undergo a certain loss of motion; for they have naturally a certain power of motion, and sometimes those nerves which pass from muscle to muscle have this power of motion, and impart it to the nerves which arise from the head; for they have the greater part of their motion from the other class, but they have a certain share themselves. The others rather suffer loss of motion; sometimes however, though very seldom, they undergo also loss of sense."—(De Morbis Chronicis, lib. i. c. 7.)

The course of my investigations has now brought me to the famous Galen*, who flourished about the middle of the second century of the Christian æra. His anatomical descriptions of the human body are now little studied; but in his short Treatise, *De Nervorum Dissectione*, he gives an excellent description of them. Vesalius, indeed, expresses some doubts of the genuineness of the Treatise in question, but seemingly without any good reason; for, as Hühn† remarks, it is mentioned by the author himself in his work *De Libris Suis*, and again in his Treatise *De Arte Medica*.

Galen afterwards gives a particular account of the spinal nerves, which differs very little from the descriptions of modern anatomists; only it is to be recollected, that he describes the sub-occipital as the first pair of spinal nerves, and accordingly derives the phrenic from the fifth pair.

In order to illustrate our author's system of nervous physiology with the least risk of misrepresentation, I shall give literal translations of certain passages of his works which contain an exposition of it. The reader, however, must recollect, that he is only presented with extracts, which, although they may be sufficient to explain what our author's tenets were, by no means do justice to the train of argument by which he endeavours to establish his hypothesis. For full information upon this head, it may be proper to read the 8th, 9th, and 16th books of his work, *De Usu Partium*, the 7th book of the work entitled *De Placitis Hippocratis et Platonis*, and different parts of his *Anatomicæ Administrationes*.

"The brain resembles very much in substance the nerves to which it gives origin, except that it is softer than they; for such that organ required to be which was to receive all the sensations, and be the seat of the imagination and intellect. For that which is of a changeable nature was most fitted for such actions and impressions; and therefore the brain is softer than the nerves. *And since the nerves required to possess a double nature, the brain was made of two parts, the fore-part being*

* An account of Galen's opinions regarding the nerves will be found in Dr. Cooke's work on Palsy, p. 52, and reference is also made to them by Mr. Shaw, Med. Chir. Transactions, Vol. XII. There appears to be nothing said about the distinction of function depending on the distinct roots.—Ed. Gaz.

† Historia Literaria Claudii Galeni.

soft, and the remainder, called by anatomists the cerebellum, harder; and therefore they are separated from one another by a fold of the dura meninx.* But even of the anterior portion of the brain, that which adjoins its investing membrane, called the dura meninx, is harder in proportion, and the middle and inner parts are softer; for the outer parts required to be of a nature to endure impressions, and give origin to the harder nerves; whilst that in the middle not being exposed to suffer from impressions, owing to its situation, was fitted for becoming the origin of soft nerves. From the cerebellum no soft nerve whatever arises; but from the anterior part of the brain it was necessary that certain hard nerves should spring—such, for example, as those which move the eyes. Although, therefore, they are adjacent to the soft nerves, they do not arise from the deep-seated parts as they do, but take their origin from the harder tract near the surface. Wherefore all the nerves are harder than the consistence of the brain, not as being a distinct substance, but as being of the same nature, differing only in dryness and density. Thus the sensatory nerves which go to the eyes are of a denser nature than the cerebrum, but they do not appear to be much harder; for of all the cerebral nerves these alone seem to be formed of a substance not drier than the brain, but more compact."—(De Usu Partium, lib. viii. c. 6.)

"Those nerves which are sent to the organs of the senses, are called sensatory; being softer than those which move parts. And in this respect, nature has provided well; for, since sensation cannot be produced without an impression being made on the nerve, and as motion exerts its energy solely in acting, it was expedient that the sensatory nerve should be soft, and the motory hard. But all the motory nerves are also endowed with the sense of touch, because this sense is of a gross nature."—(De Placit. Hipp. et Plat. lib. vii. c. 5.)

"Nature has shewn clearly, and most particularly in the sixth pair of nerves, that neither can exquisite sensibility be conveyed by hard nerves, and that the brain cannot give origin to hard nerves, nor the spinal marrow to soft: for it descends as far as the os sacrum, and is distributed upon all the viscera and intestines. And it would have been better, if it could have answered the purpose, that nerves from the spinal marrow should have been sent by a short and safe course to these viscera; but it could not be that the spinal marrow should give origin to soft nerves, neither could the brain, which required to be particularly soft, give origin to the nerves of the limbs, which are of great hardness."—(De U. P. ix. 11.)

"Nature has given to the eyes thicker nerves than those which go to the tongue; and after them to the ears and to the orifice of the stomach, since it required to be a very sensitive part. The eye is the organ of vision, the ear of hearing, the tongue of taste; and the stomach is the organ in which the desire of food and drink resides, especially at its orifice. But nature has made the sense of touch more gross, and has not confined it to a particular part, like those senses just mentioned, but has diffused it over the whole body. Wherefore she has assigned for it a number of smaller nerves, and these springing mostly from the spinal marrow; but to the aforementioned parts, which stand in need of a more exquisite sense, she has given larger and softer nerves, all of which arise from the brain.—(De Instrumento Odoratus.)

"Nature did not send a nerve, without design, to any part of the body; but whether they required sensibility alone, or voluntary motion, she did not assign these nerves without choice; for to those which required exquisite sense she gave soft nerves, and to those parts which required voluntary motion she gave nerves which are all hard; and to those parts which required both, she gave both the one and the other: nature thus supplying and providing for sensibility those best adapted for suffering, and for motion those best adapted for action*. To the eye, as

* Under the name of cerebellum the ancients comprehended not only what it is now so called, but likewise the pons varolii and medulla oblongata of modern anatomists. This must be kept in mind, otherwise the characters which Galen assigns to the cerebellum may appear very much misapplied.

* To a modern reader the terms *action* and *suffering*, or *passion*, may appear somewhat quaint and obscure; but to Galen's contemporaries, who were familiar with the Categories of Aristotle, they would be perfectly plain and intelligible. Those who wish to attain more correct ideas upon this head, and have not patience to dip into the *organon*, may consult with advantage Harris's Philosophical Arrangements.

being the prime organ of sight, was properly assigned a soft nerve; and to the muscles which move it, a hard one. In like manner, *to the tongue, it also being a small organ, nature gave two kinds of nerves—a soft, that it might perceive taste, and a hard, because it was to perform many and strong motions.* Likewise to every ear she gave a soft nerve, assigning hard ones also to such ears as were to have motion." He afterwards gives an admirable account of the organ of speech, and assigns very good reasons why it is supplied with nerves from different pairs. The passage is too long to be inserted.

Then follows his account of *ganglia*. "And there is another work of nature, regarding which anatomists are ignorant; for when she wishes to lead a small nerve a long course, or wishes to impart strong motory powers to a muscle, she surrounds the nerve with a body which is thicker than it, but resembles it in every other respect. It will appear to you a globular nerve, and you might think, at first sight, that it adhered to and surrounded the nerve; but when you have dissected it carefully, you will find that it is no excrescence, nor any thing that adheres to the nerve, but a certain substance similar to the nerve, and every where united to it, both where the nerve enters and where it proceeds from it. From this substance (which has a resemblance to what is called *a ganglion*) the nerve derives an increase of thickness, so that the nerve which proceeds from it is thicker than that which enters it. You may observe this substance in many parts, but more particularly in those nerves which descend from the brain."—(De U. P. lib. xvi.)

"To the organs of the senses, such as are moved according to the will, as the eyes and tongue, both kinds of nerves are given, and not, as to the nose and ears, one only—namely, the soft. *Wherefore, when either of these is injured, the organ is impaired only for that purpose to which it served: and therefore the tongue is not unfrequently seen having sometimes its motion impaired, and sometimes its sense and perception of taste.*"

Having thus stated, at some length, the opinions of the ancients, and more particularly of Galen, regarding the properties of the nerves, I will now, before concluding, compare them with the doctrines recently promulgated by the English and Continental physiologists.

It appears, then, from the extracts given above, that, according to Galen and his followers, the olfactory, optic, auditory, and gustatory nerves (by the last is to be understood the inferior maxillary branch of the fifth cerebral pair, agreeably to the modern enumeration), are the nerves by which the senses of smell, sight, hearing, and taste, are imparted to their respective organs; and that all these, originating from the softer parts of the brain *, are of so delicate a nature as to be incapable of conveying the power of muscular motion;—that the third, fourth, and sixth pairs are nerves of a different character—that is to say, they are incapable of imparting exquisite sensation, but are adapted for the transmission of motion to the muscles of the eye; that the branches of the fifth pair are the vehicles of sensibility to the face, mouth, and tongue, with a limited power of muscular motion; whereas, on the other hand, the portio-dura of the seventh pair conveys strong muscular power, with a small degree of sensibility, to the parts upon which it is ramified;—that the eighth is both a motory and sensatory nerve, and that it is the ninth from which the tongue derives its muscular energy;—that all the spinal nerves are fitted for being the vehicles both of touch and of motion, but are incapable of imparting any of the finer senses. From the short account of ganglia given above, it appears probable that Galen believed, as modern physiologists do, that they serve "to exalt the action or activity of the nerves which emerge from them †."

Hitherto, then, there is but little disagreement between the opinions of Galen and of Mr. Charles Bell, except that the former does not deny all sensatory power to the portio dura, whereas the latter affirms that it is entirely de-

* Anatomists have given very different descriptions of the origins of these nerves; but perhaps the following account, which is principally given upon the authority of Professor Tiedemann, may be pretty much depended upon. The olfactory arise near the fissure of silvius, and are mere prolongations of the cerebrum. The optic arise from the corpora quadrigemina, corpus geniculatum, and optic chamber. The auditory arise from the bodies in the bottom of the fourth ventricle, called tæniæ griseæ by the Wenzels. The fifth pair arises from between the olivary and restiform fasciculi.

† Tiedemann—Anatomy of the Fœtal Brain.

void of it. His words are, "an ass being thrown, the portio dura was cut on one side of the head. On the division of the nerve the animal gave no sign of pain; there was no struggle nor effort made when the nerve was cut across." MM. Magendie and Fodéra give, however, a very different account of the matter. Magendie says, "nous avons répété cette experience, mais l'animal, au moment de la section, temoigne par ses efforts et ses cris qu'il était fort sensible."—(Journal de Physiologie, s. ii. p. 67.)

From such discordant results, I see no inference that can be drawn, unless it be a confirmation of the old aphorism of Hippocrates, "experiment is fallacious, and decision difficult"!!

But upon another still more important point, it is to be regretted that the Grecian and English physiologists differ *toto cœlo*. Galen was of opinion that all sensatory power resides in the cerebrum, and all motory in the cerebellum, (comprehending, as formerly explained, the annular protuberance); but Mr. Bell maintains just the reverse, namely, that all sensation is derived from the cerebellum, and all motion from the cerebrum. As Mr. Bell's hypothesis is founded upon experiments, which I do not pretend to have repeated, I should not have thought myself entitled to advance one word against his doctrines, had not M. Fodéra, and other distinguished physiologists on the continent, given reports of experiments performed by them, which are greatly at variance with those of Mr. Bell, and lead to very different conclusions. In particular, the results which Fodéra derived from repeating Mr. Bell's experiment upon the spinal cord, are exceedingly perplexing and difficult to account for. Thus, he says, that when he divided the anterior cords of the spine at the middle of the back, the sensibility of the hind legs was destroyed and not their motion; while a section of the middle of the posterior surface, for two-thirds of its breadth, did not diminish their sensibility but their motion. Mr. Bell's experiment succeeded partially in the lumbar region, that is to say, a section of the right posterior cord diminished the sensibility of the right hind leg, while the power of motion continued; but, what seems remarkable, the power of motion in the left hind leg was diminished, while its sensibility was unimpaired. On the other hand, in the cervical region, the same results were produced by an incision, not of the right but of the left side of the cord. For such apparently contradictory results, M. Fodéra cannot otherwise account than by supposing "que les fonctions des racines anterieures et posterieures sont opposées aux regions lombaire et cervicale." If anatomists are thus compelled by physiological facts to admit that some decussation of the spinal fasciculi must take place somewhere in the spinal marrow, although they are not able by dissection to point out the place where this occurs, how can they be confident that no such thing takes place between the crura cerebri and the crura cerebelli, where they unite intimately to form the tuber annulare? I am not ignorant of the extraordinary pains, nor do I pretend to question the accuracy with which the dissection of the brain has been prosecuted of late years by Reil, the Wenzels, Gall, and Tiedemann; but as these distinguished anatomists are not agreed whether a complete decussation of fibres takes place between the two sides of the cerebral crura in the region of the annular protuberance, one must be allowed to express some scepticism as to the possibility of ascertaining that no intermixure takes place between the restiform, olivary, and pyramidal fasciculi*, so as to occasion a communication or interchange of properties. For my own part I am so little skilled in minute dissection that I must admit having always been not a little puzzled to find out the division of the spinal marrow into anterior and posterior portions; but it is some consolation to me that the late Dr. Gordon, of Edinburgh, was equally *weak-sighted* as myself. He says, "I have never observed the slightest appearance of a lateral furrow in the spinal cord dividing each half of it into anterior and posterior portions, such as Sœmmering, Portal, and several anatomists prior to them, described. I am confident, therefore, that if it ever exists, it is by no means a constant appearance."—System of Human Anatomy, vol. i. p. 177. It is from the intimate blending of the parts which compose the spinal cord that I have always entertained some doubts in my own

* It is to be remarked that Tiedemann does not pretend to be able to trace these literal divisions further down than the medulla oblongata.

mind whether, by making an incision of the posterior part of the spinal cord, we can be sure that we are cutting the cerebellum, and by touching the anterior that we are touching the cerebrum, and these doubts are much increased by the results which MM. Rolando and Flourens derived from direct experiments upon these departments of the brain. Thus the inference which Rolando drew from his experiments upon the cerebellum was, that it is the organ upon which motion altogether depends; and although Flourens does not quite agree with him, he comes to the conclusion that the cerebellum is the regulator of the muscular motions of the limb. If any credit be due to Gallic testimony, the experiments from which this conclusion was deduced were carefully executed and varied in every possible way. He likewise maintains that the cerebral lobes are the seat of sensation and volition; and a commission of the Academy of Sciences, at Paris, with the illustrious Cuvier at their head, report themselves satisfied that he has made out his position most decidedly with regard to the senses of sight and hearing, but that it was impossible to put it to the same test as regards the senses of taste and smell, and that it does not at all apply to the sense of touch. We may remark, that although it was found impossible to prove by direct experiment that an animal had lost the sense of smell when it was deprived of its cerebral lobes, there can be no doubt from the origin of the olfactory nerves that the seat of smell resides in the anterior part of the brain. Professor Tiedemann's description of these nerves agrees very well with the opinions which the ancients entertained regarding them; namely, that they are appendages or prolongations of the cerebral lobes. And from the position of the organs of the finer senses in the head, one would certainly be led to infer *à priori* that they are rather connected with the cerebrum than with the cerebellum. For why, upon the contrary supposition, nature should have placed the organs of these senses in the anterior part of the head, and the portion of the brain from which they derive their powers in the posterior, cannot, I think, be readily explained.

In making these remarks, I trust that I have not appeared unreasonably disposed to prefer ancient and foreign systems to those of my countrymen and cotemporaries, nor influenced in particular by an invidious purpose to detract from the great reputation which Mr. Charles Bell has deservedly obtained as an anatomist and physiologist. I am too well aware how high that gentleman stands in the public estimation to suppose that at all events any strictures of mine could in any wise affect him; but I should regret exceedingly, if it were believed that in making them I have been moved by any other consideration than the love of truth. I may, however, have some cause to apprehend that by venturing to argue a professional point with so distinguished a master, I may draw upon myself such a reproof as that which Hannibal bestowed upon the presumptuous rhetorician who had the assurance to read him a lecture upon the duties of a commander.

Banchory, near Aberdeen, March 1829.

CASES OF SEVERE AFFECTIONS OF THE JOINTS AFTER PARTURITION,

Connected with Uterine Phlebitis.

By Robert Lee, M.D.

Physician-Accoucheur to the British Lying-in Hospital.

Case I.—*Uterine Phlebitis, with Ulceration of the Articular Cartilages, and Purulent Effusion within the Capsular Ligament of the Right Knee-Joint, &c.*

Mrs. Mayhew, æt. 33, was delivered in the British Lying-in Hospital, on the 2d March, 1829, after an easy and natural labour. The placenta was expelled in a few minutes after the infant, and she appeared to recover in a favourable manner until the third day after delivery, when a considerable discharge of blood from the uterus took place.

From the 6th to the 20th of March, she made no complaint of uneasiness in any region of the body, though her strength rapidly declined. The countenance was of a dusky yellow tinge; the heat of the surface slightly increased; the respiration was hurried, particularly on bodily exertion, and the pulse was above 130, and feeble; the tongue pale and glossy, with total loss

of appetite, though at no period was there nausea, or vomiting. Bowels open. The uterus gradually receded into the pelvis, and pressure over the hypogastrium produced no sensible uneasiness. The milk was secreted sparingly. The lochial discharge had a peculiarly offensive smell.

From the 20th to the 28th, when she died, the prostration of strength increased, and the pulse became still more frequent and feeble. The respiration was extremely hurried, and she was incessantly harassed with a hacking cough and the expectoration of a frothy mucus. The abdomen continued soft and flaccid, and not affected by pressure. She, however, during this period, complained of excruciating pains in all the joints of the right superior extremity, and in the right knee-joint, which was observed to be considerably swollen, but not discoloured.

She quitted the hospital on the 23d, and was under the care of Mr. Armstrong, of Golden-Square, from that time until the 28th. Dr. H. Davies and Mr. Armstrong were present when I opened the body.

Appearances on Dissection.—On laying open the abdomen, the intestines and other viscera presented a perfectly healthy appearance, and the uterus was found reduced to its ordinary size a month after delivery. On careful examination of the peritoneal coat of the uterus, a slight adhesion was observed between it and the rectum on the left side. The uterus being removed, and its cavity laid open, a portion of placenta, about the size of a large nutmeg, in a putrid state, was seen adhering to its inner surface, at the part corresponding with the adhesion between the peritoneal coat and rectum. The muscular tissue of the uterus around this was of a dark colour, approaching to black, and as soft as wet sponge. On cutting into it, about a tea-spoonful of purulent matter escaped from the veins, and a small additional quantity was forced out from them by pressure. Small coagula of blood and lymph plugged up the surrounding veins. The spermatic and other abdominal veins presented no morbid appearance, and the uterine appendages were healthy.

On opening the capsular ligament of the right knee-joint, where a fluctuation was perceived, about ℥vi. of thin purulent fluid escaped, and the cartilages of the joint were observed to be softened and extensively eroded. There was no appearance, however, of inflammation exterior to the capsular ligament, and the femoral vein was healthy.

The right wrist was swollen, but the structure of the joint was not affected. The cellular membrane around it was unusually vascular, and infiltrated with serum.

The preceding case occurred in the British Lying-in Hospital, and, for an opportunity of watching the progress of the symptoms, I was indebted to my friend and colleague Dr. Henry Davies, under whose immediate care the patient was placed.

The symptoms which occurred in the following case, probably, also arose from inflammation and suppuration of the uterine or other abdominal veins, although the fact was not positively ascertained by dissection.

CASE II.—*Severe Febrile Affection, with painful Swelling of the Joints soon after Parturition.*

Mrs. A. aged 30, was delivered on the 1st of June, 1828, after a tedious labour. A portion of the placenta having been retained in the uterus several hours after the birth of the child, a profuse hæmorrhage took place before it was extracted. Until the 10th, she appeared to recover in the most favourable manner, when a violent febrile attack was experienced, with delirium; and a painful diffused swelling soon after took place around the right knee-joint.

On the 13th, when I first saw her, the febrile symptoms continued unabated. She was delirious, and there was a peculiar expression of wildness in the countenance. The muscles of the face and extremities were affected with tremors. The pulse was above 130, and very weak; respiration hurried and anxious, with frequent cough; the skin hot and dry; the tongue was of a glossy red colour, and moist. Thirst not urgent; bowels open. There was no sickness, or vomiting. The abdomen was uniformly soft, and pressure over it produced no uneasiness. The right knee-joint was stiff and swollen, but the integuments were not discoloured.

On the 14th the symptoms continued,

and in the night a painful circumscribed swelling had taken place in the middle of the calf of the right leg, where the integuments were hot, and of a dark red colour.

On the 18th there was a marked remission of all the symptoms, and for ten days it was hoped she would recover. From the 1st of July till the 24th, when she died, completely worn out with diarrhœa, fever, and the painful affection of the extremities, the right knee-joint had become much more swollen, and a considerable effusion had taken place into its cavity. Over the right radius and ulna, near the wrist, a painful diffused swelling also took place, without discolouration of the integuments, and for a week she suffered excruciating pain in the left ankle and right shoulder-joint; but in neither of these situations was any thing except a slight puffiness to be perceived.

Permission to examine the body after death was not obtained.

The following example of severe febrile disturbance, with pain and swelling of the joints of the extremities after parturition, seems to bear some analogy to the two preceding cases, and to that of Mrs. Somerville, which came under my observation in 1827; and the history of which has been recorded in one of the recent Numbers of the Medical Gazette. From the symptoms observed in the following case, the existence of uterine phlebitis was strongly suspected; yet, on the most careful examination after death, no morbid appearance whatever could be discovered in the uterine or abdominal veins.

Case III.—*Severe Affection of the Joints after Parturition.*

Mrs. Pope, æt. 40, a patient at the Westminster General Dispensary.

She was delivered on the 26th October, 1827, of her fourteenth child, after an easy labour, and appeared to recover favourably until the 3d November. Without any obvious cause, she was then suddenly attacked with a severe rigor, which was speedily followed by intense head-ache, vomiting, general soreness of abdomen, and suppression of the lochia.

Nov. 6th, 1827 (eleventh day after parturition).—The symptoms now observed are, great prostration of strength, laborious repiration, with pain at the bottom of the sternum, and frequent hacking cough. Pulse 135, and extremely feeble; skin hot and dry; the lips parched, and teeth covered with brown sordes; tongue of a deep red at the edges, dry, chapped, and covered with a yellow fur in the centre. Occasional reaching and vomiting. Bowels confined. Lochia suppressed. The abdomen is perfectly soft and natural, but feels generally sore on being pressed. She complains of acute lancinating pain in the vertex, and of pain and loss of power to move the left inferior extremity.

On examining the limb, there are several hard lumpy cords found running up on the inside of the thigh, in the direction of the superficial veins, which are very painful to the touch. The integuments over these are not discoloured.

The middle finger of the left hand is also exquisitely painful, and on examination is perceived to be much swollen around the second joint, where the integuments are of a dusky-red colour.

7th.—She has been delirious in the night, and is now incoherent, with a peculiar wildness of expression in the countenance. The general debility has greatly increased; the respiration is still more hurried, and the pulse is 140, soft, and compressible. The tongue is brown and dry; the muscles of the face and extremities are affected with tremors; the whole surface of the body is covered with a yellow suffusion.

8th.—She is in all respects worse. There has been violent delirium during the night, and she is now roused with difficulty. The respiration is still more oppressed, and the pulse so rapid and feeble as not to be counted. The countenance dejected and deeply suffused, as is the whole surface of the body. The swelling in the joint of the finger has increased, and another painful diffused swelling along the forearm has occurred in the night, with slight discoloration. The whole of the right superior extremity has also become stiff, and so painful that attempts to move it produce violent pain. The swelling and hardness in the course of the superficial veins of the thigh are diminished.

9th.—Complete collapse took place, and she sunk in the course of the afternoon. On the 10th, I opened the body,

with Mr. Prout, of Welbeck-Street, who occasionally saw her with me, during the progress of the disease.

Dissection.—The intestines were distended with gas. Their peritoneal coat had every where a healthy appearance, except a small portion covering the ileum, which was of a bright red colour, though it was not sensibly thickened. The lower part of the omentum, and portions of the mesentery and mesocolon, were also more vascular than usual, but no lymph was effused in these situations. The mucous membrane of the stomach, small and great intestines, was remarkably pale and bloodless. The left Fallopian tube, and fundus of the uterus, was of a deep red colour, but the sinuses of the uterus, and its muscular coat, were quite healthy. Permission was not obtained to examine the head, chest, and extremities.

Argyll Street, April 15th.

POISONING BY CORROSIVE SUBLIMATE.

Two Cases in which the external Application of Corrosive Sublimate proved fatal. By JOHN WARD, Surgeon, Royal Cornwall Militia.

[Communicated by Dr. G. Gregory.]

Bodmin, Cornwall, April 9, 1829.

CASE I.—On the morning of the 14th of March, 1828, I was sent for to see John Pellaw, aged 24, residing at Trehine, three miles from hence. On arriving he gave me the following account—viz. that on the preceding evening, about nine o'clock, he had rubbed in, over every part of his body, *one ounce* of corrosive sublimate, mixed with six ounces of hogslard; and that he had also taken a large dose of sulphur and treacle. He stated that he had procured this poison from a neighbouring druggist, for the ostensible purpose of curing some mangy dogs; but that, having an eruption on him, resembling the itch, he was very anxious to effect a cure, and had therefore used it himself. About an hour after rubbing in, he was seized with most excruciating pain all over the body, more especially about the abdomen, on which part and the thighs he had rubbed the largest quantity; and, to quote his own words, he felt as if he were "roasting alive." Unable to lie in bed, he arose and went out to a hay-loft, taking with him a gallon of water, his thirst being insatiable. He remained there all the night, and in the morning crawled back to the house, when the family being alarmed, I was immediately sent for. I found him in the following condition:—the whole of the parts over which the ointment had been rubbed were in a state of complete vesication, and the penis and testes swollen to an enormous size. He complained of agonizing pain in the stomach and bowels, distressing nausea, great thirst; tongue coated with white fur; pulse 110, and full.

Ordered to drink freely of thin arrow-root, barley-water, &c.: to have twenty leeches applied to the epigastrium, and a draught of Infus. Sennæ. c. Magnes. Sulph.

8 o'clock P.M.—Complains of very severe pain in the bowels, and a sensation of great constriction about the fauces. Pulse 120; tongue covered with a dark brown fur; thirst excessive. The bowels having been freely opened, I ordered a saline draught to be taken every three hours, and an enema of thin starch to be injected every six hours.

15th, 10 o'clock A.M.—Appears considerably worse. There is great restlessness, with severe tormina and frequent bloody stools. Pulse 108; tongue dry, and coated with thick black fur. He passes his urine freely. Ptyalism is commencing. To go on with the medicines, &c.

16th.—To-day I find him as follows: in a complete state of salivation; severe head-ache; to use his own expression, "torments in his belly." Has had no rest; tongue much swollen and black; blood oozing from his mouth and nose; frequent discharges of blood per anum; pulse 90, and feeble.

The excoriated surfaces were dressed with an ointment composed of Basilican and Oil of Turpentine. Warm Fomentations applied over every part of the abdomen not raw. Twenty drops of Tr. Hyoscyam. added to each saline draught.

17th.—Much the same as yesterday.

Had hiccough to an excessive degree during the night.

18th.—About 2 o'clock P.M. his brother died (vide Case II.), which event has considerably affected him, and he appears much worse; in fact, seems to be sinking rapidly. A great quantity of blood has been passed per anum. Pulse frequent and small; tongue swelled and black; suffers greatly from tenesmus.

To continue the arrow-root, &c., and to have some weak brandy and water. ʒi. of T. Opii to be added to each enema.

19th.—Is still living, but in a most deplorable condition. He has thrown up a large quantity of blood from the stomach. His stools and urine are passed involuntarily; severe hiccough; does not speak unless roused, but, when asked, says that "all his pains have left him." From the commencement he has had no delirium.

He continued in this miserable state until the 24th, and died at 2 o'clock P.M. I was not allowed to examine the body.

CASE II.—James Pellaw, aged 19. This man is a brother of the subject of the preceding case. He also rubbed in an ounce of corrosive sublimate in hogslard; and his history is the same, with this exception, that after getting up and accompanying his brother into the farm-yard, he lay down in a stream of water, where he remained all night, drinking at intervals considerable quantities. In the morning he was unable to move, and was conveyed to the house by four men.

14th.—Symptoms much the same as those of John, but more aggravated. Pulse 130, and full. He is unable to pass his urine.

Fiat Venæsect. e. Brachio. at ʒxviij. Ol. Ricin. ʒi. statim sumend.

8 P.M.—Having passed no urine for 36 hours, a catheter was introduced into the bladder, but no water was drawn off.

Fifteen leeches to be applied to the epigastrium.

15th.—This man is much worse than his brother. His bowels freely open; is constantly vomiting; complains of dreadful head-ache; has voided no urine. The other symptoms much the same as John's.

Habeat. Haust. Salin effery. 3tiis horis.

16th.—He appears much more comfortable to-day. Has slept three or four hours. The vomiting has nearly ceased, and he has been able to retain a basonful of weak broth. Pulse 104, and feeble. Tongue dry and black. Ptyalism not so great as his brother's. Complains of excessive pain in his bowels. Has voided no urine, neither does any follow the introduction of the catheter.

17th.—Great anxiety of countenance; he says that he is perfectly free from pain; makes no water; has frequent bloody stools; drinks plentifully of weak broths, arrow-root, &c. Has not vomited since yesterday afternoon. Pulse 96, and weak; tongue black and much swollen; has fainted twice or three times, and but very slowly recovers from this state. Is very irritable, and says he is dying. The sores about the groin are sloughing extensively, and mortification is evidently going on internally.

18th.—He died about 2 o'clock, P.M.

Postmortem Examination.—Appearances in the abdomen:—The stomach was found highly inflamed, with small spots of ulceration in several places. The small intestines were greatly inflamed throughout their whole course, and the lower portion of the colon and rectum in a state of complete mortification. The liver was large and unusually loaded with blood. The bladder was healthy in appearance, but contracted to a very small size, and did not contain the least drop of urine. There was a great quantity of bloody serum in the cavity of the abdomen. This examination took place eight hours after death, and no other parts were examined.

I may add, as a curious fact, that thirty large worms (round) were found alive in the stomach and small intestines.

I have copied the above cases from my note-book, made amidst the hurry and fatigue of country practice; you must, therefore, excuse the errors and irregularities of reporting. The facts are correct.

Mr. Brodie used to state, in his Lectures, that bleeding, in cases of poisoning, seemed generally to promote the absorption of the poison: his opinion appears, in some measure, to be borne out in the case of James Pellaw.

JOHN WARD.

DR. BARON *v.* DR. HODGKIN.

To the Editor of the London Medical Gazette.

Sir,

In your last number I see, with no small, yet not unalloyed gratification, the revival of a topic for medical inquiry, to which some months ago I endeavoured to point the attention of your numerous readers. I now avail myself of your article, under the head of "Proceedings of Societies," to recal to your recollection some remarks I took the liberty of making in my letter of the 1st of Sept. published in the Gazette, and, also, in my last (unpublished) one, under date of 20th Sept. 1828, respecting those "changes of structure in organized bodies" which have now, it would appear, acquired the name of adventitious or accidental formations—how appropriately, I shall not here stop to discuss. Before, however, I refer back to my own communications on the subject, I shall briefly advert to your abstract of Dr. Hodgkin's "Observations on Adventitious Serous Formations," as read before the Medico-Chirurgical Society of London on the 24th March last. Though, as your Journal states, "the object of the paper is to describe the anatomical characters of a large and important class of structures, which, though frequently met with in different parts of the body, are nevertheless foreign to it," yet as your report of that paper enters more or less into the origin, nature, pathological character, and classification of these "adventitious formations," or morbid growths, a short review of its contents seems to me likely to lead us to a right understanding of the more general subject. "The bladders, sacs, or cysts," then, "which constitute some of the forms in which these adventitious membranes appear, have been sometimes confounded with hydatids; but these last the author regards as belonging to the subject of parasytical animals, and distinctly guards against their being confounded with the subject of this paper. The general term cyst has likewise been employed to designate the envelopes of various fluids and other matters occasionally found in the body. The adventitious serous membranes, like those naturally existing in the body, form complete shut cavities, and are almost always the result of an entirely new formation. In the present paper these cysts are divided into two classes; the first comprehending those which are simple, and for the most part solitary; or, if one or two are associated, this is rather to be looked upon as accidental than depending upon the sac itself having the property of giving origin to new growths." "The second class of cysts is constituted by those whose parietes present the remarkable property of producing other cysts of a similar character with themselves; or morbid growths, which, if not strictly speaking cysts, are still referable to the same type. This class, like the preceding, is found in various parts of the body; but it is by far more common in the neighbourhood of the uterus, broad ligaments, and ovaries." "The cause of these formations is involved in obscurity: women themselves often attribute their origin to parturition, but many unmarried and barren women labour under the disease."

I have thus, Sir, transcribed verbatim your own printed text. Now, though I am not prepared to say that there is no foundation in rerum natura for such classification or subdivisions, I cannot but believe that they go for the most part to constitute distinctions without differences, and tend rather to embarrass than to elucidate our investigations.

In the detail of the morbid appearances, the learned observer, Dr. Hodgkin, is peculiarly *au fait*. His descriptions are lively, and, in general, very accurate; the anatomical character of the new formations vivid, (if I may so express it), and well drawn; and his intimation of "the different forms of adventitious deposits, called heteroloque, or malignant," may lead to useful practical results: yet, in the very words of your own report, "no discussion followed the reading of the paper"!!! How, I would presume to ask, is this to be accounted for? Was not the subject of sufficient importance to engage attention? Or was it so familiar with the auditors as to appear a thrice told tale? Were they so astounded by its novelty as to be struck dumb? Or, rather, was there no one, physician, surgeon, or student, so well-read, or so honest, (I will not add so honorable), as to rise in his place and say most of what is truly valuable in the

paper just ended has been before the medical public for years—indeed, for a decade! Our only wonder should be that two investigators in the same department of pathological inquiry should, unknown to this society, and to each other, have arrived at results so nearly similar, at least as regards post mortem appearances; or, to speak my own opinion more freely, that the writer of this paper has not acknowledged, or even hinted at, his obligations in the way of instruction, to an author who published his first work on this interesting subject ten years ago; and who has more recently, in two distinct publications, given as clear and incontrovertible information, as far as is yet known, on these diseased formations or changes of structure.

It is very painful, Mr. Editor, to be compelled even to hint at such proceedings; yet I fear that I am warranted in this farther remark, that had there not been a desire for studied concealment of the real authority, as regards these new views in pathology, much of what is obscure, involved, and unmeaning in the inferences and theory deduced from the morbid appearances (as detailed in the paper of Dr. H.) would have been avoided. I would not willingly impute the *mala fides auctorum* to any member of our profession; but, alas! the experience of ages, and more especially of this our age, will not allow us to repose in facile or unsuspecting confidence. In this instance, at least, let us hope that ignorance of what has been long, not merely "written," but published to the world, has been the cause of the errors and silence here complained of.

I come now, Sir, to substantiate my positions. And, first, with reference to observations and remarks of mine, which will be found in the pages of the Medical Gazette, 459 to 463, Vol. 2d, dated 1st Sept. 1828.

On page 460, and in the first column, the reader will find these words: "You, Sir, and the conductor of the post mortem examinations at Guy's, seem not to be aware that, so far back as the commencement of the year 1819, Dr. Baron published a work on the nature of tuberculated secretions, and the origin of tubercles and tumors in different textures of the body; and that, in two subsequent publications on the same topics, he has continued his investigations to the present year. In these works he has adequately discussed the different opinions and points at issue respecting the mode of formation of these tumors; and, in my mind, fully established his own views of the subject—namely, that all such tumors have their origin in vesicles or cysts; and that the diseased action commences in, and belongs chiefly to, the system of the absorbents; that whether tumors became in their progress scirrhous, carcinomatous, or encephaloid, they all arose from one common origin, viz. cysts or vesicles. As to the distinction now attempted to be taken between cysts and hydatids, it is not of the slightest moment with reference to the pathological question; and, as regards the zoological or etymological part of the argument, Dr. Baron never held it to be of any importance; indeed, he has uniformly not only avoided it in the discussion, but has absolutely dissuaded from entering into it at all." Again, in page 461,—"So completely had Dr. Baron previously guarded against any abuse of the term hydatid that we may well be surprised how a mistake could arise from its being employed by him. He has thus cautiously expressed himself: 'Admitting, for the sake of argument, that hydatids are animalcules, it has, I trust, been shewn that it is to the loss of the hydatidal character altogether, and the transformations of these bodies, that the morbid appearances in this, and many other diseases, are to be referred.' (See "Enquiry on Tuberculated Accretions," &c. &c. pp. 277, 278, Part II.) In another part of the same work he observes, 'Cases of cancer, of tuberculated sarcoma, of fungus hæmatodes, and many other varieties of morbid growth, may be demonstrated by the very descriptions which the authors themselves give to have been formed as I have described.' (See p. 288). In addition to these few extracts, it were easy for me to bring forward a crowd of proofs and illustrations to the same purport. Every volume, I had almost said every chapter, of Dr. Baron's three works on these "morbid growths," abounds with them: but I must hasten to a conclusion.

Supposing Dr. Hodgkin's dictum, as to the non-influence of hydatids in producing these morbid appearances, to be correct (which, by the way, it is demonstrable that it is not), let us inquire who it was that proved that one common principle regulated the development of tubercles, whether they occur

in serous membranes, in the lungs, the liver, or any other texture; who was it that made manifest the connexion between this form of disease and others of a widely different aspect; who explained the growth of complex disorganizations by a reference to the origin and progress of their elementary parts? Who proved, by direct observations of this kind, that the commonly received doctrines were erroneous; and that neither chronic inflammation, nor any of the various and contradictory opinions that are current, account for the phenomena? Who, in fine, reduced a great variety of perplexing, and apparently anomalous, facts to order and consistency, and brought the light of truth and science to bear upon this hitherto most obscure and untractable branch of pathology? His contemporaries have not yielded him, even to this hour, tardy and reluctant justice. On the points above referred to his claims are clear and indisputable; and these claims cannot be at all affected by any doubts or difficulties that may be entertained concerning the designation of the elementary form, whether that be called sac, cyst, vesicle, or hydatid.

I may appear to you to have laboured these points too much; and, in what is thus far written, to have been influenced by private or personal motives—by the ardent and indiscriminating spirit of a partizan, or by the more generous feelings of friendship; the latter I shall not altogether disclaim: yet can I, in honest sincerity, assert my entire freedom from any undue bias either of opinion or of judgment regarding the views or the doctrines advanced on this highly important subject. *Amicus Platonis, sed magis veritatis amicus.*

I have the honour to remain, Sir,

Your very obedient servant,

M. D. Oxon.

April 8th, 1829.

EXPERIMENTS ON LIVING ANIMALS.

To the Editor of the London Medical Gazette.

Sir,

I have lately read with much interest a treatise "on the operation of poisonous agents on the living body." The experiments therein detailed are of a pleasing nature, and the results strikingly important and valuable. Being myself friendly to the cultivation of experimental physiology; indeed, I may say, zealous in the cause, I have by the help of persons similarly disposed, performed a great number of experiments on living animals. Some of these I lay with much satisfaction before the profession, inviting, at the same time, such of my brethren as find the subject amusing, to repeat my experiments. The importance of the conclusions I have deduced, renders a repetition of them the more to be desired.

Experiment 1.—Having an ear peculiarly fitted for the nice discrimination of sounds, I had often remarked the very peculiar cry of the dog when suffering exquisite pain. In order to ascertain if this particular sound were modified in the varieties of the canine race, I had six dogs arranged in the following order, at intervals of a yard; mastiff, hound, spaniel, terrier, setter, pug. The right eye of each being scooped out, and a hot ember put into the socket, the effect was immediate and surprising, and I may add, gratifying. It is difficult to convey an idea of it in words: this, however, is the less to be regretted, as the experiment is easily repeated. I may just observe that I have discovered that boiling lintseed oil poured into the ear elicits the sound in question, to the full as instantaneously.

Experiment 2.—The power of resistance in the valvula coli has often been discussed, but not, so far as I know, ascertained with precision. To determine this point I procured four harriers, nearly of a size, and arranged them thus: the œsophagus of one, separated and brought out, was inserted into the anus of another, and secured so as to make the alimentary passages of the four into one continuous canal. A forcing pump being adapted to the fundament of the hindermost dog, and a known force employed, I found a column of water, equal to ten pounds, force the valve of the first dog; one equal to forty pounds, the second valve; one hundred and sixty pounds, the third; six hundred and forty pounds, the fourth, and so on; the force required increasing in a geometric ratio. A few handsful of small fish-hooks, thrown into the water employed, excited a variety of interesting contortions in the dogs. N.B. coarsely pounded glass may be used instead of the fish-hooks.

Experiment 3.—The degree of heat

requisite for separating the hair from the skin of a living animal not having been satisfactorily determined, I procured six rabbits, which I treated as follows. Two, immersed to the neck for one minute in water at one hundred and eighty degrees, shed only the finer down, in consequence. Another pair, completely immersed for the same space of time, at the temperature of two hundred and six degrees, easily parted with the whole of the hair, except the whiskers. The remaining couple, immersed at the boiling point, furnished the same result as the preceding two. I now put the entire six into an empty stew-pan, heated to four hundred degrees, with the view of ascertaining what degree of heat would cause their whiskers to fall off. On taking out the animals after five minutes had elapsed, I found they were unfortunately dead, with the beard burnt and quite friable, but still adhering at the roots. The latter point, therefore, namely, the degree of heat at which the whiskers of the rabbit fall off, will require further experiments; and I have the gratification to announce to the profession generally that a series on this interesting subject are now being performed by two able friends and myself, which will be published as early as possible.

In conclusion, I cannot help alluding to the objections which some make to experimental physiology on the score of cruelty. It seems to me doubtful whether the inferior animals are really susceptible of pain in the sense meant by the objectors. At least I think their struggles, and the noise they make in the hands of the operator, may be explained on a very different principle, which I mean to enlarge upon at a future opportunity.—Yours, S.

Manchester, April 9, 1829.

[In giving insertion to this *jeu d'esprit*, we would not be understood as condemning useful experiments, nor as excluding those to which the writer more particularly refers from this class. See some remarks in our leading article last week.—Ed. Gaz.]

REGULATIONS OF THE APOTHECARIES.

To the Editors of the London Medical Gazette.

Gentlemen,

I beg leave to request you will afford me a small space in your very useful journal, for the purpose of contradicting, in the most unqualified manner, a mis-statement contained in the Lancet of the 18th instant. My attention was directed to this misleading article by a medical student, who applied to me in my official capacity this morning, to ascertain whether there was any foundation for the great alarm these paragraphs had occasioned him.

The mis-statement I allude to is as follows:—"The whole scheme of examination at Rhubarb Hall is well adapted to the powers of the Examiners, seeing that it is made to depend on the inspection of certificates, and the verification of dates; *but the grand test of qualification is that whereby it is ascertained, that no part of the candidate's extra-official knowledge has been acquired during the five years which must be exclusively devoted to the services of the shop.* No degree of knowledge, no amount of professional acquisitions, will avail the applicant for a license at Rhubarb Hall. On the knowledge or professional acquisition of the candidate the worshipful Examiners do not, for the best of reasons, undertake to deliver any opinion: what they require is, the production of certificates shewing that the candidate has attended certain courses of lectures: *but if the date of these certificates happen to fall within the five years required to be consumed in the drudgery of a shop—this is a fatal objection to the candidate's admissibility,* and he is rejected as incompetent to discharge the duties of a medical practitioner. In vain may the candidate urge that he is ready to undergo the most searching examination: it is useless, say the worshipful tradesmen, to urge your pretensions; *we can only examine your certificates, and your certificates are dated at a time when your whole attention should have been devoted to the services of the shop.*"

I shall make no observations on the vulgar and disrespectful terms in which the Editor of the Lancet speaks of the Court of Examiners, in several passages of the article from which these extracts are copied, because I presume not to enter upon the labour of attempting to reform either his language or his manners. The *only* motive I now have for taking any notice of what has appeared in the Lancet, arises from my desire to set at ease the minds of the great majority of students who are at the present time attending lectures.

If I were to designate the statements contained in the Lancet by the epithets which deservedly belong to them, I should be obliged to make use of terms which are not tolerated among *gentlemen;* but as I wish not to depart from that propriety of language which our profession was accustomed to in their communications, before the Lancet introduced its peculiar vocabulary, I will only give to them the less offensive name of misrepresentations.

The Court of Examiners, I assert, have never, from the very first day on which the Court was formed to the present hour, refused to admit any candidate to an examination because he had attended any part or the whole of the required lectures during the period of his five years' apprenticeship; nor have they ever had, at any time, any intention of making a regulation to that effect. The Court of Examiners are fully sensible of the great benefit which medical students derive from attendance on lectures during their apprenticeship; and they have on this account given their countenance and support to the medical schools which have within a short period been established in Manchester, Liverpool, Birmingham, Bath, Bristol, Leeds, and Sheffield.

The records of the Court contain ample testimony that more than two-thirds of the persons examined did attend available courses of lectures during their apprenticeship; and the book in which the names of the rejected persons, and the reasons for their rejection, are registered, proves that no candidate has been refused a certificate on any other ground than a deficiency of knowledge and of professional acquirements, on which the Editor of the Lancet says, the "Examiners do not undertake to deliver any opinion."

Allow me, Gentlemen, to request you will be good enough to give an early insertion to this letter, as I am anxious to dispel the alarm which the mis-statements of the Lancet has occasioned to medical students. I have the honour to be, Gentlemen,

Your very obedient servant,

JOHN WATSON,
Secretary to the Court of Examiners.

Apothecaries'-Hall,
April 18, 1829.

ANALYSES OF BRITISH MEDICAL JOURNALS.

EDINBURGH MEDICAL AND SURGICAL JOURNAL.

April, 1829.

ORIGINAL COMMUNICATIONS.

[Concluded from page 642.]

"Art. VI. *Case of Anaesthesia, or loss of Sensation, unattended with corresponding loss of Motion.* By ALEXANDER REID, Esq. Surgeon."

A GENTLEMAN, 56 years of age, met with an accident in 1802, being then resident in Jamaica, which fractured some of his ribs, and injured the sternum. He was confined to his back for several weeks, and after his recovery felt a numbness in the right hip, which extended itself to the great toe. Two years after he sprained his back, and the numbness was observed to be increased, though he was still able to go about his usual avocations. In 1812 he suffered from an attack of erysipelas in the legs and feet, after which both extremities became numb, so as to be insensible to the prick of a pin. In 1815 he was advised to come home, and arrived in good health, with the single exception of gradually increasing insensibility. He derived no benefit from the change, and returned to the West Indies in 1818, soon after which he bruised his foot, injuring the metatarsal bone of the little toe, and causing a troublesome sore. In 1822 he again returned to this country, when the bone being carious, it was removed: from this, usually a painful operation, he experienced not the slightest uneasiness. The sentient power is now nearly or entirely abolished over the whole surface of the body; while motion, though impaired, is still present to a sufficient extent to enable him to carve his food, write, and even to walk a short distance. The following is his own account of his condition:—

"The want of feeling continued to increase slowly, and from my legs extended to my hands and arms, till I lost the feeling of finger after finger. The skin of my brow and head is also affected. I feel with nothing but my mouth, that is to say, I am incapable of telling whether any thing I touch is cold or hot, rough or smooth. I am generally

speaking in possession of my ordinary functions. With regard to the sensation of my feet and hands, (and these I am at a loss to describe), when cold, which they generally are, they feel heavy and stiff. When attacked with rheumatism, or when blistered from incautiously going too near the fire, an accident of which I am not conscious at the time, or when matter is gathering, they feel as if tight bound in a boot and very heavy, accompanied with restlessness and stretching all over the body. This was exactly the sensation produced by the collection of matter which so often took place from the diseased bone. I felt no pain whatever when you extracted the bone from my foot; nor would I now, I am convinced, were you to dissect the whole foot. When driving or riding, I cannot tell, unless I see, whether or not I hold the reins or whip. My taste, smell, and hearing are perfectly entire. My sight is weak. Occasionally my eyes are slightly inflamed, and water a good deal. This I attribute to a difficulty which I have in shutting my eye-lids from a want of perfect power in them. My feet and hands are to a certain extent paralyzed, that is to say, I have not the same power of motion in them which I had in a state of health, nor even a few years ago, when the want of feeling was nearly as great as it is at present."

"Art. VII. *Remarkable Case of Abdominal Dropsy.* By James Lomax Bardsley, M.D. Physician to the Manchester Infirmary, &c."

A lady, 60 years of age, had a collection of fluid in the abdomen, which first came on after exposure to cold; the general health was good, and the only symptom worthy of remark was scanty urine and considerable thirst. Between the 26th of Feb. 1772, and 30th of August, 1776, she was tapped fifty-three times, and 1394 pints of fluid removed. She died a short time after the operation was last performed, from an attack of dysentery. Dr. Bardsley, by whom the case is related, earnestly enjoins recourse to paracentesis *early*.

"Art. VIII. *Case in which the operation of Lithotritie was successfully performed.* By Robert Liston, Esq."

"Andrew Leechman, aged 70, was admitted into the Royal Infirmary on the 10th November, 1828. He stated that, for five months past, he had been labouring under all the symptoms of stone in the bladder. On sounding him a stone was distinctly felt. As he had a great aversion to being cut, and as his urine seemed to indicate a diseased state of the bladder, it was thought advisable to break down the stone in preference to the usual operation.

On the 13th November, a solution of opium having been injected into the bladder, Mr. Liston introduced Civiale's instrument, but owing to the restlessness of the patient, and the irritable state of the bladder, did not succeed in grasping it completely. Several small portions of stone, however, came away in the fangs of the instrument, and during the night. He suffered no inconvenience from the operation. On the 15th he passed a barley-corn incrusted with calcareous matter. On the 16th, a piece of straw with the same incrustation. He complained of pain in the testicles. On the 18th, a small abscess having formed in the scrotum, it was opened.

The instrument was again introduced on the 25th. The stone was fairly laid hold of, but was so soft that it was crushed by the instrument, on withdrawing which several fragments of seeds were found adhering. He now confessed, that, while reaping during the last harvest, he had introduced a number of barley-corns into his urethra, but would not say for what purpose.

The patient had repeated attacks of retention of urine after last operation, from the larger portions of stone lodging in the urethra. He passed in all thirteen fragments, having entire barley-corns for their nucleus, besides a much greater number having only small pieces of the beards. He had now little pain, and the quantity of mucus in his urine was inconsiderable. He was sounded several times, and, as nothing was felt in his bladder, he was dismissed cured on the 16th December, 1828.

"Art. IX. *Case of the Leaping Ague of Angus-shire.* By John Crichton, Esq. Surgeon, Dundee."

The case to which this absurd appellation is given was one of hysterical mania, or maniacal hysteria, brought on by fright, in which the patient amused

herself during the morning with a variety of violent exercises, and became comparatively quiet in the afternoon. The shower-bath did some good, and a voyage to the Baltic seems to have completed the cure.

"Art. X. *Observations on Gout.* By James Sanders, M.D. Edinburgh."

A very odd paper, concerning which the author informs us, "that, to any one who comprehends that two threes make six, commentary is superfluous." We are obliged to confess, however—notwithstanding the contempt which Dr. Sanders will, no doubt, entertain for us ever after—that the precise object of his paper is not apparent; at least not to us. His observations, he tells us, warrant the opinion that all chronic diseases affecting the stomach, liver, bowels, heart, lungs, and head, which are accompanied with spasms, and recur in paroxysms, "are to be considered as varieties of irregular gout." But as the tendency is only apparent, he is anxious to guard against the risk of confounding the "simulation with the reality." Gout assumes the mark of various diseases, from which, however, it is essentially distinct. After some general remarks, of which the above gives the most correct idea we can gather, follow four cases which, we are told, "might, in their progress, have been mistaken for cases of chronic gout." "Gout, however, had not the slightest claim to them." In the two first, the principal symptoms were those of indigestion, with much oppression about the præcordia; and the most remarkable appearance after death, a dilatation of the duodenum, about an inch below the pylorus; which disease, from the description of it, seems to have been cancerous.

The third case occurred in a woman, aged 50, who had enjoyed good health up to the time of her last pregnancy, twelve years before. She was prodigiously large, and from that period had attacks of uneasiness and pain in the stomach and bowels. Latterly she had incessant vomiting, and "was tortured in her bowels." She became miserably emaciated, and died exhausted. In the abdomen were found "the liver and stomach lying lengthwise from the cardiac opening in the diaphragm to below the umbilicus; the stomach stretching under the *linea alba*, convex towards the left, concave towards the right, where it was covered by the thin, doubled edge of the liver, the thick superior convexity of which had left the diaphragm to take its place upon the right kidney. The remains of the umbilical cord, or round ligament of the liver, much shorter than usual, being hardly more than two inches long; the stomach diminished in breadth, the liver in all its dimensions; both sound in their structure. The tumor which extended over the *caput cæcum* was the right lobe of the liver, and the part turned inwards which could be spread out was its inferior margin extenuated. The duodenum returned upwards by the right side of the spine."

The author is of opinion that the displacement was produced by the pregnancy, and became the source of the evils which followed.

The third case more resembles the two first: the symptoms were those of indigestion and enlargement of the heart. The duodenum was so much dilated as to be "fully three inches wide" where the ducts entered it.

"Art. XI. *Case of very large Abscess containing Hydatids imbedded in the Liver, which terminated favourably.* By John Young, Esq. Surgeon, Alloa."

A meagre, jaundiced-looking woman, apparently about 70, but in reality not more than 50 years of age, had complained for many years of deep-seated pain in the right side: during the last eight years a swelling had become perceptible, which had of late so much increased, as greatly to impede respiration, and occasion severe pain, especially when she attempted to lie on the left side. From this time her health rapidly declined, and she became much emaciated. About September 1828 her debility was so great, and the pain in the hypochondrium so insufferable, as to unfit her for any exercise. Upon examination of the liver, Mr. Young found that viscus very much enlarged, so as to occupy a considerable part of the umbilical region. The right side appeared above double the size of the left. The swelling was elastic, and gave the feeling of an unequal doughy substance. Pressure caused extreme pain,

not only over the tumor, but over every part of the abdomen.

On the 2d of November Mr. Young made a longitudinal incision over the most prominent part of the tumor, which divided the integuments and muscular parietes. He then perceived a firm sac, which he punctured with a lancet, when immediately followed a large number of hydatids, which continued to flow until he had evacuated about two saucers-full. These were nearly of one size, of a white colour, and free from any disagreeable smell. A tent was introduced into the wound, for the purpose of keeping it open; and an opiate was prescribed. The tent was withdrawn frequently for several weeks, evacuating large quantities of hydatids, until they amounted to nearly eight pounds weight. Tonics, and nourishing diet, with some wine, were ordered. She continued slowly to improve; and at the date of the report, upwards of four months since the operation, was in better health than she had been for several months before it.

The author made a number of observations on the disputed question of the vitality of these parasitical animals. He introduced some of them into hot water immediately on their being evacuated, but they exhibited no signs of motion; chemical stimuli were equally ineffectual, but mechanical stimuli never failed to produce contraction.

"Art. XII. *Case of Delirium Tremens treated by local Blood-letting and Purgatives previous to the administration of Opium.* By A. H. Renton, M.D."

The nature of this case is sufficiently explained in the title; it contains nothing in the details of any particular interest.

MEDICAL GAZETTE.

Saturday, April 25, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

ALLEGED ATTEMPT TO EFFECT ABORTION.

Our readers, no doubt, remember the case of a real or supposed attempt to procure abortion, which appeared in the newspapers last week, and excited "a considerable sensation," both from the apparent atrocity of the circumstances, and from the full anticipation that the individuals accused) of whose guilt no doubt was entertained) would be executed under the Ellenborough act. The *primâ facie* evidence, as it appeared on the Coroner's inquest, was of the most positive nature, and so satisfactory to the Jury, that in the fulness of their gratitude they passed a vote of thanks to the gentleman who had enabled them, by the clearness of his statements, to comprehend the intricacies of the case, and to bring in an unanimous and decided verdict.

When on a recent occasion we ventured to call in question the legitimacy of the conclusions drawn by the medical men in the case of Mr. Neale, we judged them not from their oral testimony—not from the unguarded expressions which a want of presence of mind, rather than ignorance, may sometimes occasion, but we took a formal statement of the case deliberately drawn up, "with all appliances and means to boot;" nor shall we refuse to Mr. Healey, who has acted so conspicuous a part on the present occasion, a similar advantage. Before we proceed further, then, we shall put our readers in possession of the document presented by this gentleman to the Coroner, the original copy of which now lies before us; and we beg to remark, that the peculiarities in the orthography, which we have placed in italics, are the author's, not ours; in fact, the document is given as literally as our types are capable of representing a written paper:—

Post Mortem examination of the Body of Mary Ewen—on the 31*st of March* 1829.

Brain

On raising the Calvarium (or Bones of the Head)—and tracing the Sinuses

(which are large veins)—I found 'em gorg'd with Blood—in which the superficial vessels *ramufiing* over the Intergyral spaces—participated. A little increase of discolour'd serum in the Left ventricle—the other ventricles were perfectly Natural.—Which appearances, together with there being no Lesion of the Brain, or Coagulation of Blood on any part of its surface—enable me to form the opinion;—The patient's death was not occasion'd by injury, accident, or any local Inflammation of the Brain, or its Meninge's (Coats, or Coverings)

The Breast

On examining the Mamma (Breast)—which, was of considerable size—considering the Patient—was rather *ex*tenuated—and only between Four, and Five Months since impregnation took place—I found the *Mamary* gland considerably enlarg'd, together with the Lactiferous tubes considerably dilated—and fill'd with discolour'd secretion—together with the superficial, and deep-seated veins being *higly* turgid;—indicating strong doses, of powerful *Medcines* had been administer'd.

Respiratory Organs

On examining the Larynx, Trachea, and Bronchia—I found somewhat more mucous secretion than is usually met with. The Pericardium rather thinner than usual—containing about the ordinary quantity of secretion;—the Heart healthful.—The Lung's healthful—no adhesions of the Pleura—nor much increas'd secretion in either cavity of the Thorax. Such appearances were not sufficient to account for the cause of the patient's Death

The Abdomen

On dividing the Abdominal Muscles—a considerable quantity of serum escap'd from the Peritoneum—every part of which, was highly vascular—and much inflam'd.—The Stomach, and Intestines considerably distended—the former, as also the Duodenum—were *filld* with grumous vegetable matter——smelling strongly of Savine, and Rue; both, containing numerous specks — or streaks of Coagulated Blood—with a high degree of vascularity of the Intestines generally,—particularly the small.

The Liver, Spleen, and Pancreas were all healthful, as regards any chronic Disease—yet somewhat turgid—from their necessary sympathy with the Peritoneum and Intestines. The gall-bladder about three-parts fill'd with Bile of a florid Colour.

The Kidneys—and Ureters of each side were extremely healthful. The Bladder also healthful—its coat's equally strong—and firm—as usually found—about One Third it's quantity of Urine contain'd in it—of a strong, nauseous, vegetable odour, similar to that of the Intestines—& rather high colour'd; the exit, or urinary passage from which—I examin'd most particularly and could not discover any *Cathether*—or Instrument to draw off the Water—had been pass'd, or previously introduced.

The Uterus, and its Appendages

On examining the parts of Generation they appear'd highly inflam'd—and considerably excoriated—particularly on each side of the Corpora *Myrtiformes* (Two lateral projections—about hal. way up the Vagina). The Os Tincæ, or Mouth of the Womb, very much swollen—together with the neck;—projecting considerably lower into the Vagina than is usual at such a period of Pregnancy. Towards the lower, and back part were Two distinct dents, or Impressions—as if made by a blunt instrument in the first instance—while on the right side of the Os Tincæ—were Five distinct punctures made by a sharp instrument—extending into the Neck, or Substance of the Womb itself—on pressing which, Matter ooz'd out—to the quantity of Two, or Three Teaspoon's-ful. The surface around those punctures, as also around the whole of the Mouth of the Womb was *markd* with inflammation, of an unhealthy character. The whole of the Womb, considerably thicken'd its internal surface highly inflam'd—and streak'd with several coagula of Blood. The Liquor Amnii viscid—and ting'd with Blood; the Fœtus was a male, and in every respect natural.

I am of opinion the Deceas'd's Death—was caus'd by *administring* Savine, Rue, and Hyoscyamus;—which tended to excite, or increase the *Inflamation* of the Womb—brought on, by the frequent attempts to perform an operation—locally—the effects of which, combin'd with the *medcines* administer'd—were—to procure Abortion. Which inflammation caus'd by such means—became communicated—as of necessity must be

from their immediate connection;—to the Peritoneum and Intestines—thereby causing the Patients Death.

Lauce Healey Surgeon
Saint James's Street.
Jn° Hy Gell, Coroner *.

On a document so singular it is not easy to know in what terms to comment; for whether we regard the orthography, the grammar, the description of the appearances, or the inferences deduced from them, we are equally lost in admiration of the witness, the jury, and the coroner; the witness who produced the document—the jury and coroner who approved of it.

Passing by the style and manner of its composition, as scarcely within the objects of our journal to examine, we shall direct attention in the first place to that clause of the paper which refers to the condition of the mamma. The enlargement of this gland, the increased size of the lactiferous tubes, and the loaded state of the blood-vessels, one and all of them the natural results of pregnancy, are looked upon as proving "that strong doses of powerful medicines had been administered." This passes belief: that any man should have delivered such an opinion under ordinary circumstances would only have been regarded as an example of marvellous folly, but that an inference, placing the lives of two individuals in jeopardy, should have been thus confidently deduced from such insufficient premises, constitutes a combination of ignorance and audacity of which the evidence of our senses alone could have convinced us.

In the thorax the only circumstance worthy of note is, that the pericardium was "rather thinner than usual," a description in keeping with the anatomical skill displayed by the narrator throughout. Notwithstanding the preternatural thinness of this membrane however, the heart and lungs were "heathful." The abdomen shewed marks of general inflammation; the stomach and intestines were distended, and the former contained "grumous" vegetable matter, smelling strongly of savine and rue. Now when we consider the interval which had elapsed between the administration of these and the death of the patient, and that it appeared in evidence that Mr. Healey had himself administered various vegetable medicines, some of which were also possessed of powerful odour, it strikes us as a remarkable acuteness of the sense of smell to be able to distinguish both the savine and rue amid the variety of other substances more recently introduced, including hyoscyamus, senna, peppermint, &c.; and we would beg to ask whether Mr. Healey would have been able to speak confidently to the distinct and particular odour of the "savine and rue," had he not been made acquainted with the fact of these substances having been administered to the deceased, by one of the most extraordinary proceedings ever witnessed in any court; namely, putting the accused upon her oath, and taking her own evidence against herself!! (See report of the Coroner's Inquest.)

The liver, spleen, and pancreas, were free from any thing remarkable: but we mistake, there was one remarkable circumstance, — the gall-bladder was about three parts filled with "bile of a *florid* colour." Such are the words in the original, "*bile of a* FLORID *colour*"!!

Passing on to the urinary bladder, we find that it contained fluid which had a "vegetable" smell, similar to that of the intestines; but here the odours, we presume, had become blended too much for separate discrimination, as they are not specified individually. On examin-

*. Was Mr. Gell present at the inquest?

ing the meatus urinarius, Mr. Healey did not discover that any instrument had been passed to draw off the water. The only circumstance connected with which statement that requires comment is the implied idea, that if a catheter *had* been so introduced, he could have ascertained the fact by examination after death.

Of course, in such a case, particular attention was directed to the state of the genital organs. These were inflamed and excoriated, particularly the corpora "*myrtiformes*," which we are informed are situated "about half way up the vagina." By far the most important point, however, and that on which the decision of the question mainly hinged, is the assertion that there were marks of various instruments to be seen about the os uteri. It is said there were "two distinct dents," as by a blunt, and "five distinct punctures," as by a sharp instrument; while, it is added that, on pressing the latter, "matter" exuded. Guided by these appearances, and the inferences he conceived to be deducible from them, Mr. Healey summed up by declaring his belief that the death of the deceased was caused "by administering savine, rue, and hyoscyamus," and "by the frequent attempts to perform an operation locally."

This brings us to the history of the trial, which may be given in very few words, the details being too voluminous and not of sufficient interest for publication.

Some doubts as to the absolute accuracy of Mr. Healey's opinions seem first to have suggested themselves to Mr. Brain, the surgeon to St. James's parish, and he thinking that a question which affected the lives of two of his fellow-creatures ought not to be hastily decided, took means to make himself acquainted with the *natural* state of the parts at different periods of utero-gestation, and was thus led still farther to question the correctness of the doctrines laid down before the Coroner. Dr. Robert Lee was also consulted, and he, on examining the parts distinctly, pointed out that the alleged "punctures" were nothing more than the openings of the excretory ducts of the glands, presenting such and only such appearances as are usually met with at this period of gestation. But what amounted to absolute demonstration of the correctness of this opinion was the fact, that into the supposed "punctures" several smaller mouths opened, being the apertures of various ducts discharging themselves at one common point; while the "matter" which oozed out on pressure was only the gelatino-mucous secretion natural to the parts.

On the trial, as may be supposed, Mr. Healey totally failed in substantiating the assertions he had made before the Coroner; and so completely "broke down" that it became obvious the cause was at an end, even if no other evidence had been in store. Neither Dr. Paris nor Mr. Jewell, who had been called for the prosecution, supported the original statements of Mr. Healey. As to the "punctures," the former thought it impossible to give a decided opinion upon the subject in the then state of the parts, while the latter was doubtful whether the appearances were the result of violence or not. The charge, therefore, of punctures having been made in the attempt to introduce a sharp instrument must have fallen to the ground, even without the positive evidence of Dr. Lee and Mr. Brain, which appeared to us, and what is of more importance, was deemed by the Court, perfectly satisfactory against it.

The charge of having administered certain drugs, with a view to induce abortion, might still have attached to the female prisoner had not the fact of their administration been got at by the

extraordinary proceeding above mentioned—that of making her criminate herself.

With the collateral evidence we meddle not, nor do we offer an opinion as to the conduct of the parties accused; we limit ourselves to the medical part of the question.

The coroner's jury were guided by the professional testimony adduced when they brought in their verdict; and when we come to examine the grounds of this testimony, we find them, not only insufficient to support the weighty inferences founded upon them but such as actually appear to have had no existence except in the imagination of the witness. The natural openings of ducts are declared to be punctures from a sharp instrument; the fullness of the mamma, attendant on impregnation, is held to be the consequence of powerful medicines; and though least in importance, assuredly not last in absurdity, the gall-bladder is asserted to have been filled with "florid bile." And yet for this report, the coroner's jury presented the witness with a vote of thanks! A most unfortunate vote; an enduring evidence of their own incapacity, and fixing attention upon a document which, for its presumption and folly stands without a parallel in the records of medical jurisprudence.

The recent case of Mr. Neale, and the present, point clearly to the insufficiency of the state of the law as regards the coroner's inquest. No man can conduct the necessary investigation who does not understand the legitimate inferences to be drawn from the appearances presented by the dead body: any man possessing such information would have at once detected the fallacy of the evidence in both the instances alluded to. But these cases do more—they clearly point out the necessity of examining competent witnesses.

The former instance shewed the inadequacy of the most perfect acquaintance with one branch of medical science—anatomy, to enable the surgeon to draw correct inferences from what he saw; the present shews still more forcibly the danger of a jury trusting to the evidence of one bold enough to give a decided opinion upon a subject of which the result has proved that he was wholly incompetent to judge.

In common with other men, we view with horror the offence of which the parties were accused; and assuredly our voice

> "Was ne'er employed
> To clear the guilty, or to varnish crime:"

But, as in two recent instances, attempts have been made on the evidence of medical men to establish charges of violence where the appearances they have themselves described warranted no such inferences, we have felt it to be a public duty to animadvert upon their conduct. In the latter case, had the evidence leant to the side of mercy—had the consciousness of ignorance led to diffidence in drawing conclusions—we should have thrown a veil over its absurdity; but when ignorance is united to rashness, and leads to positive testimony, involving the lives of others, it forms a combination too dangerous to be left to its consequences unchecked by the salutary caution which public exposure never fails to inspire.

LECTURES DURING APPRENTICESHIP.

We beg to direct the attention of any of our readers whom the subject may interest to a letter at page 671, from Mr. Watson, contradicting what he designates by the gentle appellation of "mis-statements" in the Lancet with regard to the reception of certificates at Apothecaries' Hall. The Editor of the Lancet, who, for reasons best known to

himself, has lately abandoned even the affectation of telling the truth, asserts in his last number that certificates of lectures attended during apprenticeship are not received as qualifying for examination. The whole of the statement alluded to *is false from beginning to end*; and we are anxious to prevent pupils from being misled, or entertaining any groundless apprehensions on the subject. Mr. Watson states that two young gentlemen have already applied to him. We can only express our astonishment that even among the younger members of the profession there should be any so simple as to believe any statement merely because it suits the purpose of the worthy Church Warden to make it. We do not pretend (as the Editor of the Lancet lately did) to publish regulations a year before they are made, but we have hitherto and shall continue to present our readers with all documents of this nature *as soon as they are in existence.* Those who wish for them at an earlier period must apply to our contemporary.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, April 14, 1829.

Dr. Roget in the Chair.

Dr. Yelloly communicated a paper, in which he proved that the account given by Dr. Douglas of Cheselden's operation for the stone, is incorrect. That author has represented him as plunging his knife into the bladder above the prostate, and cutting in a direction opposite to that now adopted; whereas it appears, from Dr. Yelloly's statement, that Cheselden never had recourse to this method of operating.

WESTMINSTER MEDICAL SOCIETY.

Cæsar Hawkins, Esq. in the Chair.

Discussion on Jaundice.

After the reading of Dr. Lee's paper, (see page 663,) an extremely desultory discussion, or rather conversation, ensued, chiefly consisting in questions from members regarding the cases read in the paper, and answers to those questions by Dr. L. Having given the paper, it will not be necessary to give the several explanations of the author. After about an hour had elapsed,

Dr. Webster related the particulars of a case of jaundice which he had lately witnessed; in which the disease was accompanied with a peculiar eruption on the face and forehead, looking, when at its height, almost like that of small-pox. The patient was a middle-aged man, who had led, to all appearance, a regular life, and the eruption, which was of a pustular character, appeared about four days after the commencement of the jaundice, accompanied it *pari passu* in its progress, and faded as it declined. Dr. Webster considered this eruption as dependent on the jaundice, and not an accidental concomitant with it. He had treated the case by considerable doses of calomel and jalap at the commencement, followed by alterative doses of mercurials.

A debate upon jaundice ensued, which was somewhat more vivacious than that upon the paper, but still presented nothing particular.

Mr. Hunt related a case of jaundice accompanied with remarkably little constitutional disturbance, and begged to know whether other members had not occasionally seen the same? Mr. H. especially adverted to the frequency of such an occurrence in young persons.

Dr. Johnson had never seen a case of jaundice so utterly unaccompanied with disturbance of the health as that related by Mr. Hunt. In all, the appetite was much impaired, the urine was yellow, the fæces pale, the skin affected with troublesome itching, the patient desponding, and affected with a peculiar inaptitude for mental exertion, especially any arithmetical calculations. The treatment which Dr. J. had frequently seen productive of much relief, when the pain was urgent, was blistering to the epigastrium, with fifty drops of the liquor of Opii sedativus, and eight or ten grains of blue pill at night, followed next day by saline purges.

The question arose as to whether jaundiced patients see yellow?—but no gentleman present had seen a single instance of the fact, and all seemed to consider it as a vulgar prejudice.

Dr. Locock wished to know whether the milk of a jaundiced nurse would be yellow?—for, in one case, in which he had examined it, no such discolouration was found. He had not tasted the fluid.

On the 18th, Dr. Milligan will introduce the subject of carditis.

Saturday, April 18th.

J. Arnott, Esq. in the Chair.

Discussion on Pericarditis.

Dr. Milligan called the attention of the Society to some cases of rheumatic pericarditis.

Although pericarditis is a disease which is described in most modern works on the practice of physic, and modern pathology has thrown a good deal of light on the subject, still it is somewhat obscure; and this obscurity seems to arise from the infrequency of its occurrence in a simple uncombined form. Pericarditis may be complicated with carditis, with pleuritis, and other diseases. Corvisart, who is good authority on this subject, has said that he had no distinct recollection of a case of simple pericarditis; and Laennec believed that such cases were very rare.

The first case to which Dr. M. adverted, was that of a patient at the Middlesex Infirmary. On going into his room, he found him sitting on a chair, leaning forward on a table, in which position he had remained some nights, being unable to lie down. He complained of pain in the præcordial region, with strong, irregular, tumultuous palpitations; anxiety, orthopnœa, cough, a little mucous expectoration; the pulse was full, strong, irregular, prolonged; the countenance bloated, livid. The stethoscope being applied over the heart, received a strong impulse at each contraction of the ventricles, while a clear sound was heard; dull sound emitted on percussion. He stated that he had been subject to attacks of acute rheumatism of the large joints occasionally, for the last five or six years, for which he had never been bled.

He died soon after. On examining the body, partial adhesions were found to have taken place between the pleura pulmonalis and costalis of both sides of thorax—most remarkable on the left; about twenty ounces of turbid serum effused into the bags of the pleura.

The heart increased to more than double its natural size; the pericardium closely adherent all round, so that it appeared to be altogether wanting. Both ventricles hypertrophied, and dilated.

The second case was that of a butcher, who complained of pain at the large joints, extending in the course of the muscles, and increased on motion; pain and swelling at the ankle and great-toe of right lower extremity; pulse full and strong; tongue white and furred, and bowels confined. Countenance flushed. Heat increased. Was ordered to be bled, which remedy he refused to comply with. Took an aperient, diaphoretics, with colchicum, calomel, and opium. He had been a patient at this institution twice previously, within the last two years, for acute rheumatism, for which he was bled to sixteen ounces each time.

On the 28th January, he complained pain and heat in the præcordial region; strong palpitations; pulse weak and irregular; remarkable disproportion between the pulsations at the heart and at the wrists. Cough; dispnœa; jactitation. A sound resembling the creaking of new leather heard through the stethoscope. Dull sound on percussion. Diffuse pain of abdomen, and nausea.

Ordered V. S. ad ℥xvj.; a blister, aperients, Calomel and Opium. Digitalis.

Ascites supervened. Legs became œdematous. Anasarca of scrotum and penis; urine diminished in quantity, coagulated on heat being applied; pulse irregular, intermittent; delirium came on, and he died on the 10th February.

In the thorax, partial adhesions on left side, effusion of about a pint and a half of turbid bloody serum into the pleura; three ounces of bloody serum in pericardium; three pints of a similar fluid into the peritoneum.

Dr. Milligan also related the case of a female servant, of a slight figure and delicate constitution, admitted a patient of the same institution, Feb. 12, 1828. Acute rheumatism of large joints, for which she was treated by aperients, diaphoretics, with colchicum. Eight days after her admission, complained of pain in præcordial region, orthopnœa, great anxiety, disposition to faint on motion, left cheek flushed, strong palpitations of the heart, with a frequent, small, irregular pulse. Was bled to sixteen ounces. The bleeding repeated twice afterwards, on successive days. Took three grains of calomel and one of opium every sixth hour; a blister to the region of the heart; un-

der which treatment the symptoms gradually subsided, and she recovered.

The last case was that of a girl, æt. 8 years, admitted a patient at the Universal Infirmary for Children, on the 12th March, 1827. Acute rheumatism; swelling and pain of elbows and knees, without discoloration. Treated by aperients, diaphoretics, with colchicum and bark. At the end of ten days, pericarditis set in, for which she was bled twice by leeches, purged, a blister applied, took diaphoretics, calomel and ipecacuan, and recovered.

In the first case, chronic pericarditis, with pleuritis, must have been present for some considerable time, without its having been suspected. The adhesion of the pericardium to the heart, and the omission of the proper remedies for such disease, prove this.

The second case is remarkable, on account of the patient having had two previous attacks of rheumatism, for each of which he was moderately bled, and recovered. On the third attack he refused to be bled; pericarditis, with pleuritis and peritonitis, supervened, and the patient died.

In the third case, the acute rheumatism was treated without bleeding. Pericarditis supervened; which was relieved by prompt bleeding, with calomel and opium.

The fourth is remarkable as a case of rheumatism and pericarditis in a young child, which is rare. The rheumatism was treated without bleeding, and pericarditis supervened. The latter disease was removed by bleeding, calomel and ipecacuan, and a blister.

The practical inference which the narrator was inclined to draw from all these cases, was, that had moderate bleeding been used in the early stage of the rheumatic attack, pericarditis might have been prevented: but he put as queries to the members, whether they conceived that the omission of blood-letting in the treatment of rheumatism favours the origin of pericarditis, or the reverse? Sydenham acknowledged that, in his early practice, he carried bleeding too far in the treatment of rheumatism. Dr. M. was afraid that, in the present day, we are disposed to run into the opposite extreme, and neglect it altogether. He begged not to be understood to recommend large and repeated evacuations of blood, but moderate blood-letting; by which he meant any quantity under sixteen ounces.

Connected with this subject, some other questions were worthy of consideration. How does the metastasis occur—whether through the solids or fluids? He believed through the former—the solids.

Next, what are the best pathognomic signs of pericarditis?—Are pain and heat in the præcordial region; increased impulse and sound of the ventricular contractions, with inequality and disproportion to the feebleness and smallness of the pulse, with a noise like the creaking of new leather, heard through the stethoscope; disposition to faint on motion; cough without expectoration; dyspnœa, anxiety, jactitation, dull sound on percussion?

Lastly, does pericarditis supervening on rheumatism demand a different mode of treatment from that arising from other causes; and what is the best treatment of the disease? He considered bleeding, calomel and opium, and a blister, the best remedies; while, in rheumatic pericarditis, rubefacients may be applied to the joints affected. He concluded with the observation Baglivi applied to diseases of the lungs: "Oh, quantum difficile est, cognoscere morbos cordis!!"

A discussion of considerable interest followed, but as the various members who joined in it spoke repeatedly, we shall endeavour to give brief abstracts of the opinions they expressed, rather than make any attempt to follow them in detail.

Dr. James Johnson thought it was quite a mistake to imagine that blood-letting was not sufficiently employed in general practice, in the treatment of acute rheumatism. In most severe rheumatic affections to which he was called, he found that bleeding had been freely had recourse to. He looked upon the attacks upon the heart, as produced by a kind of metastasis. He had seen tumultuous action of the heart immediately follow the use of the warm-bath—the pains suddenly leaving the joints; and in the majority of cases of rheumatism of the heart which he had witnessed, the disease had nearly, if not entirely, left the limbs before the heart was attacked. He differed entirely from Mr. Hunt, who had stated that the good effects of bleeding were most conspicuous in the affections of the

heart connected with rheumatism, and thought that, on the contrary, there were few diseases over which blood-letting exerted a more limited control. He thought very favourably of the administration of calomel with Dover's powder; a form of treatment originally recommended, many years ago, by Dr. Hamilton, of Lynn Regis.

Dr. Macleod doubted whether the affections of the heart which were met with in rheumatism, were, properly speaking, instances of metastasis: they generally occurred after the disease had been present some time; are frequently seen along with simultaneous affections of the limbs, and are rather to be looked upon as the extension than metastasis of the disease. He thought copious bleeding in acute rheumatism rather favoured the heart affection—rendering the disease altogether more protracted. He believed that, some years ago, cases of this nature were more frequently met with than now, when, according to his experience, he would say blood-letting was less extensively adopted than it was some years ago. He remarked, that heart affections along with rheumatism had been very rare in those treated from the commencement of the disease at St. George's Hospital, since the introduction, by Dr. Chambers, of the plan of treating the disease with large doses of calomel and opium; and he alluded to the strong opinion expressed by Dr. P. M. Latham, in the papers recently published in the Medical Gazette. He thought bleeding in rheumatic affections of the heart was only to be employed to such extent as was absolutely necessary to control the symptoms, till there was time to get the system under the action of mercury.

Mr. Hunt spoke at some length, but we had some difficulty in gathering his opinions. We understood him to say that bleeding was to be employed in rheumatism of the heart just as in inflammation of the lungs, and that there was no disease in which the efficacy of venesection was more conspicuous. He had seen Dr. Pearson use mercury extensively in rheumatism, about the year 1816; but another physician, to whom Dr. Macleod had referred, thought less favourably of this remedy. He meant Dr. Chambers. If calomel was given in the doses stated, it was impossible not to suppose that the mouth would speedily be rendered dreadfully sore.

Mr. Gilbert Burnett bore testimony to the success of the mercurial treatment. He had seen gr. x. of calomel, and gr. ii. of opium, given every six hours, in severe cases of acute rheumatism, by Dr. Chambers, and the result had in general been highly satisfactory. He was a pupil of Dr. Pearson's, but had always heard him speak of calomel with absolute detestation, while he administered opium in all cases of rheumatism, almost to the exclusion of any other means.

Some *sparring* followed between Mr. Hunt and the other speakers, all of whom attacked the opinions of that gentleman; and, in fact, it appeared that he had laboured under some misconception as to the methods of treatment in rheumatism, adopted by the gentleman to whom he referred.

After a few words from Dr. Milligan, the President gave Dr. Gregory permission to read some cases of poisoning by corrosive sublimate. (See page 666 of the present number.)

Dr. Gordon Smith remarked that these cases formed a valuable addition to toxicology, shewing that the external application of the poison in question, similar to that of arsenic, affected the upper and lower parts of the alimentary canal, bringing on inflammation, not continuously, but in separate portions. He had himself seen a solution of corrosive sublimate (about gr. ii. to the ounce of water) used for psora, and had employed it in his own person. The plan was to dab it on each pustule with a hair pencil: it generally destroyed the pustule to which it was so applied, but did not cure the complaint.

LONDON MEDICAL SOCIETY.

We regret to find that the report of the proceedings of this Society, in our last Number, were so incorrect as to have been made the subject of complaint by several members. Having heard of this circumstance, we addressed a note to the gentleman whom we understood to be most dissatisfied, requesting him to point out the error or errors to which he alluded; but as he has not favoured us with an answer, it is not in our power to

do him justice. We have, however, received a letter from Dr. Ryan, which we subjoin. When any inaccuracy finds its way into the Medical Gazette, we shall not only be ready, but most anxious, to correct it. We had every reason to believe that the source of our information was one calculated to supply the most unobjectionable reports; and that no wilful misrepresentation of any circumstance was practised, is obvious from the fact that our report was almost identical with the minutes of the previous meeting, read last Monday evening. Although in this instance it appears, notwithstanding, that the report is not correct, we must remark that the readiness displayed in pointing out and complaining of the mistake may be taken as a proof that, on former occasions, there was no room for objection.

As the meetings of the Society are, for the present, very nearly concluded, we shall probably not resume our reports till next season; as the result of any hurried arrangement might perhaps detract from the reputation for accuracy which this Journal has acquired, and to which it is not claiming too much to say that it is entitled.

To the Editor of the London Medical Gazette.

Sir,

In your report of the proceedings of the London Medical Society, which appeared in the last number of your work, I beg leave to inform you that several inaccuracies have been inserted, which were severely animadverted on at the last meeting of the Society. I did not then complain as to the improper manner in which my observations were reported, and for this reason, that the President promised to have the report amended.

In my remarks on the reported case of hour-glass contraction of the uterus, I maintained such a condition was physically impossible while the fœtus remained in the uterine cavity; nor was there one obstetric writer who maintained such an opinion. I observed that the case was one of common occurrence, and such as every one engaged in the practice of midwifery to any extent must have observed; and that I agreed with those who would exhibit opium and wait for its effects, before the operation of turning could be safely resorted to. I mentioned that this practice prevailed since the time of Dr. Middleton, and not Milligan, as mentioned in the Gazette, and was adopted by the majority of the most eminent obstetricians in this country. There was no obstetric writer or practitioner of eminence of the name of Milligan, as far as my research extends. It is also unfair to give my opinion "that the case was not hour-glass contraction" without adding my reasons for maintaining it. I need scarcely observe that it is as uncourteous as unphilosophical to contradict an opinion merely by an assertion. I also denied that it is an axiom in obstetrics to leave a patient to fate, where turning cannot be effected from the violent contraction of the uterus, in arm presentations. In such cases I mentioned, in accordance with Mr. Ashwell's opinion, that dismemberment should be effected when the child should have been dead; and that the operation of decapitation, as recommended by Dr. D. Davis, when practicable; or the evisceration of the thorax and abdomen, as recommended by Dr. F. Ramsbotham, could be performed with perfect safety, and complete recovery of the mother. I said that I had operated twice with success by evisceration, and that the operations were described in my work on midwifery.

I trust that justice which one medical man owes another, and the duty incumbent on all to promote the honour and dignity, and sound principles, of medical science, will induce you to give insertion to this communication.

I am, Sir, &c.

M. Ryan, M.D.

61, Hatton Garden, April 21, 1829.

HOSPITAL REPORTS.

HOSPITAL SHIP GRAMPUS.

Stricture of the Urethra—Puncture of the Bladder.

Richard Starley, a Custom-House officer, aged 59, was admitted on board the seaman's hospital ship, Grampus, under the care of Mr. Thorburn. There was much swelling, pain, and tension, in the region of the bladder. No urine had passed for three days, except occasionally a few drops, which afforded no relief.

The smallest sized catheter would not enter the bladder on account of strictures, which he said had troubled him for twenty years. Bleeding and other measures were

in vain resorted to. The bladder was punctured above the pubes, and nearly three quarts of urine evacuated. A large-sized gum elastic catheter was introduced through the wound, and retained in the bladder. The urine was drawn off at regular intervals, and it was found to deposit a considerable quantity of muco-purulent matter, having an offensive smell.

He stated that this discharge had existed, more or less, during ten years; but for the last six months it had been constant. The bladder was now carefully injected with tepid water morning and evening; and after some days a bougie, of the smallest size, was with difficulty passed along the urethra, the whole extent of which was contracted and irregular.

The catarrhus vesicæ continuing, a solution of the nitrate of silver, five grains to the pint of distilled water, was daily injected; and the solution was gradually increased, during a period of one month, till it was used in the strength of ten grains to the ounce. This occasioned some uneasiness, not amounting to pain. Under this treatment the catarrhus vesicæ entirely ceased, and the urethra was in the meantime restored to its natural calibre by the employment of bougies.

The gum elastic catheter was retained in the bladder twenty-eight days, in order to facilitate the injection. At the end of six weeks his urinary organs were healthy. A large silver sound daily entered the bladder with ease, and he made urine in a full stream, and at natural intervals.

He left the hospital free from complaint, except a diarrhœa, which it was supposed would be benefited by the change of living at his own house in town.

Mr. Robinson, assistant-surgeon to the Customs, very kindly communicated the following particulars.

"Richard Starley arrived in town, suffering from a diarrhœa, which was soon checked by medicine. He had then an attack of pleurisy of the left side, for which he was bled, blistered, &c.; and the symptoms, excepting a short dry cough, disappeared. Just as he was recovering from the latter illness, he was seized with jaundice. This yielded to remedies, but the diarrhœa returned with violence; all food was rejected by the stomach, and he gradually sunk. He died two months after his discharge from the Grampus.

Post mortem appearances.—There was effusion of puriform matter in the left cavity of chest; and on the pleura was deposited organised lymph. The pericardium and heart were partly adherent. The mucous lining of the intestines in some parts conjested. The bladder was small and thickened; the muscular bundles so large as the columnæ carneæ of the heart. The membranous portion of the urethra thickened, but a full-sized catheter passed readily into the bladder."

ST. GEORGE'S HOSPITAL.

Violent and fatal Peripneumony after the use of the Sulphur Bath—Dissection.

Henry Moon, between 40 and 50 years of age, a carpenter by trade, was admitted into the Hospital Dec. 17, 1828, under the care of Mr. Brodie, on account of an extensive cutaneous eruption, half lepra, half psoriasis, which had existed for upwards of twenty years. Six years before his admission he had received some slight benefit from the use of the decoction of dulcamara, but nothing had proved of any permanent utility. By direction of Mr. Brodie he took various medicines in the house, with the effect of procuring some amendment; and on the 9th of last March he was ordered to try the sulphur fumigations, at Mr. Green's establishment in Great Marlborough-street.

On the 18th or 19th he took one of these baths, and was afterwards exposed, in his walk from Mr. Green's to the hospital, and that not in the best of clothing, to the cold easterly winds then prevalent. In the course of the evening, or early next morning, he was seized with a rigor, which was followed by feverishness and vomiting. Five grains of calomel, and three of the pulvis antimonialis, with a dose of house physic, were prescribed by the house-surgeon; but on the 20th he was evidently very ill. The expression of the countenance was intensely anxious; the tongue dark and red, and dry; the pulse 120; the skin hot. He had at this time a slight, and but a slight, pain in the lower part of the chest, on the left side, when coughing or making a full inspiration. He was now turned over to the care of Dr. Chambers, who ordered a blister to the chest, four grains of calomel every night, with half an ounce of castor oil next morning, and salines, with antimonial wine, every six hours.

On the 21st he was evidently worse: the pulse was rapid; the tongue even dryer and rougher than before; the countenance sunken; the pain in the side more severe, and accompanied with cough. The cutaneous eruption, it should be mentioned, had faded in a very perceptible degree. On the 22d, the pain in the side was materially increased; but the other symptoms were much in *statu quo*, save that the pulse was growing weaker, and the patient in appearance much distressed.

Adde Haustui Spt. Ætheris Compos. 3ss.

On the 23d he was sinking; the pain in the left side of the chest and hypochondrium was absolutely excruciating; the mind was wandering; the countenance wild and anxious in the extreme; the teeth incrusted;

the tongue of one universal brown; the bowels greatly relaxed.

℞ Hyd. c. Cret. gr. iij. Ext. Papav. gr. ij. 4tis horis. Vin. Rub. ℥iv. ex aq. quotidie. Empl. Cantharid part. dolent.

Next day he died.

Sectio Cadaveris.—There was nothing particular observable externally, the eruption being almost entirely gone, except upon the right thigh, where some faint purplish patches still remained.

On opening the chest the left pleural cavity contained half a pint, or more, of dark turbid serum, mixed with flakes of lymph and pus; whilst the surfaces of the membrane were glued together in various parts by thick, gelatinous, and recent lymph. The substance of the lung throughout, but still more especially its lower lobe, bore marks of recent and destructive inflammation. It was generally hepatized, of deep, modena, liver colour; whilst the lower lobe presented an exquisite specimen of the "diffuse suppuration" described by Laennec. The right side of the chest was free from disease.

The heart was large, and its left chambers unusually muscular, considering the absence of any extraordinary degree of muscularity in the body generally. The liver was extremely large, and afforded a good illustration of the granitic, or "dram-drinking" degeneration of structure. Its acini were severally of remarkable dimensions. The spleen, like the liver, was of large size; but presented no appreciable alteration of structure. The kidneys were also hypertrophied in dimensions, but not, as far as we could see, diseased.

The head was not examined.

BATH HOSPITAL.

Case of ununited Fracture of the Femur, cured by the Introduction of a Seton.

The subject of the following case was admitted into the hospital under the care of Mr. Henry Lyford, with a fracture of the right os femoris. The boy stated that the fracture had been produced (so long ago as eleven months) in consequence of a fall from a tree. A surgeon was called to his assistance at the time of the accident, and adjusted the fracture in the usual mode: at the expiration of eight weeks the bandages and splints were removed, when he found that he was quite as unable to move the limb as at the very first moment of the accident. The dressings were re-applied, and continued (with the exception of their being occasionally renewed) up to the present period. On examination, an oblique fracture was discovered, rather above the centre of the femur, at which part there was a very considerable degree of motion, so much so that the disunited portions of bone could be made to form an obtuse angle, and that without producing the slightest pain or inconvenience. The foot and leg quite œdematous, and much everted; the limb one inch and a quarter shorter than the opposite extremity, and incapable of being elongated by extension. There appeared to have been an unusual degree of constitutional languor and inactivity, manifested by a very slow and feeble pulse, extreme coldness of the hands and feet, pallid countenance, dry skin, an impaired appetite, with constipated bowels.

A large blister to be applied on either side of the thigh, contiguous to the fracture. Meat diet. A pint of porter daily. The bowels to be kept open by equal parts of the mercurial pill and extract of aloes, and three spoonsful of the compound mixture of steel to be taken three times a-day.

Sixth day.—The vesications produced by the blisters are entirely healed; general health much improved. Ordered to continue the medicine and diet as before, and to repeat the blisters.

Twelfth day.—The blisters have totally failed to produce any effect, by way of exciting ossific inflammation; the fractured portions of bone can be made to move on each other with as much facility as on the day of the patient's admission, notwithstanding his general health appears very materially improved. Mr. Lyford, therefore, determined to-day on introducing a seton between the broken ends of the bone.

Operation.—An incision of one inch and a half being made through the integuments on the inner part of the thigh, at the mesial edge of the rectus muscle, the parts underneath were completely divided down to the fracture; a long round seton needle, somewhat resembling a packing needle, armed with a piece of tape well oiled, was then introduced between the fractured extremities of the bone, and protruded behind the vastus externus muscle, through the skin, at the dorso lateral part of the thigh. No hæmorrhage ensued; the wounds being closed with adhesive plaister, the patient was removed to his bed, and placed on his back, his leg and thigh being supported on a double inclined plane.

Fifteenth day.—Wounds dressed the first time since the operation. The incision on the inner part of the thigh quite united, except at the place where the tape is inserted; the discharge, though healthy, very scanty. No inflammation, or febrile symptom, has supervened. Ordered to continue the same diet, with the porter, as before the operation, and to take decoction of bark one ounce and a half, three times a-day.

Eighteenth day.—Wounds dressed; the

quantity of discharge materially increased; some degree of pain produced on pressure immediately over the situation of the fracture; no accession of fever. Continue the medicines and diet.

Twenty-fifth day.—The patient has passed a very restless night, accompanied with frequent rigors, considerable pain in the thigh, which is much swollen; the pulse 100, tongue white and dry; the discharge from the seton copious and extremely fœtid; the wounds on each side of the thigh encircled by an erysipelatous blush.

Calomel pill 5 grains, to be taken directly, with an aperient draught; and, at bed-time, gum opium, gr. j. The seton to be withdrawn, and the thigh to be poulticed with bread mixed in the poppy fomentation. Low diet.

Twenty-sixth day.—The irritative fever has much subsided; pulse 90 and soft, tongue moist; the bowels have been freely acted on; the pain in the thigh much relieved; the tumefaction diminished; the discharge as copious as yesterday, but not so fœtid. Continue the poultice; take a wine-glassful of saline mixture every five hours.

Thirtieth day.—Since the last report, the constitutional symptoms have gradually disappeared; pulse, tongue, and skin natural; the wound on the dorso lateral part of the thigh has completely healed; the discharge from the other very scanty, but healthy; a high degree of inflammation, however, has taken place between the fractured portions of bone; the slightest movement of the limb, or any part of the body, being felt most acutely at the seat of fracture. The limb was now made perfectly secure and steady, by the application of a many-tailed bandage with splints.

Fortieth day.—The wound, which has been dressed every second day, has now entirely closed.

At the expiration of two months from the time of his admission, he was discharged cured; the limb, however, being one inch and a quarter shorter than natural, compelled him to walk with a particular kind of gait.—*Provincial Gazette.*

HOPITAL DE LA PITIE.

Intestinal Worms expelled by means of Croton Oil.

M. Balby has found the croton oil efficacious in cases of invermication; one of these is as follows:—

—— Ginet, aged 24, admitted into La Pitié last March, brought with him a bottle, containing a long piece of the Tænia vulgaris, which had been expelled, after much suffering, by means of the pomegranate. He still complained of oppression and uneasiness in the ileo-cœcal region, which he attributed to the remains of the worm. The day after his admission one drop of croton oil was administered, which was followed by seven or eight motions, bringing with them several yards of tape-worm. After a respite of three or four days, another dose was administered, which brought away about two yards more. The portion obtained this time was not so broad, more rounded, and evidently one of the extremities, in which, however, the characters of the head could not be perceived.

On the 30th of March two drops were given. This was followed by ten motions, with a quantity of the debris of the Tænia, and a large female Lumbricus. Since this time Ginet has experienced no inconvenience.

HOTEL DIEU.

Poisoning with Sulphuric Acid.

A boy, nine years of age, applied a bottle to his mouth, containing sulphuric acid, of which he took a mouthful; the second, which he was about to swallow also, being thrown out upon the chin, arms, and hands. This occurred at ten in the morning, and the patient had breakfasted plentifully. He was instantly taken to a chemist's, who made him swallow three or four glasses of water, containing half an ounce of magnesia. The boy was little disturbed; the skin cold; the pulse slow; the epigastrium painful to strong pressure; the lower lip, the cheeks, the back of the hands, and the fore-arm, partially swollen, red, and painful, as after a scald. The inside of the mouth was of an ash grey colour. In the evening the pulse was quick, and the epigastrium "indolent;" no vomiting nor thirst. The magnesia was continued, and the burnt parts covered with compresses, soaked in cold water.

He had a liquid stool during the night. Next day the tongue appeared covered with a white layer of little thickness, and which already was becoming detached from the point of that organ and from the gums. The cuticle of the hands, &c. was black, dry, and rough: no inflammation beneath it. The third day the pellicles of the tongue, lips, and cheek, had fallen off, all the mucous membrane of the mouth being of a bright red. The patient asked for food; had no fever; bowels indolent. Had some soup, and afterwards a natural motion.

During the following day the recovery became confirmed, and the boy was discharged in good health on the sixth day, since which time he has continued well.

It is quite evident that in this case none of the acid reached the stomach.

Case II.—Louis F. aged 18, stout and vigorous, took a bottle, which he believed to contain water, but which contained sulphuric acid, and swallowed a mouthful with rapidity so that no regurgitation took place. This happened January 28, at half past six o'clock in the morning. A practitioner who was called immediately, ordered a mixture containing magnesia. He had sense of burning in the pharynx, extreme anxiety and nausea, followed by vomiting of mucus. At eight o'clock he was taken to the Hôtel Dieu.

He now had general tremor, cold skin, very violent pain in the belly; the abdominal parietes dragged down, and but little tender to pressure; the pulse slow and large; convulsive movements of the arms and legs; and he complained of powerful constriction of the pharynx.

An ounce of magnesia was ordered, in a mixture, of which he was directed to take a wine-glassful every five minutes. Twenty-five leeches to the throat.

In an hour he had abundant vomiting of rose-coloured matter, with much mucus. The first evacuations were streaked with blood. The vomiting ceased at mid-day. Large cataplasms were applied to the throat and belly, and he had gum-water with opium for his common drink.

His pulse rose, the skin regained its heat, and in the evening he was much more comfortable: no stool.

29.—Tongue and inside of mouth white; considerable and increasing difficulty of swallowing. No pain in the epigastrium. Same means continued.

30.—The pain in the epigastrium returned during the night, and became very acute, with vomiting of green matters. Thirty leeches to the stomach and twenty to the neck.

31.—Taking half a glass of liquid brought on the vomiting. The pellicles covering the mouth have dropped, the mucous membrane beneath being bright red and very sensible, the pulse small and concentrated.

1, 2, 3, 4, Feb.—Same symptoms and same remedies. After this he was attacked with constant cough, like that of phthisis. Occasionally he had some appetite, and digested sometimes thick soup; sometimes milk, roasted apples, &c.

18.—After some violent fits of coughing he was seized with vomiting of brown-coloured matters, of a very acid smell. He had now little fever, and the epigastrium was scarcely painful even on pressure, but emaciation was advancing very rapidly.

16.—He had an eruption of red patches on the fore arms; they disappeared under pressure, and immediately reappeared on its removal. He appeared to suffer from colic, and died in the evening, being twenty days after the swallowing of the poison.

Examination of the body forty-one hours after death.—The chin and fore-part of the neck covered with brown crust, under which the skin was ulcerated; the tongue of a yellowish white; the pharynx red, granulated, not ulcerated, but covered with pus; the mucous membrane of the œsophagus destroyed throughout almost its whole extent, so that the circular muscular fibres were exposed; the lymphatic glands which surrounded the tube as large as beans, and even larger; the stomach small, and hid under the liver; the splenic extremity patched with bright red, in other parts it was very thin and transparent; the summit of the rugæ was destroyed with circular superficial ulcers, here and there in their place. An inch from the pylorus, and on the great curvature, was an ulcer as large as a franc piece, which penetrated to the outer membrane. The duodenum had numerous red points; the rest of the canal was sound. Both lungs presented marks of hepatization, the right more decidedly than the left.

JACKSONIAN PRIZE.

The Jacksonian Prize is awarded, by the Royal College of Surgeons, London, to Mr. George Rogerson, for the best dissertation on Inflammation of the Membranes.

BOOK RECEIVED FOR REVIEW.

An Account of the Morbid Appearances exhibited on Dissection in Disorders of the Trachea, Lungs, and Heart. By Thomas Mills, M.D. Honorary Fellow of the King and Queen's College of Physicians.

NOTICES.

All communications connected with Advertisements ought to be addressed to the Publishers.

We must remind Correspondents that all communications must be *post paid*.

ERRATA.

In last number, p. 630, *for* the "bowels" were covered with leeches, *read* the "perineum" was, &c.

For "Mr. Butler," *read* "Mr. Butter."

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MAY 2, 1829.

HERNIA.

To the Editor of the London Medical Gazette.

SIR,

As all cases of hernia which present any peculiarities of practical importance are more or less interesting, I venture to submit the following particulars of a case which occurred in the course of my private practice; the nature of which was quite new to me, and, as far as I have been able to investigate the best authorities, does not appear to have been before described. On the 19th of Nov. 1828, I was called to attend Mr. G., by Mr. Armstrong, of Baker-Street, who stated that his patient laboured under strangulated hernia. I found a strong healthy man, about 35 years of age, in a state of acute suffering, from a strangulated inguinal hernia on the right side. He stated that he had been ruptured for about thirty years on both sides; that both herniæ protruded very suddenly and at the same time, in consequence of a heavy boy sitting down upon his abdomen when he was lying on the floor. He had constantly worn a double truss, and conceived that he had always been able to return the herniæ. On the morning of the 18th, on lifting a heavy weight, he felt a pain in the right hernia, the truss being on at the time. No sensible external swelling could be felt at the moment, on removing the truss. The pain continued increasing throughout the day, and was aggravated on attempting to empty the bowels. Gradually the swelling took place, or, as he supposed, the hernia descended; and, as he could not replace it, he sent for his medical attendant very early on the morning of the 19th. Bleeding, purgatives, and the taxis, were employed in vain; and, as the abdomen was becoming very tender, accompanied with vomiting and constipation, I was requested to see him. On examination, the tumor, which was about the size of a hen's egg, was not very tense, and, on very slight pressure, part of its contents receded within the abdominal ring, but immediately returned on remitting the pressure. As the symptoms were very urgent, I recommended an immediate operation. On laying bare the hernial sac, it was at once apparent that no stricture existed at the external ring, which readily admitted my little finger before the sac was opened. On opening this cavity, a considerable quantity of reddish turbid serum escaped, and the sac collapsed, without any omentum or intestine being apparent. On passing my finger through the external ring, within the sac, I found a large fold of very dark-coloured intestine, to the extent of about seven or eight inches in length, curled round behind the abdominal muscles, and separating them from the cavity of the peritoneum. The space occupied by this portion of gut extended nearly to the symphisis pubis in one direction, and outwards for some distance towards the internal ring, below; the sac and its contents rested on the external iliac vessels. It required some time and consideration satisfactorily to make out the nature of the hernia, and the plan required for its return. As the external ring was very large, I brought out the coil of intestine, after dividing

the whole extent of the external portion of the sac. I then found that the hernia was a direct hernia, the spermatic cord lying on its outer side. At the full extent of my fore-finger, introduced through the external ring, I could feel the neck of the sac very closely surrounding the gut—so closely that I could not succeed in drawing down any fresh portion of intestine. Much caution was required in dividing the neck of the sac, in consequence of the very turgid state of the gut within the ring; and I experienced considerable difficulty in consequence of the curved form of the common hernia knife, which would not admit of my employing it with safety at so great a depth, without dividing the external ring to some extent. This difficulty would have been readily overcome if I had been prepared with a narrow straight knife, made on the same principle as the common probe-pointed hernia knife; which I could with facility have carried down to the stricture, with its flat surface in contact with my finger. After freely dividing the neck of the sac, and drawing down a fresh portion of gut, I was enabled to return the whole; when the circumstances of the peculiar nature of the hernia became still more evident, as there remained a large cavity behind the lower margin of the abdominal parietes, the peritoneum being pushed up by the hernial sac. The course of the spermatic cord, and the epigastric artery on the outer side of the hernia, could be distinctly felt, and the iliac vessels below could be traced for some distance. It was necessary to employ a very large compress to fill this cavity and prevent the escape of the gut. The patient was directed to take only a few spoonsful of gruel occasionally, and to have clysters thrown up. In the evening, some leeches were applied round the neighbourhood of the hernia. Stools were procured before morning, the patient had no bad symptoms, and recovered in the course of ten days.

On considering all the circumstances of this case, several important and interesting circumstances present themselves. In the first place, the hernia appears to have been produced by the direct application of pressure on the abdomen, and to have at once taken place through the external ring, without descending along the course of the spermatic cord. The patient was in the constant habit of wearing a truss, and when protected with this he was able to carry very heavy loads (as sacks of flour), his trade being that of a baker. It is probable that the neck of the sac being contracted, and the pad of truss not permitting the escape of the gut through the external ring, was the cause of the hernia diffusing itself, if I may use the expression, between the abdominal parietes and the peritoneum. This is the only rational solution which I can offer of the case. When the gut first became strangulated, there was no external tumor, which gradually formed on removing the truss, in consequence of the effusion which took place within the sac. This explains the slight degree of resistance afforded by the tumor, and apparent recession of part of its contents within the abdomen—a deceptive circumstance, well calculated to mislead, and to induce a practitioner to delay the operation. But experience has long since convinced me that there is little danger to be apprehended from the operation when performed in time; and this, added to the severity of the symptoms, determined me to operate immediately. In confirmation of the above remark, I may take the present opportunity of stating, that, in the course of the year 1828, I operated on nine cases, and did not lose a single patient; and in not one of these cases would it have been possible to have returned the hernia without operation, whilst, in some of them, a very few hours delay must infallibly have proved destructive.

A case somewhat resembling the above occurred last year at St. Bartholomew's, with this difference—that a portion of the intestine protruded through the external ring, and presented itself on opening the sac. The surgeon returned this through the ring, without being aware of the existence of the stricture at the neck of the sac. No relief followed the operation; and, on dissection after death, a large fold of strangulated gut was found in a sac between the bag of the peritoneum and the abdominal parietes. If my memory serves me, a case in some points analogous to the above occurred some years since to Mr. Martineau, of Norwich; in which part of the hernia had been pushed up behind the iliac fascia, and was there strangulated. The patient was operated on, but the stricture was not removed,

and the patient died with all the symptoms of strangulation. I quote the above from memory, as I believe it was never published.

The most important practical inference to be drawn from these cases is, that the surgeon should always ascertain, by introducing his finger, that the gut is actually replaced within the cavity of the peritoneum; as it is possible that there may exist a sac behind the external ring between this and the peritoneum, and that the neck of this sac may constitute the stricture. This precaution is still more necessary when, on opening the outer sac, no apparent obstruction is met with to explain the constipation and other symptoms.

I am, Sir,
Your most obedient servant,
HENRY EARLE.

George-Street, April 20, 1829.

NERVOUS SYSTEM.

To the Editor of the London Medical Gazette.

Soho-Square, April 27, 1829.

SIR,

YOU have no reason to believe me unwilling to come forward with any suggestion or explanation that I can offer on the nervous system; although, I confess, I did not choose to answer one of your correspondents, as I could not compliment him on his candour, or the fairness of his statements. I must not, however, presume to neglect the communication of a gentleman of so much learning and research as your correspondent of last Saturday. We admire the most those attainments which we cannot ourselves pretend to; and therefore it is, that a truly learned physician is the object of my highest respect,—almost of envy.

But in depriving me of the merit of originality in my investigations, does it not occur to your correspondent that I participate with him in the merit of promulgating anew the opinions of Galen; since, even to the piercing eye of the critic, they have been so long lost in the absurd nomenclature of "hard and soft nerves," of nerves which arise from the hard and soft parts of the brain?

How often shall I have to make an apology for not believing in the opinions of experimenters? Why should I be called upon to believe in experiments which I had myself, with every possible assistance, tried and rejected? It is true that, in the little work which I handed about among my friends twenty years ago, preparatory to my seriously embarking in this inquiry, I hinted at the different functions of the cerebrum and cerebellum. Your correspondent is, however, hardly entitled to refer to a part which I have rejected in my later works. My experiments on this subject entirely failed. I found that the opening of the skull, and the disturbance of the brain, with the loss of blood, obscured all results in experimenting on the brain. I carried five setons through different parts of it, with no better success; and when I turned to the spinal marrow, to discover the different functions of the columns there, I found very nearly the same circumstances defeated my attempts, when I cut them, or tied them by passing fine threads under them. When, therefore, twelve years afterwards, I addressed the Royal Society, I put all these experiments aside, and founded my reasoning upon that which was not only correct but was easily ascertained to be so.

As to M. Magendie's experiments on the spinal marrow, which were made after the publication of my paper to the Royal Society, I saw that he was much more easily satisfied than I had been; that he was boasting of successful experiments when, from the manner in which he pursued them, he was subject to mistakes; and that he could not, by the means he followed, distinguish between the effects of pain on touching a sensitive nerve, and the direct influence through a muscular nerve.

As to the experiments on the brain, to ascertain which is the part that makes the animal run backwards and which makes it run forwards, or turn round and fall asleep; or as to those which show that the passions result from a fluid around the spinal marrow; the most favourable view of them is, that the experimenters are themselves deceived; and from my former experience I can allege sufficient reasons why they have been deceived. I regret these things only because they retard improvement, and throw suspicion on this department of physiology.

Let Mr. Adam trust more to

anatomy and less to experiment; and if he be sincere in his expressions of respect, let him separate me from his "London experimentalists," who have done all that was in their power to confound the subject, and to oppose whatever I have stated. If gentlemen, with all sincerity of purpose, pursue their inquiries in a different manner from that in which I have done, and look upon things in a different aspect, I can be no more surprised that we should entertain different opinions than I should be if my companion on a tour described different scenes, having made excursions where I did not accompany him. But if a man follow out the intricate course of the nerves by dissection, and if he have an absolute reliance that there is not the smallest twig taking an accidental course; if he compare the external distribution of the nerves with their more internal roots; if he diligently study the functions of the parts to which these nerves tend; if he then cut, one by one, the several nerves which go to the same part, and set himself to observe the results; if, after all this, he and I have not the same opinions, then shall I indeed be deeply mortified.

I am, Sir,
Your obedient servant,
CHARLES BELL.

ON THE UTILITY OF CALOMEL IN SOME CASES OF MENTAL DISORDERS.

To the Editor of the London Medical Gazette.

SIR,

INSANITY being a subject of considerable importance, and one which has been much overlooked by practitioners, should you deem the following communication of sufficient interest to your readers, you will perhaps favor me by inserting it in your valuable publication.

Having found that common purgatives are very uncertain and irregular in their action on insane subjects; that in them, they often fail to produce that altered state of secretion so essential to a healthy condition of the viscera, and that they tend moreover to increase rather than lessen local irritation, I have been induced to try the effects of large doses of calomel; and among many other advantages it possesses over every other combination of purgative medicine, I have found that it generally produces from three to five copious stools; that its action is more certain as a purgative; that it restores the secretions comparatively sooner; and that it lessens local irritation very considerably; by which means I apprehend it has a decided influence over many cases of mental disorder. I generally prescribe from twelve to eighteen grains of the Calomel in a little jelly, and direct its repetition as occasion may require. I have never found these Herculean doses produce any alarming or bad symptom, even in the most delicate female; and I am led to conclude, therefore, that it might be given fearlessly, and almost indiscriminately, where there is any considerable degree of mental disturbance; and more particularly when accompanied by a vitiated secretion of the alimentary canal. In cases of nymphomania also, and in most cases where the body and the mind are sympathetically torpid, it is eminently successful. To guard against ptyalism, a consequence which in general is little to be feared, I would recommend, provided the calomel did not act in the space of twelve hours, that the patient should take Haust. Sennæ, comp. till a free evacuation is procured; and that he should gargle the mouth and fauces frequently with the chloride of soda solution. I have employed this remedy in a great variety of cases with nearly a uniform degree of success; but the following example may be sufficient to illustrate its influence; and should it act as beneficially in the hands of other surgeons as I have found it, it will prove a valuable addition to the remedies for the cure of one of the most afflicting maladies that flesh is heir to.

Mrs. P. ætat. 47, of a melancholic temperament and dark complexion, became deranged about two years ago, in consequence of an unpleasant circumstance preying on her mind. She had been visited by her usual medical attendant, and two physicians of deserved reputation. I was requested to see her about eleven months since; at which time I found her in a very desponding and irritable state. She complained of pain in the head, and a want of rest; pulse about 60, small, and without much force. The tongue was covered with a white fur, and the bowels were obstinately costive; she had been kept on a vegetable diet, and every descrip-

tion of purgative medicine had been tried without any decided or continued effect. She had attempted suicide twice; refused all food; and it was with difficulty she could be persuaded to take medicine. She had a great dislike to her relatives; shunned her friends, and all society; and she could neither be induced to exercise the body or to amuse the mind. Her hallucination consisted principally in the belief that our Saviour had forsaken her, and that she was turned into a devil: she had a great fear, also, that her bowels would never act. I placed an experienced attendant with her; directed that she might have a generous diet, a little animal food, and two ounces of sherry daily, with regular riding and walking exercises.

Capiat Hydrarg. Submuriat. gr. xiv. horâ somni.

This medicine produced two free stools, by which she appeared much relieved. I ordered fifteen grains to be repeated every other night till the bowels acted more spontaneously, and until the motions were of a better colour. In a few days she experienced very sensible relief, so much so indeed, that instead of refusing she would ask for her medicine to be repeated. This dose was continued every second, third, and fourth day, for nearly three months. By this time she was in every respect much better; her bowels acted more regularly; the tongue became less furred; the pulse improved; she was not so desponding; slept better; and the pain in the head was considerably relieved. She gradually improved in her eating, and in taking exercise; and she at length amused herself in riding, walking, reading, writing, sewing, &c. She has been convalescent for three or four months past, but has had slight occasional paroxysms, which have very perceptibly diminished in frequency, in violence, and in duration; and she is now perfectly, and, I think, permanently reinstated, "*mens sana in corpora sano.*" The bowels are still rather inactive, so that at times it is necessary to administer her favorite remedy, but in very diminished doses.

I remain, Sir,
Your very obedient servant,
W. Finch, Surgeon.

Lunatic Asylum,
King's Road, Chelsea,
April 18th, 1829.

DISEASE OF THE STOMACH.

To the Editor of the London Medical Gazette.

Sir,

Should you think the following case of bulimia emetica sufficiently interesting to occupy a place in your valuable Journal, I shall feel obliged by its insertion; acknowledging, at the same time, the complete failure of every plan of treatment hitherto adopted to afford the sufferer any kind of relief.

I am, Sir,
Your obedient servant,
Robert Jeffs.

81, Shoreditch, April 21, 1829.

Miss Martha Holman, residing in the Hackney-Road, a native of London, aged 23, of a spare habit and thin appearance, has been subject to the colic at times for 14 years; but for the last four years has been confined to her bed, complaining of continual pains in different parts of the abdomen, but more particularly in the left hypochondrium, and along the course of the dorsal vertebræ, extending to the thigh. Upon examination there appears to be a slight tumefaction and hardness just below the false ribs, very tender to the touch, and pain of a constant, dull, heavy character; no throbbing or shooting, but occasional lancinating pains darting along the anterior part of the thigh. With the exception of langour and debility, there does not appear any particular constitutional disorder.

Such have been the principal symptoms of complaint for four years, and which have baffled every mode of treatment that has been adopted, notwithstanding her having received the benefit of two hospitals in London, and the advice of four medical practitioners in her own neighbourhood.

About four months since she was seized suddenly with a distressing sense of hunger, accompanied by an inability to swallow, except the smallest portions of food, which continues unabated to the present time. Her calls for food are almost constant, and when set before her it is taken voraciously, yet in the effort of swallowing the stomach heaves (as she calls it), and the moment the food reaches the stomach a fit of vomiting ensues, which lasts for ten mi-

nutes; and when by a peculiar exertion she forces two or three spoonsful of sop into the stomach, or a few spoonsful of cold coffee (which are the only things she can get to pass), such a scene of convulsions of the whole body ensues as to require a person to hold her on the bed for two hours. As soon as it subsides the craving for food returns, and in a short time she appears to be compelled to take a little more sop or coffee, when the same distressing convulsions are again brought on.

I have every reason to believe that she has not any day for the last four months taken more food than one ounce of bread sopped in water, and two cupsful of coffee, notwithstanding a constant sensation of hunger almost to distraction, and fainting for want of nourishment. Her tongue is slightly covered with a white fur. The pulse, during the intervals of the paroxysm, is regular, but weak. The bowels are opened once a fortnight; the urine small in quantity, and high-coloured. The countenance has a healthy appearance, except being pale; catamenia regular; sleeps but little, half an hour at a time is the utmost; and she does not appear to have lost flesh.

The prevailing idea of her medical attendants has been, that this state of the stomach arises from a morbid condition of the fluids of the stomach, its activity being morbidly increased, so as to produce a peculiar and powerful stimulus, giving an uneasy sensation similar to that which takes place in natural hunger. The pain that has been complained of in the left hypochondrium for the last four years, led to the idea that her disease was chronic inflammation of the spleen, terminating in a schirrous tumor. Now what use the spleen is of has not hitherto been determined; but it seems probable to assist in some way or other the digestive organs. Whether that organ is the cause of the present disease, or what is the real source of her sufferings, does not appear very evident. One thing is clear, that every attempt to subdue the diseased state of the spleen, whether by blisters, issues, setons, the tartar emetic ointment, assisted by purgatives, &c.; or to give a tone to the stomach, and counteract the morbid condition of the fluid of that viscus, by chalybeates, the quinine, bitters, arsenic, the nitric acid; or to produce a copious evacuation of the alimentary canal by drastic purgatives, such as the oil of croton, the extract of colocynth, combined with calomel, the resin of jalap, &c.; or by clysters composed of aloes, turpentine, tobacco, &c.—have all had a fair trial, as far as the nature of her case would admit, and, I am sorry to say, completely failed.

I am fearful of trespassing too much, but having derived considerable pleasure and information in perusing those cases in your Journal of an extraordinary character, which occasionally present themselves to the medical attendant, I am anxious to give publicity to the above case.

LOBELIA INFLATA.

Extract of a Letter respecting the Anti-Asthmatic Effects of the Tincture of Lobelia Inflata.

"HAVING derived great benefit from the use of the tincture of Lobelia inflata, I am induced, in justice to its efficacy, and with the view of giving it publicity, to address you on its curative properties in my particular case. I have, for upwards of two years past, been afflicted with an inveterate asthma, which deprived me of natural rest, and the spasmodic effects of which were frequent and most distressing. When I found these paroxysms coming on, I took fifteen drops of the tincture, which invariably gave me immediate relief, although, previously to my using this remedy, the violent coughing fits often lasted from one to two hours. I should here remark, that I did not discover the virtue of the tincture of Lobelia inflata until I had tried it about half a dozen times, in doses of fifteen drops each. Besides its medicinal virtue, it has, I find, the peculiar soothing quality of exciting expectoration without the pain of coughing. For myself, I have not the slightest doubt that, by continuing its use, I shall soon be restored to my wonted good health; and I feel assured that whoever makes trial of this excellent medicine will subscribe to the fidelity of this voluntary testimony of its merits.

"W. B. ANDREWS."

4, Henrietta-Street, Brunswick-Square."

N. B.—The tincture is prepared ac-

cording to the form published in the Medico-Chirurgical Review, by Mr. Snowden, Haymarket.

CHANGES OF THE LOWER JAW,

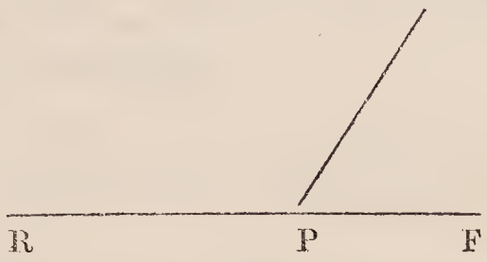
As accommodated to different Periods of Life.

To the Editor of the London Medical Gazette.

Sir,

It may be advanced as a maxim in physiology, that nature, solicitous to preserve the integrity of the body, institutes certain alterations of form and structure, admirably adapted to encounter the necessities and exigencies of the various periods of existence; and that she manifests the greatest care in the preservation of those organs which are most intimately connected with the maintenance of life. As decrepitude approaches, we see her, by a gradual succession of changes, surrendering the body to the irresistible encroachments of time and decay. First, that elegance in the appearance, and exactness in the form, which characterize the plenitude of corporeal perfection, becomes gradually defaced and destroyed; secondly, the motions which were previously performed with alacrity, and capable of long continuance, become tardy, feeble, and of shorter duration; thirdly, the derangements which are manifest in the nutritive functions concur in announcing the approach of dissolution; and, lastly, the annihilation of the more vital powers, as those of the heart and brain, complete the final purpose. To demonstrate the justness and probability of the foregoing assertions, I think I can produce no better example than the changes which advancing age produces in the form of the lower jaw.

The lower jaw acts upon the principle of a lever of the third order, the properties of which are as follows:—Suppose the line RF to represent a lever of this description; the power P required to overcome the resistance, R, must exceed the resistance as the distance from R to P exceeds the distance from P to F. For example: if the resistance R be equal to one pound, and the distance from P to F be eight times less than that from R to P, it will require rather more than eight pounds to overcome the resistance R. The disadvantage of this kind of lever is, that velocity must be sacrificed to power, or *vice versâ*.



In the adult jaw, the distance from the power to the fulcrum is very inconsiderable; consequently the masseter and anterior fibres of the pterygoid and temporal muscles act under a great disadvantage, as respects the power they can exert; but this is compensated by the increase of velocity, a circumstance highly desirable in the middle period of life. In the jaw-bone of the child, in whom the motions are not necessarily rapid, but comparatively forcible and of long duration, the angle formed by the horizontal and ascending rami is more obtuse. This occasions a considerable removal of the fulcrum from the power, and consequently furnishes a much more advantageous position for the attachment of the then feeble muscles which elevate the jaw, by enabling them to act with greater power and a more protracted effort. In old persons, the angles of the jaw are advanced, causing an alteration in its form similar to that which has been noticed in the infant. This must materially augment the force which the muscles, then weakened by age, are capable of exerting. In this case, the sacrifice of velocity can scarcely be considered a disadvantage, as it is only consonant with the general decay of the body. I think the example here adduced will present a more striking proof of the wisdom and design of nature, when the great importance of the motions of the jaw in the function of nutrition, almost equally necessary at every period of life, is contrasted with the efficient and beautiful manner in which nature has accommodated it to the existing circumstances of the system, by endowing it with mechanical advantages for the exercise of power, proportioned to the enfeebled condition of its muscles and the decay of the teeth;

the necessary consequence of that destructive process which awaits all organized matter.

Should the observations here advanced be deemed of sufficient interest to merit a place in your valuable Journal, I shall be obliged by their insertion.

GEORGE RAINEY.

PULMONARY CONSUMPTION.

To the Editor of the London Medical Gazette.

SIR,

I HAVE perused, with much interest, Dr. Dods' Essay on the supposed efficacy of Oak-Bark in the prevention and cure of Phthisis Pulmonalis; as well as the report of the discussion which ensued in the Westminster Medical Society, published in your Gazette of the 21st ult. The medical man who endeavours to throw even a ray of light upon the pathology and treatment of a disease of undefined origin, which has resisted all human resources, is entitled to the grateful consideration of his professional brethren; and I gladly avail myself of the medium which, I trust, your valuable Journal will afford me, to offer a contribution in support of Dr. Dods' deductions.

In a work lately published by Baldwin and Cradock, entitled "A Preliminary Dissertation, illustrative of a New System of Pulmonary Pathology," there is a case recorded of a man, in the advanced stage of pulmonary consumption, being advised to follow the horse in a tanner's bark-mill, and by doing so it appears he recovered. In the same page there is another case reported of a man protecting himself, in different seasons, from epidemic remittents, by inhaling finely-powdered cinchona; and these results the author attributes to the "absorbent function of the pulmonary veins," which he illustrates by numerous physiological experiments; and, in consequence, he recommends the *direct* application of *substances* to the lungs, in phthisis pulmonalis, *by inhalation*.

In a hopeless disease, we are justified in resorting to new expedients when the old ones fail us. Such was my inducement for trying the effect of direct application to the pulmonary organs, from which I have seen decided advantage. I do not mean to insinuate that it will succeed in all cases, and this is the opinion entertained by several physicians of my acquaintance, who approve both the principle and practice advocated in the work alluded to.

In the same number of your Gazette, I observe an article by the reviewer of Dr. Alison's paper, under the signature of "Criticus," in which he modestly and politely informs me that I neither understand Dr. A.'s theory nor his commentator's views upon it. This is, at least, gratuitous assumption without proof; even "Criticus" himself confesses truly that the inflammation excited by "quicksilver" was *not* of chronic character, and that, from the *early* disorganization which succeeded the application of the exciting cause; and, consequently, he admits that tubercles thus created differ from tubercles found in the scrofulous subject. But in order to "set the moot point" at rest, Dr. A.'s next series of experiments should have for their object the establishment of *actual identity* in the constituent principles (by chemical analysis, and not by ocular evidence) of tubercles generated by an artificial means, with those met with in strumous habits: should he succeed, it will be indeed a very important discovery. My chief motive for communicating with Dr. Johnson was, to caution practitioners against the too frequent use, or rather abuse, of the lancet, in the *advanced stage* of phthisis pulmonalis, under the delusive idea of controlling *inflammatory action*. I feel infinitely obliged to "Criticus" for his condescending courtesy in not desiring to "discourage" my researches; and I hope he will pardon my ingratitude for not being conscious of labouring under the influence of his opinions.

I am, Sir,

Your obedient servant,

MEDICUS.

Exeter, April 6, 1829.

MEDICAL SCHOOL, BIRMINGHAM.

To the Editor of the London Medical Gazette.

SIR,

I HAVE always considered that, in accordance with the spirit of that natural

law which supplies the unavoidable deficiencies of the written code, the editor of a public journal was bound to insert the defence of any man who had just reason to believe himself attacked through the medium of his publication, provided the defence was conducted with due regard to gentleman-like feeling; and, I doubt not, had Mr. W. S. Cox felt conscious of being able to prove that your paper had been made the vehicle of a slanderous libeller, he would have relied with confidence upon your sense of justice, instead of endeavouring to attain his object by propitiating your vanity. When a man is in a situation to be "the arbiter of other's fate," he rarely condescends to become "a suppliant for his own." But perhaps Mr. Cox had lulled himself into the notion that he might justify this mode of proceeding by the unfounded pretence that "objections (?) had been levelled against the honour of those gentlemen who instituted the school—more especially his own." Now I had no such intention; and, though I have reperused my former paper with care, I am unable to discover any thing in it that will admit of such interpretation. I have merely published a plain statement of facts. If, however, they do militate against the honour of the gentlemen in question, the onus is with them—I have no part or lot in the matter. Had such a feeling been embodied in my paper, it would doubtless have met from you with the fate it deserved, and would have been instantly rejected. Mr. C., in his determination to find something which might admit of reply, has been driven to the strange expedient of giving the word *surreptitious*, as a synonym for *premature*; for which I give him full credit for originality. To those, however, who may prefer the old reading, I refer to Johnson's Dictionary, where they will find that *premature* means, ripe too soon, and it is universally used to designate any thing too hastily done; while *surreptitious* means, done by stealth, fraudulently.

Mr. Cox says that the calumniator himself has admitted "that complete courses of lectures have now been delivered to respectable classes of industrious and intelligent students." I know not what the calumniator has done, but I have *admitted* no such thing. I have *asserted*, that "I was happy to add, in conclusion, that although the new school could not boast of more than twenty-five pupils, yet *they* evinced the greatest assiduity, and received the utmost attention from the several gentlemen who conducted the different branches of the establishment." I have also *asserted* that lectureships were offered to the principal medical men of eminence in the town, but that it was under circumstances which rendered it impossible that they could accept them; a fact which Mr. W. S. C. has not attempted to gainsay.

Imagine for a moment, Mr. Editor, that a young gentleman who had just passed the ordeal of the College of Surgeons were to make arrangements for forming a medical school in London, and were then to offer a lectureship to Sir Astley Cooper, to Mr. Bell, or to Mr. Lawrence—what kind of answer would he receive from any one of these gentlemen? I conceive it would be something like this: No, Sir, if you wished me to become a professor to a new school, you should have consulted me in its formation;—I have succeeded in acquiring a reputation with the public that would enable me to give importance to the establishment, but which renders it, if not impossible, at least exceedingly unlikely, that to be connected with the establishment could add to my professional character; consequently I am entitled to expect that I should have a voice in the distribution of the honours of the establishment, rather than to be an humble partaker of them at the hands of a young man just entering the profession.

This, Sir, was precisely the situation in which the gentlemen alluded to were placed. They did not, of course, condescend to state all this in terms, but politely refused what, from the circumstances under which it was offered, it was impossible for them, with propriety, to accept.

That these gentlemen should evince no hostile feeling towards the new school, will, I presume, surprise nobody. The valuable privileges so triumphantly appealed to by Mr. W. S. Cox, as being allowed to the pupils of his school, are granted to them only in common with other pupils and medical gentlemen in the town; and I have reason to know that those by whom these advantages are granted are careful not to be thought to be connected in any way with

the school itself. With respect to the "gratuitous assertion" which Mr. W. S. C. alleges that I have made—viz. "that his anatomical class had declined;" it is only another instance of his perversion of terms. My observation was, "that the school was established by a young gentleman who had not succeeded as a private teacher;" a circumstance which might very readily happen without his class declining; as in the case before us, where the class was so small as not only to contribute nothing either to the fame or emolument of the teacher, but insufficient even to defray the expenses of conducting the school.

The assertion that I would fain have put together the choice materials with my own hands, is not supported by the slightest shadow of evidence, as I never entertained such an idea for a single moment; neither is there a single expression in my paper to justify such a conclusion. Mr. Cox has charged me with "a reckless disregard of truth and candour;" although he has not even denied, in an unequivocal manner, any one of my allegations: he has represented me as saying things that I did not say, and much of what he has brought forward in his defence I had myself clearly stated. I will not occupy more of your valuable space, but leave the case in the hands of those who are interested in the subject, in full confidence of having a verdict in my favour; for, as every one of these statements refers to my paper, inserted in the Medical Gazette of the 28th of March, so by that paper may every one of them be established or refuted.

Your obedient servant,

BIRMINGHIENSIS.

April 15, 1829.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Treatise on Obstructed and Inflamed Hernia: and on Mechanical Obstructions of the Bowels internally, and also an Appendix, containing a brief Statement of the Cause of Difference in Size in the Male and Female Bladder. By HENRY STEPHENS, Member of the Royal College of Surgeons. 8vo. Cox. 1829.

Obstructed Hernia.—Mr. Stephens met with a case of hernia which "lighted up in his mind a train of reflections and inquiries which have proved highly instructive to him." We cannot, therefore, do less than lay it before our readers, in hopes it may produce a similar effect upon them.

"In the month of September, 1824, a woman was taken with sickness, and pain in the bowels. Cholera morbus being then prevalent, I expected that these were the preceding symptoms of such an attack; and, as the sickness was not followed by the usual action on the bowels, I gave her some aperient medicines, to favour the intentions of nature. Contrary, however, to my expectations, no action of the bowels took place; the pain, though frequent, was not constant, nor yet alarming, nor was the vomiting. I was called to her first on the Thursday, she having then laboured under the above symptoms three days; she continued in the same state for three days longer, without any action of the bowels, notwithstanding my continued endeavours to procure it by aperients and injections. At this period the matter vomited had a fœcal appearance, which the next day was increased, with a very offensive smell. The pain was not severe, and was not felt much, except on turning upon the left side: this position caused pain and vomiting, so also did the taking of either food or medicine; there was no tension, and but a slight soreness of the abdomen. Considering that this was a case of extraordinary anti-peristaltic action, I gave the croton oil, in doses of three and four drops, with a hope of producing a revulse of the peristaltic movements; this, however, only caused increased vomiting, as did all aperient medicines. I inquired if she was the subject of rupture: she answered that she was not, but as I afterwards found, she did not know what I meant. I was not very minute in my inquiries upon this point, because I did not regard the symptoms as indicating any strangulation of the bowels. Upon the fourth day her countenance began to exhibit signs of sinking, and the pulse was getting feeble and fluttering; these symptoms slowly and gradually, but progressively, increased. After she had continued thus until Thursday, being one week from the day I was first called to her, she slightly mentioned to me that she had a swelling on the side of the abdomen, which had existed 20 years. Upon examining, I found a ventral

hernia, having upon its surface the appearance of an old cicatrix. It was situated on the left of the umbilicus, and some little distance below it. Upon inquiry I found this hernia had existed ever since the birth of her first child, and that there had been a sore upon the surface of the skin at its first formation, and that no alteration or change in it had occurred since. It was soon evident that this hernia was not strangulated; it was not tense; pressure upon it gave no pain; it receded under the touch, and passed readily into the abdomen, with a slight gurgling noise, but returned when the pressure was removed. The pain which had all along been in the bowels, was not of that agonized and alarming character which strangulated intestine always produces; and was not present, nor was the vomiting, except upon turning on the left side, or upon taking any thing into the stomach. I therefore concluded, from the hernia being easily returned, that the illness was not depending upon that, and also that an operation would be useless, as no good purpose could be answered by it. She continued sinking, her pulse becoming excessively feeble and tremulous, her voice failed her, and she was unable to speak, except in a low whisper, and with long drawn sighs. On Friday she was worse, the sense of sinking had increased, and, as she feebly expressed it, she felt as if her life was going from her: she had occasional faintings, with frequent hiccup, and the stercoraceous vomiting was still more fœtid and discoloured. From her family I learned that she had long been subject to a complaint in her bowels, always feeling pain after her meals, which was considered as colic; she was often obliged to leave her work in consequence of pain after eating. Reflecting, on my return home, upon the history of this case, I concluded that the symptoms, although not those of strangulated hernia, were yet such as would be produced by any permanent and mechanical obstruction in the bowels. I therefore considered that it was not only *possible*, but *highly probable*, that the obstruction was in that portion of the bowel which was contained in the hernial tumor. I therefore determined instantly to cut into the hernial swelling, and examine the condition of the parts, and thus see if relief was possible. [Leave was not obtained to perform the operation till Saturday afternoon: the author thus continues], I divided the integuments, which were very thin, by a crucial incision, and afterwards a superficial fascia, with some cellular structure; the hernial sac was now exposed, which I opened freely, and found a portion of the small intestine within, which was irreducible, another portion being loose, and readily passing into the abdomen when pressed upon. The small irreducible knuckle of intestine was adhering very firmly to the hernial sac, and in a position which at once accounted for the symptoms I had observed; it was so closely united by adhesions to the hernial sac as to obstruct, to all appearance, its peristaltic action, and prevent the due course of its contents. There was no stricture, for I passed my finger very easily into the abdomen by the side of the intestine, which was somewhat discoloured. I relieved the bowel from its adhesions to the hernial sac, partly by the knife and partly by the finger, with the assistance of my friends, and pushed the intestine into the abdomen, passing my finger in and around the opening on the inside, to be satisfied that there was no further adhesion. I then sewed up the wound. She did not feel that immediate relief from this operation which is experienced in cases of strangulated hernia. The first favourable symptom which was observed was, that upon swallowing some liquid, she had no vomiting after it, a circumstance which had never occurred previous to the operation. I saw her again in two hours, and found that she had passed some fœcal matter from the bowels, for the first time since her illness, and that the hiccup had very much abated; her countenance now wore a less anxious appearance, but her pulse continued very low and fluttering, and she still felt a great sense of sinking, but rather less than usual. She continued in this manner for three days, slowly improving. I gave her aperient medicines and injections, which did not operate very freely. On the third day I gave her a strong dose of aperients, which produced copious discharges; the pulse after this *immediately* began to rise, the sense of sinking almost instantly went off, and she rapidly recovered."

This case is looked upon by Mr. Stephens as an important one, shewing

plainly that hernia may prove fatal from other causes than strangulation; and this is, in fact, the jet of his argument throughout. Now we readily admit that the above belongs to an important class of cases, which have not perhaps been dwelt upon by systematic writers with all the minuteness they deserve; but the author is, nevertheless, mistaken in supposing that the circumstances to which he alludes are not abundantly known to operative surgeons, and incidentally mentioned by various writers, though they have not, perhaps, been made the subject of an ex professo treatise. The distinction between strangulation and mere incarceration (causing, when combined with adhesion, the obstructed hernia of Mr. Stephens) has been particularly pointed out by Mr. Charles Bell; and without referring the reader beyond the pages of this Journal, we may allude to a Clinical Lecture on Hernia, at page 104 of our second volume. In his hospital reports, and in his operative surgery, Mr. Bell has expressly pointed out the necessity of operating, to relieve the obstruction to the functions of the alimentary canal, quite independent of the state of the gut within the hernia. Mr. Stephens, however, is of opinion that surgeons do not sufficiently attend to the existence of adhesions of the bowels in cases of hernia, and gives some examples in illustration. We are constrained to remark, with regard to these, that, as most of the cases are quoted piece-meal, the reader is not able to judge of the views and motives of the surgeons by whom they were treated, or how far Mr. Stephens is really entitled to the critical acumen to which he lays claim. We are by no means anxious, however, to take from the author the merit to which he is fairly entitled—namely, that of having directed particular attention to an important class of cases similar to the one which we have given in detail; and the following short extract may be taken as a summary of what he has said upon the subject:—

"The distinction between obstructed and strangulated hernia is very often not well defined, and I believe in many cases there is such a mingling of the two causes, namely, of adhesion and stricture, that it is often difficult to decide which has a primary share in the production of the symptoms. Cases so totally distinct from strangulation as those which I have related as occurring in my practice, are not so frequent as those which partake of a more mixed nature. I should say, all previously reducible ruptures, which have suddenly descended, producing symptoms of ileus, are without doubt caused by a stricture; but all large and irreducible herniæ, which have, for some time previously, caused pain, particularly after meals, and have produced occasional obstructions in the bowels, are most probably connected with adhesions. The tumor is also generally less tense, the symptoms not so acute, and the abdomen not so soon painful, in cases of obstruction, as of strangulation; but these distinctions are not immediately necessary, if a surgeon bears in mind the necessity of separating any adhesions which he may find, in cases where he has occasion to operate for hernia, and of not considering the stricture as the only possible cause of the symptoms."

Inflamed Hernia.—The author thinks that the contents of a rupture very rarely become inflamed, in connexion with general abdominal inflammation, and independent of the state of the hernia. Large irreducible ruptures (especially umbilical) are, indeed, well known to communicate inflammatory action very readily to the parts within the abdomen; but a small hernia will frequently be intensely inflamed without the diseased condition extending beyond the hernial sac. In large herniæ the omentum is apt to become diseased, and the same remark applies to the sac itself; and these changes where they occur form fresh sources of irritation to the parts within.

"Cases of unsuccessful operation for hernia (says our author) are, in my opinion, very frequently cases of the above kind. If omentum has formed a portion of the hernia*, it is generally found upon dissection to be in a state of suppuration, adhesion, or thickening. Considerable inflammation is usually found to have prevailed throughout the abdominal cavity, and herein consists one strong feature of distinction between inflamed and strangulated hernia. In inflamed hernia, the peri-

* Sir Astley Cooper says, page 80, Part II. "I have never seen the umbilical hernia in the adult but that it contained omentum."

toneum and intestines are found inflamed *throughout*. Layers of coagulable lymph, and depôts of pus, are interposed between the convolutions of intestine, both *above* and *below* the part forming the hernia.

And again—

"Large irreducible herniæ, particularly umbilical, as I have before observed, are those which are most subject to this disease, and such cases confuse and perplex very much the mind of the medical attendant. Consisting, as they do, of very large portions of the abdominal contents, when they become inflamed, the whole abdomen is soon in active disorder; generally too, from the extensive adhesions which these herniæ have formed, obstruction is among the earliest symptoms. The character which the disease assumes is that of peritoneal and general abdominal inflammation; they do not forcibly impress the medical man with any particular belief of their depending upon the herniæ, because the symptoms are not clearly those of strangulation, yet he has a vague suspicion that the disorder is somehow or other connected with it. Dissection shows a very extensive inflammation of the intestines, &c. and more especially among the contents of the hernia. The supposition which is often made upon these cases is, that inflammation of the intestines took place from some cause purely accidental, and which might have taken place if there had been no rupture. I wish to show that inflammations of this kind occur as a consequence of the adhesions and morbid conditions which the parts in a rupture acquire, and therefore that a hernia, besides the risk of its becoming strangulated, has other mischievous and fatal tendency."

These extracts will convey a sufficiently just idea of what our author means both by obstructed and inflamed herniæ. We now pass on to the treatment recommended when total obstruction occurs in a hernia. When this resists all the usual means, there is no other resource, we are told, than an operation; but it requires considerable judgment to decide how long and how far "all the usual means" ought to be carried, or may with safety be carried, before the operation is resolved upon;—and this is a point on which there is no satisfactory information in the work before us. We are, indeed, apprehensive lest the tendency of the author's opinions should be to induce young men to operate sooner than they ought, from the idea that they are not to wait for symptoms of strangulation. The object of the operation in such cases is not to divide the stricture, for there is supposed to be none, but to break through the adhesions and return the bowel. These adhesions are enjoined to be separated with the fingers when practicable, while the knife is only to be had recourse to where the bowel will not bear the necessary force. The hernial sac, if not diseased, is recommended to be returned, while the omentum, "if it is found to have formed any general adhesions, or to have become thickened, or in any way diseased," is to be cut off. The third alternative, of neither returning it nor cutting it off, but leaving it, adopted by many surgeons, is regarded by our author as defeating the purpose of the operation; but his reasons for this opinion, namely, that the omentum, if not diseased, is liable to become so, and propagate the inflammation to the internal parts, appear to us unsatisfactory. In simple inflamed herniæ, without either strangulation or obstruction, the author puts it as a query, whether any good can be done by an operation?—and this he answers negatively as regards "old large herniæ," but affirmatively as regards "a hernia irreducible from a state of adhesion only;" because he is of opinion that such inflammation is produced by the *connexions* of the parts and "certain morbid conditions." From this doctrine we must dissent, and advise young surgeons to take care how they operate in cases of hernia where there is neither strangulation nor obstruction. We say *young* surgeons, because old ones will not be readily induced to follow Mr. Stephens's advice in this respect. Neither do we imagine that surgeons will be in haste to adopt the "suggestion" (for it is only offered as such) contained in the following paragraph:—

"As large umbilical herniæ, irreducible from abdominal increase, are so subject to obstructions and inflammations which are fatal, it has often occupied my mind to consider if any means could be proposed, prior to obstruction or inflammation arising, which would be sufficient to avert such a result. It is obvious that a return (or something

equivalent to it) of the intestines to the abdomen, could alone answer this purpose. Separating the adhesions which they have contracted, and afterwards leaving them in the same state of approximation, would be of little service, and they cannot be put back into the body, for want of space to receive them. The only way in which I can conceive the purpose could be fulfilled would be by imitating, by an operation, that which nature sometimes does in the case of what Dr. Gooch (I believe) first described as the 'pendulous abdomen,' namely, separating the parietes beneath the integuments, so as to let the intestines, covered by their peritoneum, protrude altogether from the abdomen, beneath the skin, and covered by it alone; that is, in effect, to make an immense artificial hernia. By this means the intestines would have free room to perform their peristaltic and floating movements, the vital functions of the parts might thus be carried on, and the patient become subject to an inconvenience instead of a disease. The pendulous abdomen so produced would always require supporting by means of a bandage, because the integuments would be too yielding."

The author next proceeds to offer some considerations respecting an operation for returning an irreducible hernia, and to propose a method of radical cure. If a patient, for instance, with an irreducible rupture, were affected with "frequent and considerable" intestinal derangement, he considers that such a state would indicate, not immediate, but ultimate danger, and such as to warrant an operation. The author has never had an opportunity of trying the experiment upon the human subject, but thus describes one on a dog:—

"A friend of mine had a favourite and very valuable pointer bitch, the subject of a very unsightly and enormous hernia, which, from its great size and weight, rendered the animal nearly useless, and her owner had considered the propriety of destroying her. I begged to be allowed to try the effects of an operation to return and retain the protruded bowels into the abdomen. From the time the hernia had existed, and from its very large size, I had great doubts of success. I began by reducing the condition of the animal, as I foresaw that the less superfluous fat there was upon the omentum and in the interior of the abdomen, the greater was the chance of success in returning and retaining the parts. When she was sufficiently reduced, I began the operation by feeling for the opening through which the intestines protruded from the abdomen; upon distinctly feeling this, which was in the situation of the inguinal ring, I began the incision directly over it, carrying it about half way down the surface of the tumor, and through the integuments. I then cut through a quantity of fine cellular structure, and opened the hernial sac, and found omentum and intestines within. I began immediately to draw the parts up from the bottom of the tumor, and to push them with my finger through the opening in the abdomen; but I found there was one considerable portion which I could not reduce, owing to its strong adhesions below. Having always been able, apparently, to return the hernia, I was surprised to find it irreducible; but it seems it was the omentum and one portion of intestine only which was returnable; another portion, being firmly connected to the parts out of the abdomen, had never admitted of reduction. I however proceeded by inverting the hernial tumor, by which means I could see the whole irreducible part of the intestine, without the necessity of laying the sac open to the bottom; this discovered to me that the bowel was not simply adhering to the hernial sac, but that its coats were absolutely incorporated with it, having no line of separation. To attempt in this case to dissect the bowel away from the sac, would have been at a very considerable risk of wounding it; but it occurred to me that I could separate the sac from the integuments, &c. forming the hernial pouch, to which it had become closely joined. In this I succeeded, and returned the intestine and sac into the abdomen, adhering as I found them. The opening from the abdomen was so considerable, that unless my finger was almost constantly there, I could not prevent the parts from again protruding. The difficulty now was to retain the bowel within the abdomen: a bandage was of no use, and my object was to gain a radical cure by effectually closing the abdominal opening. I succeeded in preventing the parts from protruding, by means of the quilled suture, substituting pieces of wood for quills; these being drawn

closely over the opening, prevented any immediate descent of the hernia; but I saw clearly that the purpose of the operation could not in this way be fulfilled, for the abdominal opening could not be closed by means of the integuments, which would necessarily unite anterior to, and not over the ring, and therefore the intestines might again force their way beneath them into the cellular structure. However, the immediate return of the hernia was prevented by it; but I must confess I had but few hopes of its ultimate success. I finished by closing the remaining part of the wound by sutures. The pressure of the quilled suture upon the vessels of the thigh obstructed the passage of the returning blood, and caused œdematous swelling to some extent in one limb; I relieved this by incisions, and at the end of about four or five days removed the sticks and ligatures. The removal of the sutures relieved the swelling, and the animal recovered rapidly. Some physic which I gave her operated freely, without occasioning any disposition in the parts to return. The operation was performed in August, and the bitch was used during the shooting season of September and October, and proved equal to any exertion that was required. Having subsequently removed the pouch which contained the protruded bowels, no trace of the deformity remained. I had the satisfaction of seeing my canine patient perform her duties with alacrity and vigour, and of receiving, with the apparent gratitude of the animal, the warmest thanks of her master."

It is apparently from the result of this case that the author recommends the return of the sac, "because, by such means, the additional advantage is gained of a chance of radical cure." We refer our readers to Mr. Lawrence's valuable work on hernia, in which they will find little encouragement for attempts at "radical cure."

Remarks on mechanical obstructions of the bowels within the abdomen, and on the means of distinguishing these from inflammation, follow next in order; and the author here passes from the rational and intelligent practitioner into the enthusiast. The object, in fact, is to propose that, in cases of mechanical obstructions, we should rip open the belly and remove them. The signs denoting the situation of the internal mechanical obstruction are discussed, for it is held to be a most important question, where an operation is contemplated, "to determine the precise situation of the particular obstruction;"—an opinion in which the reader will doubtless concur. As to the operation itself, "the incision into the abdomen should be made through the linea alba, or linea semilunaris, in a situation near to the part where the obstruction is supposed to be; the opening may afterwards be enlarged, as the occasion may require, without fear of wounding the epigastric artery; the hand must then be introduced into the abdomen, and the intestines, at the part where the disease is suspected to be, must be drawn out. This is absolutely necessary, for without seeing the part it cannot be remedied. When the intestines are thus brought into view, the part where the obstruction is seated will be marked by a greater discolouration, or appearance of inflammation, than any other; if there has been stercoraceous vomiting previously, it is not probable that there will be found any accumulation of the contents of the bowels above the obstruction; but if a vomiting of fæces has not prevailed, or but in a slight degree, some accumulation will probably be found. The particular morbid condition, or cause of the obstruction, is now to be ascertained. It is unnecessary to give any directions as to the course to be pursued to relieve a state of adhesion, of strangulation, or of intro-susception."

We need scarcely say that the author never has performed this operation, and that it is merely chimerical; and we much question whether his assertion be correct—that, having once cut into the abdomen, the "judgment and presence of mind of the operator will enable him to do what is requisite, and will also guide him through any particular difficulties he may meet with." We would advise Mr. Stephens to think twice, before he trusts implicitly to his presence of mind under such circumstances, and to read the case of M. Roux (of which he is obviously ignorant, as well as of the clamor it excited in Paris), when he *accidentally* sewed the wrong ends of the intestine together, in a Quixotic expedition of this kind into the abdomen of a woman who suffered under a loathsome inconvenience indeed, but one not attended with danger.—(See Gazette, vol. i. p. 542.)

The volume concludes with an Appendix, containing a brief statement of the cause of the difference in the size of the male and female bladder; in which it is asserted by the author, that this relative proportion only occurs as regards females that have had offspring, and therefore that it is a consequence of pregnancy. How pregnancy produces the effect, he does not say.

Although we differ from the author in some of his opinions, we venture to recommend the volume as well worthy of perusal.

ANALYSES OF BRITISH MEDICAL JOURNALS.

PROVINCIAL MEDICAL GAZETTE.

March 1, 1829.

The first article in this Journal is the comparison between the Lancet and London Medical Gazette, which we published on a former occasion (Number for March 28). We now proceed to notice the other original papers which this Journal contains.

"*Case of Aneurism of the Abdominal Aorta.* By Charles Mayo, Surgeon to the County Hospital in Winchester, &c."

A man, 48 years of age, had been subject, for six years, to violent attacks of pain in the back and loins, with numbness of the limbs, turbid urine, &c. These symptoms were more relieved by purgatives than any other remedies. Latterly, he sometimes complained of throbbing at the epigastrium, and for the last three weeks of his life had excruciating pains in the back and left inguinal region, which he compared to boiling lead pouring down the thigh. At this time, too, he kept the body constantly bent on the thighs. Bleeding, leeches, blisters, opiates, &c. were tried without avail, and he died exhausted by pain and irritation. On post mortem examination, a large tumor was observed between the crura of the diaphragm, and stretching across the spine to the top of each kidney, especially the left. This tumor proved to be an aneurism of the aorta, into which this vessel opened by an aperture at its posterior part, an inch and a half in length and half an inch in width. The left psoas muscle was softened, and its sheath filled with coagulated blood, extending into the groin. The state of this muscle, and the situation of the tumor, as connected with the kidneys, explain the principal symptoms observed during life.

"*Abstract of a popular Lecture on Animal Poisons, delivered before the Philosophical Society, Isle of Wight.* By Wm. Lempriere, M.D. one of the Vice-Presidents."

In this paper, an interesting account is given, in a popular style, of the most remarkable poisonous serpents and insects of different parts of the world.

"*Observations on Lithotomy.* By Mr. Sampson, Surgeon to the Salisbury Infirmary."

Mr. Sampson performs the lateral operation, but in a manner somewhat different from that generally practised. The instrument employed is also different either from the knife or gorget, and, according to the author, combines the advantages of both. It is "from nine to ten inches long, including the handle, with a perfectly straight back, excepting towards the point, where it is a little ground off, to facilitate its passage along the groove of the staff. The point is sharp, that the urethra may be punctured by it, and the incision carried on into the bladder at once, without again taking it from the staff, which is a great advantage over a beaked knife or gorget; as I have found that, after making an opening into the urethra with a scalpel, it may be easily lost again whilst endeavouring to fix another instrument in the groove. I also think a beak objectionable, from the risk of its becoming obstructed by some fibres or slip of membrane, which might thus be torn or pushed before the instrument, instead of being smoothly divided. Between the point and the widest part of the blade, the edge is sloped very gradually, and rather hollowed out, by which it is better adapted for dividing parts in front of it, than if it were shaped like a common scalpel. Its greatest width is five-eighths of an inch, which, when held at a proper angle with the staff, is sufficient to make an opening large

enough for the extraction of a stone of considerable size, without the necessity of enlarging the incision of the bladder in withdrawing it. The length of the cutting part of the blade does not exceed an inch and a half, for in this consists its superior safety over that of a knife with a long sharp edge, as the latter cannot be turned very much towards the ischium, without risk of wounding the pudic artery, which is not the case with the former, the cutting part of its blade being beyond the dangerous point before it is necessary to turn it very far in a lateral direction."

Mr. Sampson uses the instrument above described with the straight staff, a doubled-edged scalpel, and the common forceps, made with thin blades.

" The patient being placed upon a table in the usual posture, with the hands and feet secured, the staff is to be passed into the bladder and allowed to rest upon the stone, if it be lodged behind the prostate, whilst the assistant elevates the handle as much as possible, for the purpose of keeping the integuments of the perineum on the stretch; the scalpel is now to be plunged in about an inch and a quarter below the symphisis pubis in an adult, on the left side of the raphe, and carried deep between the bulb and crus penis, then downwards and outwards between the anus and tuberosity of the ischium, to the extent of three inches and a half. The handle of the staff being now lowered as much as possible, and held steadily under the arch of the pubes, the operator should, with the fore-finger of his left hand, press the rectum towards the right side of the patient, whilst he carries the scalpel on in a line parallel with the membranous portion of the urethra, but without opening it, till he has reached the prostate gland, when the knife must be withdrawn in the same direction as in the first incision, recollecting, however, that its edge should throughout be kept inclined towards the left side, and also that firmer pressure be made in withdrawing it, so that the lower line of the incision may run nearly in the axis of the pelvis, and the wound be made gradually wider from the opening of the bladder outwards towards the skin. The handle of the staff depressed, so as to elevate its point, and thus carry the neck of the bladder as far up as possible from the rectum, must be turned rather more than the eighth of a circle, so that the groove may be inclined towards the left side. The urethra is now to be punctured exactly at, or as near as may be to, the apex of the prostate, with the large knife, which is to be carried along the groove of the staff, with the edge inclined laterally, until the surgeon feels that the whole of the prostate gland is divided, or the gush of urine be so free as to leave no doubt of it; when the cutting instrument should be withdrawn in the same direction as in other incisions, but with only sufficient pressure to divide any fibre which might render the wound irregular, and impede the easy extraction of the stone. The left fore-finger should now be carried into the wound as far as possible, and if the stone can be felt by it, it will, of course, be the best guide for the forceps, and the staff may be withdrawn; if not, the latter should be allowed to remain until the forceps have been passed, and the stone grasped by them, which must next be brought opposite the opening of the bladder, by lowering the handle of the forceps, and then extracted in the direction of the axis of the pelvis. The bladder being syringed out with tepid water, or the finger passed through the tract of the incision, to remove coagula, or particles of stone, and the patient placed on a mattrass, nothing more need be done than some simple ointment applied to the wound, and one pillow placed under the hams, with another between the knees, whilst the shoulders are kept a little raised. The after treatment must of course be regulated according to circumstances; but there is one point which appears to me of such extreme importance, that it cannot be too particularly noticed, as I believe many lives have been lost from its being neglected: I allude to the passing the finger through the course of the wound into the bladder, and removing the coagula, which are almost always found, thus allowing a free escape for the urine. This I invariably do five or six hours after the operation, when the oozing of the blood has ceased; and if it be not quite evident that the urine continues to flow away without the slightest obstruction, I pass a female gum catheter into the bladder from the wound, and inject a few ounces of tepid water, twice a day, as long as may be necessary."

Five cases are given in illustration, which, however, do not possess any thing of sufficient importance for extraction.

"*A Letter on Blood-Letting.* From Richard Smith, Esq. Senior Surgeon to the Bristol Hospital."

The principal object of this communication is to point out the efficacy of "well-regulated" pressure, in inducing wounds of arteries to heal without the formation of aneurism. Two cases are related, in which the brachial artery was opened in bleeding, not through the vein, but by mistaking it for that vessel. The lips of the wound were accurately closed, and a small "button-like" compress placed over it, and secured by good adhesive plaister and well-regulated bandaging. In both, the wound healed without inconvenience. Another case is mentioned in which a practitioner opened the artery, but got the integuments to heal up over the wound. Shortly afterwards, a pulsating tumor appeared, and an operation became necessary. At the moment the first incision was made, the pulsation totally ceased, although the arteries elsewhere beat as before. The operation was continued, and the ligature introduced, but not tightened. Attempts were then made, by the application of warm water, &c. to restore the circulation through the parts, but without avail; and it was not till several hours after that this took place. As soon as the pulse was felt the ligature was tightened, and found to arrest the circulation. On the thirtieth day there was a sudden and copious hæmorrhage from the artery having ulcerated, by which the amputation of the limb became necessary.

"*Case of Bulimia, or Canine Appetite.* By Dr. Porter, of Portsea."

This is a case of diabetes, in which the appetite was increased even to a greater than usual extent. It occurred in the person of a pale emaciated lad, aged nineteen, admitted July 31st, 1826, on board the Ragoon hospital convict ship. His skin was cold, his pulse feeble, and his belly large. At this time he devoured, solid and spoon victuals, 26 lbs. 8 oz.; drink 22 lbs. 12 oz.; while his excrements amounted to 4 lbs. 8 oz., and his urine to 28 lbs. He was put on animal diet, and had opium administered in gradually increasing doses, till he took twelve grains daily. Under this treatment the appetite and urine gradually diminished, so that, on the 10th of Jan. 1827, they stand—food, 3 lbs. 12 oz.; drink, 6 lbs. 15 oz.; the urine having diminished to 7 lbs. On the 15th, it is stated that symptoms of pleurisy came on, and he died on the 20th. On examination after death, the lungs were found highly inflamed, with effusion of lymph and serum. In the abdomen, the only appearance at all different from usual was, that the stomach and alimentary canal generally were pale and much more capacious than usual; and the same description applies to the kidneys. No disease existed in the brain or spinal marrow.

"*Report of the Comparative Salubrity of several Counties in England.*

"The following observations relating to the salubrity of different districts in England are founded on extracts from the Parliamentary Returns made before a Committee of the House of Commons. The counties in which the mortality was above the average were—Middlesex, where it was 1 in 36; Kent, where it was 1 in 41; Warwickshire, where it was 1 in 42; Cambridgeshire, where it was 1 in 44; Essex, where it was also 1 in 44; Surrey, where it was 1 in 45; the East Riding of Yorkshire, where it was 1 in 47; Lancashire, where it was 1 in 48.

"Of these eight counties four are subject to agues, namely, Kent, Essex, Cambridgeshire, and the East Riding of Yorkshire, comprising all the counties of that description except Lincolnshire, in which the mortality was below the average, for it was 1 in 45, the average being 1 in 58-7. The smaller degree of mortality in this last is no doubt owing to the great proportion which the dry and upland part of this country bears to the fenny districts. That there is a great difference in the mortality in these is proved by their respective returns. The mortality in the town of Boston, for instance, which is situated in the fens, is 1 in 27; whereas that of Stamford, which is in the dry upland division, is 1 in 50.

"It may be asked, whence arises the

greater mortality of the other four counties, of which the rate is above the average. With regard to Middlesex, it is imputable, no doubt, to the various circumstances adverse to health peculiar to the metropolis, such as the more intemperate habits of life, and perhaps still more the unfavourable influence of the air of this great city, particularly on young children. It is worthy of remark, however, that London has of late years been improving in salubrity; for it appears by the bills of mortality, that the burials invariably and considerably exceeded the christenings till a few years before the close of the last century; whereas since that time the christenings have generally exceeded the burials. This may in part be ascribed to vaccination; but it cannot be entirely owing to this cause, for the decrease of burials took place some years before that admirable discovery. The first year on the records of the bills of mortality, in which the births exceeded the burials in the metropolis, was 1790. The great diminution of mortality among young children, so as to amount now to little more than one-half of what it was as late as the middle of the last century, has already been adverted to. In farther proof of the improving health of London, it is stated in the Parliamentary Report, that the annual mortality in 1700 was 1 in 25; in 1750, 1 in 21; in 1801 and the four preceding years, 1 in 35; and in 1810, 1 in 38. The increased mortality in the middle of the last century has been imputed to the great abuse of spirituous liquors, which was checked about that time by the imposition of high duties. The other causes of superior health seem to consist in a general improvement in the habits of life, particularly with regard to ventilation and cleanliness, a more ample supply of water, greater abundance and better quality of food, the improved state of medicine, and the better management of children. The high proportion of mortality in Surrey is no doubt owing to its containing a portion of the metropolis, consisting of a population of 170,000, which is more than one-half of the whole county.

"The high rate of mortality in Warwickshire seems at first sight the most difficult to be accounted for, the air of this part of the kingdom being very salubrious. It is no doubt owing to the town of Birmingham being situated here, for it comprises two-fifths of the population; and the mortality of the average of the last ten years is 1 in 34. The mortality in this town is greater than in Manchester, Leeds, or Norwich. The operations in metal have been alleged as the cause of this; but it is much more probably owing to the want of attention to cleanliness and ventilation, particularly with regard to the streets, which are very narrow and dirty.

"With regard to Lancashire, where the mortality is somewhat above the average, the number of large towns and extensive manufactures affording a greater proportion of artisans to rural inhabitants than in any other county, except those in which the metropolis is situated, is certainly the cause of this; for the air is very salubrious, and the greater quantity and cheapness of fuel is extremely friendly to life, health, and comfort. It is probably owing to this advantage that the inhabitants of this county, particularly the females, have become noted for their well-formed persons and comely countenances, forming a contrast with those of Buckinghamshire, where the fuel was extremely scanty and high priced before the late extension of the inland navigation, so that the labouring classes suffered peculiar hardships from this privation, and are of a stature so inferior, that the militia men are, by Act of Parliament, admissible at a lower standard than in the rest of England. The report of Manchester, which is the second town in England in point of population, forms an exception to the rest of Lancashire; for the mortality there, on the average of the last ten years, was 1 in 58; and in 1811, 1 in 74. But that of Liverpool was 1 in 34 on the average of ten years; and 1 in 30 in 1811. In the former town we have another pleasing picture of the progressive improvement of health; for it is stated by the late Dr. Percival, that in 1757 the annual mortality of Manchester was 1 in 25-7; and in 1770, 1 in 28; although at the former period the population was not quite one-fourth, and at a later period not one-half the present amount. This improvement of health is clearly imputable to certain regulations of police, particularly with respect to ventilation, recommended and introduced by the above-mentioned benevolent, enlightened, and active

physician. The like progressive amelioration of health is deducible from these public documents with respect to the whole kingdom, and which, in all probability, we shall, on a future occasion, lay before our readers."

"*On Feigned Diseases of the Heart.* By Dr. QUARRIER."

A man named Chapman became notorious in the Royal Marine Artillery for possessing powders capable of producing symptoms so closely resembling those of diseased heart as to deceive the medical attendants, and lead to the men procuring exemption from duty. These powders, it appears, consisted chiefly of the helleborus albus; and the drug was actually administered in the immense doses of ʒj. or more, when it was intended to produce a very decided effect.

The other original articles which make up the present Number of the Journal before us, consist principally of Hospital Reports. Some of the most interesting of these we have already given.

MEDICAL GAZETTE.

Saturday, May 2, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MUTILATION OF THE CHILD TO SAVE THE MOTHER.

WE have lately directed the attention of our readers to several interesting medico-legal occurrences in this country: we have now to lay before them a case which, with the legal proceedings to which it has given rise, has excited very great interest among the members of the medical profession throughout France, and is, indeed, well calculated to arrest the attention of practitioners in all countries. The circumstances of this distressing case, as stated by Dr. Helie, in whose practice it occurred, are as follows:—He was called to a patient who had been in labour twenty-four hours, but the midwife in attendance, being wholly uneducated, was unable to communicate any certain information to him respecting the history of the case. Both arms of the child presented, and the right particularly, having been long violently compressed, was swollen, livid, and in a state, as Dr. H. apprehended, approaching to gangrene. The attempts to perform the operation of turning being unsuccessful, from the violent uterine contraction which they excited, and the movements of the child not having been felt by the mother for ten hours, Dr. H. proceeded, at the earnest entreaty of the parents, to accomplish the delivery by embryotomy.

The right arm, which was considered sphacelated, being removed, the operator again reiterated his attempts to turn; but meeting with the same difficulties, and it being his conviction that the child was dead, he removed the other arm at the elbow, for the purpose of averting from the mother the extreme danger of turning under such hazardous circumstances. After this, turning was accomplished, and the child, to the astonishment of all, was brought into the world alive. The amputated members, from which (to use the words of Dr. Helie) not a drop of blood escaped, were dressed, and the child survived. The husband, though at first satisfied that the life of his wife had been saved by Dr. H., was afterwards induced, by the representations of a relation, a member of the medical profession, to institute a legal process against the Doctor before the Tribunal of Montford, for mutilating the infant without cause. A violent and general clamour was raised against the unfortunate accoucheur, by the circulation of lithographic prints of a child

without arms, and other similar devices.

The Tribunal of Montfort, not being able to come to a decision on so unusual a case, referred several questions connected with it to the consideration of the Royal Academy of Medicine of France.

The commission appointed by the Academy reported twice unfavourably of the practice of Dr. H., but a majority of this enlightened body having vehemently opposed the report, a third commission was nominated, to consist of MM. Dupuytren, Double, Recamier, Paul Dubois, and Desgenettes. These gentlemen were ordered to draw up official answers to the questions propounded by the tribunal of law at Montfort; which questions, with the answers furnished, we now subjoin.

Question 1.—From the facts above established, does it follow that the arms of the infant Foucault were sphacelated, and that it would have been necessary to have removed them after birth, if they had not been previously amputated?

Answer.—The Academy does not possess the scientific information requisite to enable it to determine if the arms of the child Foucault were or were not sphacelated. It cannot, therefore, decide if it would have been necessary after labour to have removed them.

Question 2.—If the arms were not in a state of gangrene, at least if the left was not so, in what light is the conduct of the accoucheur to be viewed?

Answer.—The uncertainty respecting both arms is the same, and the proper practice did not essentially depend on the state of the arms of the child, as the treatment must have been the same, whether the arms were sphacelated or not. In this case it is necessary to perform the turning of the child as speedily as the urgency of the case will admit.

Question 3.—In the operation which he has performed, can we accuse him of having acted contrary to the rules of his art, so as to render him responsible?

Answer.—The manœuvre which is blamed reckons in its favour authorities of sufficient weight to make it evident that its performance was not to be attributed to an error. The Academy, therefore, thinks that Dr. Helie cannot be considered responsible.

Question 4.—Could the situation of the mother justify such an operation?

Answer.—The Academy has not been furnished with data from which it can judge of the exact condition of the mother at the time the operation was performed: it is, nevertheless, maintained by all accoucheurs, that this situation is or may become at any moment a very dangerous one.

The decision of the Royal Academy of Medicine of France, may therefore be considered as pronounced in favour of Dr. Helie; and it is highly satisfactory to know that this learned and independent body devoted five extraordinary meetings to the discussion of this important affair, in which the reputation of a respectable physician was not merely concerned, but the interests of the whole medical profession were deeply involved. On the necessity of embryotomy in the case of Dr. H. we pronounce no opinion, sufficient data not being in our possession to enable us to do so; but as it is proved that he had been educated under the first accoucheurs of Paris, and had repeatedly performed the operation of turning in difficult cases of cross birth, we hold, with the French Academy of Medicine, that he was not justly liable either to fine or imprisonment for what he had done.

In several letters addressed to the

members of the Royal Academy, on this medico-legal question, Dr. Leroun, of Rennes (the able defender of Dr. H.), has collected from the writings of Manneau, Lerret, Daventee, Heiter, and other standard authors, cases to prove that, in some presentations of the superior extremities, the operation of turning cannot be accomplished without the certain destruction of the mother; and that, in such cases, we are warranted in having recourse to embryotomy. The same opinion has been stated by several practitioners in this country, although there can be no doubt that the idea is still very generally entertained that we must pass the hand into the uterus and bring down the feet in all cases without exception of arm presentations. In a paper by Dr. Robert Lee, published in this Journal about a year ago (vol. i. page 659), and which has been translated and republished by Dr. Leroun, in his third letter to the Royal Academy, the subject was discussed, and the danger of violent efforts to turn forcibly stated. Since the publication of Dr. Lee's observations, the attention of practitioners has been more closely directed to the subject; and a case has been related to us where, after long and fruitless efforts to turn, with great hazard to the mother, delivery was accomplished with perfect safety in the manner recently recommended by him.

PRESENTATION OF A SILVER VASE TO MR. COOPER.

At page 719, will be found an account of an occurrence at Guy's Hospital, highly creditable to all the parties concerned in it. We allude to the presentation of a piece of plate to Mr. Bransby Cooper by his pupils. The feelings by which the students have been actuated on this occasion, and the manner in which the whole has been conducted, speaks well for their taste and feelings; while it forms a striking contrast to the miserable failure of the attempt to raise money for the libeller, and the absurd farce continued from week to week of publishing lists of subscribers without names, and acknowledging sums of money which had—*not* been received.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

April 25, 1829.

Dr. A. T. Thomson in the Chair.

Itch.—Acetate of Lead.—Tartarized Antimony.—East India Opium.—Address of the Chairman.

On the minutes being read—

Dr. Gordon Smith rose and addressed the Chair. He said that some remarks made by him on the preceding evening had gone forth to the world in two publications, in which he was made "to cut a figure" which he would have been sorry to have "cut for himself." One Journal had represented him as using the corrosive sublimate in the cure of itch; and had published what he meant as a "confidential" communication, that he had so used it in his own person. Another had spoken of the disease for which it was used as syphilis; and the Doctor was proceeding to comment on the circumstances, when he was interrupted by—

The Chairman, who said, that although injustice had certainly been done to individuals in various instances by the publication of reports, still it had been deemed by the society most judicious not to interfere.

[We take leave to say, that *our* report of what Dr. Gordon Smith said was perfectly correct, and that if he does not like the figure he cuts, it is his fault, not ours. As to the statement that he had tried corrosive sublimate for the itch on his own person not being intended for the public, we can only say that hereafter the worthy Doctor had better not make "confidential" communications at a public meeting, where fifty or sixty persons are present, and the proceedings of which are known to be invariably reported.]

After the above interruption to the business of the evening—

Mr. Laidlaw proceeded to read a paper on the acetate of lead. He stated his belief that this substance was not employed so extensively in practice as it might be with safety and advantage; and detailed, with much minuteness, a series of experiments on his own person, in which he had taken to the extent of ten grains per diem for seven successive days. He had combined the acetate of lead with opium, in the proportion of gr. viij. of the latter to the drachm. After he had taken the quantity above mentioned, griping pains were produced in the bowels, and the mouth was made sore, as in ptyalism. The intestinal affection, however, bore no resemblance to painters' colic, and was speedily removed by a little sulphate of magnesia. The paper was long, and the time allotted to the reading of communications (half an hour) had elapsed before it was completed.

A discussion ensued, in which the doses and effects of lead, and some other metals, were canvassed, and the following are the chief remarks which were made.

Dr. G. Smith thought the experiments detailed by Mr. Laidlaw interesting and important, but objected to his assertion that sulphate of magnesia could decompose the acetate of lead, especially in the stomach, which was not like a mortar of wedgewood-ware, but governed by vital principles; in fact, it was new to him that any salt could decompose another in the stomach. The acetate of lead certainly produced effects different from painters' colic; and the disease prevalent in Derbyshire had been shewn by Sir George Baker to depend merely on the acid contained in cyder, producing colic. He was desirous of knowing whether any gentleman could speak to the efficacy of sugar as an antidote to lead.

Dr. A. T. Thomson begged to inform Dr. Smith that salts might unquestionably be decomposed by each other in the stomach, as in the instance of acetate of lead by sulphate of magnesia. In this way a sulphate of lead was formed, which was insoluble, and no insoluble substance acted as a poison. Any of the sulphates decomposed the sugar of lead, and even carbonic acid did so, as might be seen by dissolving it in water. Goulard's extract, in particular, was very easily decomposed in this way.

Dr. Gordon Smith now subscribed to all that had fallen from Dr. Thomson, except as regarded an insoluble substance not acting as a poison, and instanced arsenic, which in cases of poisoning was frequently found in the stomach in a solid state. To which Dr. Thomson replied, that it was the portion which had been dissolved which proved fatal. That large doses, as twenty or thirty grains of solid arsenic, might be given to a cat without effect, while the fifth part would destroy it if given in solution. Five minims of water, at the boiling point, dissolved a quantity of arsenic, which in solution was capable of destroying human life.

Dr. Johnson thought we were too much afraid of the acetate of lead, and referred to the paper of Dr. Latham, in which he had shewn that it might be used with impunity to a much greater extent than was generally done. He had himself given ten grains a day for four or five successive days, combined with opium. He thought its effects were different from those preparations, such as the white lead, by which painters' colic was produced; and even with regard to this, it had been supposed that the combination with some volatile ingredient, as turpentine, was necessary.

Dr. Macleod was inclined to think that the combination of sugar of lead with opium, which was generally had recourse to, and which seemed to prevent it from griping the bowels, at the same time interfered with the indication for which it was given, that of arresting hæmorrhage. He had in several instances seen bleeding from the lungs yield to sugar of lead dissolved in water with a little vinegar, although the disease had resisted the same doses of lead when combined with opium. He had frequently given it to the extent of six grains in twenty-four hours in solution, and had never seen any bad effects result from it. With regard to painters' colic, he thought its dependence on the introduction of lead by other means than its vapour was demonstrated by numerous circumstances. Among others he alluded to the investigations of Sir George Baker, which had led to results just the reverse of those stated by Dr. Gordon Smith, inasmuch as he had shewn that lead was used in the manufacture of cyder, either in the form of utensils during the fermentation,

or afterwards introduced to correct acidity. He also mentioned the fact of the disease having been brought on in a ship's crew by the use of water kept in a leaden cistern, which had been acted upon by the rolling of the vessel.

This last circumstance was confirmed by Dr. Thomson, who also stated that the disease was frequently met with among the workmen of a manufactory at Chelsea, where the white lead was pulverized under water, and consequently was not raised into the atmosphere in any form. The frequency of the disease in the above situation was also mentioned by Mr. Chinnock.

Dr. Stuart observed that the effects of medicines, particularly the metals, appeared to be different in large from what they were in small doses, and referred to the doctrines of the Italian school on this subject. It was said by some of the Italians that mercury was the only metal of which the English did not seem to be afraid.

Dr. James Somerville mentioned that he had known a case in which two drachms of sugar of lead were given to a Dispensary patient to be dissolved in water for a lotion, and two ounces of salts to be taken in divided doses; the patient mixed the whole together, and took the entire dose at once. He was freely purged, and no bad effects resulted.

Mr. Duffin, in confirmation of the different effects produced by large and small doses of the same medicine, stated that he had himself on one occasion taken from inadvertency half a drachm of tartarized antimony. At the end of half an hour, or forty minutes, he felt no disposition to vomit. Sulphuret of potass was then taken, when vomiting was induced, and sulphuret of antimony thrown up. Mr. D. doubted the statements of the Italian physicians.

Mr. North said that it was perfectly well ascertained that large doses of tartar emetic did not produce effects analagous to those resulting from smaller quantities, and referred to the published statements of the Italian physicians, who occasionally give the medicine to the extent of a drachm and upwards in the day.

Dr. Webster and Dr. Stuart had themselves seen this practice in Italy, and vouched for the general accuracy of the published statements.

Dr. Thomson mentioned that he had given doses of six and eight grains of tartarized antimony in almond emulsion three times a day in a case of inflammation where circumstances contra-indicated bleeding, and with the best effects.

Mr. Thomson had frequently seen Dr. Mackintosh, of Edinburgh, give to the extent of fifteen grains of tartar emetic; after this it generally produced inconvenience.

East India Opium.

Dr. Webster exhibited some specimens of opium, of which he read the following account:—

Extract from a Letter of Dr. Adam, Secretary to the Medical Board at Calcutta.

"I embrace the opportunity of my friend Mr. —— proceeding to England to send you a sample of very pure opium, prepared for medicinal purposes, under the directions of our Board, and which I should hope will be found superior to any Turkey in the home market. I am disposed to think that such a preparation as this, sent home in fixed quantities, and bearing the stamp of the Honorable Company, as a voucher of its purity, would soon come into general use, and supersede all other varieties of the drug met with. Capt. Jeremie, who manufactures it, is our assistant to the opium agents, and has already done much to improve the quality of the opium generally prepared in the Bihar division. He very ingeniously has contrived many modes of packing, but this, in plates of mica, and placed in a strong teak-wood box, appears to me preferable to all others.

"To Dr. Webster."

Letter from Dr. W. Gregory, Assistant to Dr. Turner, Professor of Chemistry in the London University.

"The specimen of East Indian opium which you gave me weighed about four hundred grains after being dried at a gentle heat. From this quantity I obtained fifteen grains of morphia, somewhat coloured, but quite crystalline. Operating on so small a quantity, however, it is impossible to avoid considerable loss; nor could I ascertain the amount of any of the other ingredients. The opium

is quite free from extraneous matter. It does not, however, seem to contain less colouring or extractive matters than Turkey opium. It appears to me to contain also narcotine, but, without a separate process, this substance, the quantity of which is small, is with difficulty extracted. The morphia is, as in common opium, combined with meconic acid, which was easily detected by its power of reddening the solutions of peroxide of iron. I should think the quantity of morphia as great as in good Turkey opium, if not greater; that is, about 3v. in the pound of opium; but I do not see any reason for supposing the opium to be more efficacious in practice. If it can be brought into the market at a cheaper rate, it will probably supplant the present kinds, especially from its being so clean and free from adulteration.

"To Dr. Webster."

Dr. Webster stated that some of his friends had tried it in practice, and thought it quite equal to Turkey opium.

Dr. Macleod said that he had, some months ago, received a specimen of the opium in question from Dr. Chambers, to whom it had been sent from Calcutta. The narcotic odour was very powerful, and the drug free from impurity; but an analysis made for him by Mr. Garden, of Oxford-Street, had led to a different result from that given by Dr. Gregory, as it had been found to contain considerably less morphia than Turkey opium.

Dr. Thomson said that he had examined specimens of East India opium, and obtained results similar to those last mentioned.

The Chairman then dissolved the meeting, and closed the business of the season in a neat and appropriate address. He remarked upon the advantages resulting to all who attended these meetings, from the freedom of discussion which prevailed, and the mutual interchange of knowledge which necessarily followed. Other meetings had been formed on the model of the Royal Society, where papers were read but no discussions took place; and the Westminster Medical Society had been the first to lead the way in establishing a more interesting kind of association free from the monotony of the other. It had also been the first from which had emanated those petitions to parliament which were likely to end in the establishment of dissection on a legal footing.

He regretted that disappointments had so frequently occurred with regard to the introduction of subjects for discussion; and in this respect, though himself a member ex officio, he thought the committee had not done their duty; a hint which he hoped would not be lost on those who were to follow.

He trusted, that if on any occasion he had expressed himself with an appearance of irritation, it would be attributed to the heat of the moment. He begged to thank the members for the favorable reception that had been given to his humble efforts as one of their presidents; and for his colleagues and himself bid them farewell till next season.

HUNTERIAN SOCIETY.

April 15, 1829.

Dr. Billing, President, in the Chair.

Malformations of the Heart.—Iodine.—Perforating Ulcer of the Uterus.

Dr. F. Ramsbotham exhibited to the society some specimens of malformation of the heart. In the first instance both the aorta and pulmonary artery arose from the right ventricle, there being a communication between the ventricles by an orifice in the septum. There was no appearance of lividity in the child, though the blood must have been mixed. The child from whom this heart was taken died suddenly at ten years of age. She was healthy until two years old, when the breathing became short on exertion. She was of a lively and placid disposition; the pulse was rapid and small; the pulsation of the carotids could be distinctly observed. She lay on her back, or on the left side, with the legs drawn up to the body, and the back bent to a semi-circle. The appetite and general health were good; her lips and fingers were occasionally of a bluish grey colour. The sensation to the hand applied over the heart was that of sawing, and to the ear that of the purring of a cat. Twelve months ago she became much emaciated. The appetite was greater than natural; the

skin dry; the heart laboured; and the respiration was much hurried; and was attended with a short irritating cough, without expectoration. The lips were usually pale, but occasionally livid, and she was unable to lie down. During some months the symptoms varied in severity, and at length the face and lower extremities became anasarcous. She expired suddenly at about twelve o'clock at night, jumping up as if she had been frightened.

Examination.—It was only allowed to open the chest. Half a pint of serum was found in the pericardium, and a pint and a half of bloody serum in the left cavity of the chest. There were a few old adhesions between the pleura on this side. On the right side there were no adhesions, and very little serum. The heart was much gorged with fluid blood, and had the peculiar arrangement of vessels described above.

The second specimen exhibited by the Doctor had no pulmonary artery, but its deficiency appeared to be supplied by the bronchial vessels. The aorta, springing from a point between the two ventricles, ran on the right side of the trachea. There were two right bronchial arteries, and one left, all enlarged. The face was very livid. The girl died at 16, of tubercular phthisis.

The third was an example of a single heart, one auricle, and one ventricle. The heart was turned to the right side, and the ductus arteriosus seemed to supply the place of the pulmonary artery. The pulmonary veins of the left lung terminated in the left subclavian vein; that of the right lung passed through the diaphragm, and terminated in the vena portarum. There appeared an attempt to form a pulmonary artery and vein. The child died when six months old.

Mr. Kingdon directed the attention of the meeting to iodine, as an application to diseased joints. He had applied it in the form of the tincture, as recommended by some authors, and had found it beneficial. It immediately produced a strong dye, and after half an hour stimulated powerfully, producing a sense of burning, but no other inconvenience. In cases of bronchocele he had formerly employed the ointment, applying it to the blistered surface; but he had more recently had recourse to the tincture, and found it apparently successful. The bronchocele was very much reduced.

Mr. Lloyd had tried the iodine in solution very extensively. He thought it acted merely as a rubefacient.

Dr. Whiting exhibited to the society a specimen of diseased uterus. There was ulceration of the inner membrane; and ultimately the peritoneal coat had given way, so that the matter secreted had escaped into the abdominal cavity. The woman had been the subject of hæmorrhage; and afterwards an offensive discharge took place, which she regarded as the whites. Her health had not materially suffered, nor had she been in severe pain. At the time when it is supposed that the uterus gave way, she suddenly fell into a state of collapse and died.

Examination.—In the abdomen was found about a pint and a half of fluid, something like pus, greenish, and very offensive. It had escaped from the uterus. The affection of this organ was not carcinomatous, but the ulceration extended deeply into the substance. The os uteri was free from disease, but there was a point of incipient ulceration at the top of the vagina. There was very little appearance of abdominal inflammation; the omentum was slightly inflamed.

The Doctor adverted to the case of affection of the uterus he had formerly related to the society, for the purpose of mentioning that the means resorted to, viz. the horizontal posture, cold injections, cautious diet, and the occasional application of diluted ointment of nitrate of silver to the os uteri, appeared to be quite successful, as the woman was rapidly regaining her health.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Anomalous Affections of the Wrist;—great Enlargement of the Nerves of the part.

Two instances have lately occurred in this hospital of an affection of the wrist, which appears very closely to resemble a condition of the same part described by Mr. Brodie at page 755, Vol. 2, of the Medical Gazette. The two cases to be related, although they had a strong general resemblance, differed

much, both as to their degree of severity and their result, as the one required amputation of the hand, and the other speedily recovered under treatment. We shall relate the more severe one first.

Case I.—E. B. æt. 17, unmarried, of a full and leuco-phlegmatic habit, and possessed of considerable excitability of the nervous system, first applied for relief as an out-patient in September, 1827, on account of pain, and loss of power in her left hand. She stated that a week previously a fender had fallen across the back of her hand, causing a slight wound through the skin, and immediate loss of power in the extensor muscles of the fingers, as they instantly fell, and she had not since been able to extend them. Swelling of the hand speedily followed, and the fingers were drawn up into the palm, causing the fist to be clenched. When she was first seen, a week after the commencement of the affection, the fingers, hand, and wrist, were much swollen; the skin was of a dark colour; and the hand was so firmly clenched that it required considerable force to extend the fingers. There was also considerable pain, which was much increased by the attempt to open the hand. Her general health, at that time, appeared to be good. She was ordered to have a ball placed in the palm of the affected hand, and to rub the wrist and forearm with soap liniment. This external application not producing any benefit, it was changed for ung. hydrarg. but the swelling, pain, and contraction of the flexor muscles, continued to increase, and on Dec. 6th she was admitted as an in-patient, under the care of Mr. Green. At that time there was not much to remark with regard to the local condition in addition to the description already given. The swelling was of a very firm nature, quite unlike that of œdema; and, indeed, there appeared to be a remarkable deficiency of moisture in all the structures of the part, for the skin was dry, rough, and cracked; and when the fingers were moved, a crackling noise was heard, apparently produced by a deficiency or total absence of the lubricating secretion of the joints. There were, however, at this time, indications of a disordered state of the uterine system, in a constant pain in the left side, and derangement of the digestive function, with considerable irritability of the nervous system. For these the usual remedies were employed, and with decided benefit, but the same cannot be said of the local treatment. Stimulating liniments, a succession of blisters, and moxas, did not produce the least tendency in the hand to open of itself; and very little alleviation of the constant pain which she suffered, and which now extended nearly to the shoulder. She left the hospital, in despair of obtaining any relief, in April, 1828.

In October she returned to the hospital, and placed herself under the care of Mr. Tyrrell. She had then a more obstinate clenching of the hand, and more pain. Her health was as good as it could be under the irritation produced by constant suffering. At first a ball was placed in the palm of the hand, and it was partially extended on a common splint; but this not proving at all effectual in straightening the fingers, a splint was made, having a separate process hollowed for each finger; and into this the hand was firmly tied by tapes and a roller. This at first gave her great pain; but in time the parts adapted themselves to their new situation, and she had not more pain than before. But so strong was the tendency to flexion in the hand, that in a short time the first phalanges again became bent on the metacarpus; and daily efforts being made to prevent this by binding the fingers more firmly to the splint, the second and third phalanges became bent backwards towards the dorsum of the hand, producing an appearance of great deformity.

Mr. Tyrrell ordered her Cal. gr. ij. and Opii gr. j. to be taken daily; and she again used liniments, blisters, &c. These proving quite ineffectual, she was ordered every night to hold the hand in warm grains for half an hour; and this she continued for some weeks, with at least as much benefit as had been derived from the more painful applications.

In Jan. 1829, she was still in the hospital. Her health was very good, menstruation and the other functions being regularly performed; and the only inconvenience which she ever felt, besides that arising from her wrist, was from an occasional pain in the left side. The pain in her wrist was less than it had been, but the extensors of the fingers had not recovered any of their lost power, for when the splint was removed they immediately fell towards the palm, and the fist soon became clenched. The skin of the hand and wrist was more rough and arid than it had ever been, and looked very much like that of a part affected with elephantiasis.

She again left the hospital, but returned in Feb. determined to have the hand amputated, if nothing more could be done for it. Mr. Tyrrell, unwilling to resort to this alternative before every thing else had been tried, resolved to give the ointment of tartarized antimony a trial. This was rubbed in for a week, and the hand was afterwards poulticed. The effect of this treatment was like that of the former—nothing; and finding that the girl's sufferings rather increased, and that not the slightest glimmer of hope appeared of a favourable termination to the case, Mr. Tyrrell, on April 10th, amputated the affected part at one-third the length of the fore-arm downwards.

Two days after the operation the girl was attacked by fever, with violent pain in the usual situation—in the left side; and for this she was bled, both generally and by leeches to the left side; and a blister was afterwards applied. By these remedies, both the fever and the pain were removed; and she has up to the present time, April 20th, been going on well. The stump has been once dressed, and we believe was in a favourable condition.

The amputated member was carefully examined, in order to discover by dissection the cause of such anomalous symptoms. The only deviation from the natural state of the parts was great enlargement of the nerves of the fore-arm, especially of the median nerve, which was as large as the popliteal. As this last supplies the flexor muscles of the fore-arm, the irregular action of those muscles was thus very satisfactorily accounted for: an attempt was made to connect this condition of the nerves with the blow which had been received, and from the receipt of which the patient dated the commencement of the affection. But although the situation of the injury, which it will be remembered was on the back of the hand, was carefully examined, no proof of a filament of nerve having been wounded was discovered. The cellular membrane was condensed, but that was a necessary consequence of the inflammation produced by the frequent blistering and cauterization.

The next case was of a far milder description.

Case II. Dec. 4, 1828.—A delicate looking, but, on the whole, healthy girl, aged 15, presented herself among the out-patients on account of a loss of power of motion in the right hand. On examination, it was discovered that there was a want of balance of action between the extensors and flexors of the carpus and fingers, the preponderance being on the side of the latter; in consequence of which the fingers were constantly bent on the palm, and the hand upon the fore-arm. The muscles inserted into the fore-arm had *all* lost much of their natural power, but those of the humerus appeared to be unaffected. There was no swelling nor redness of the hand and arm; nor did she complain of pain unless the fingers were forcibly extended, which gave her acute pain. The fore-arm, hand, and fingers, were placed upon a straight splint, and attached to it by a roller. Three days afterwards she was again seen, when it was discovered that some inflammation had been set up in the affected member, there being increased heat, redness, and tenderness on pressure. The splint and roller were therefore discontinued; leeches were applied; and she took some calomel and tartarized antimony.

In a few days Mr. Green first saw her. All signs of inflammation had then disappeared, but the paralysis had extended itself to the muscles around the shoulder-joint, as she could with difficulty swing the arm backwards and forwards, and had not the least power of raising it from the side. There was also some numbness as far as the elbow, but nothing like complete loss of sensation. There was not nearly so much tendency to clenching of the hand, the extensor and flexor muscles appearing equally involved in the paralysis. There was still some pain in the wrist. Mr. Green ordered the hand and wrist to be lightly bound with strips of a plaister containing rather a large proportion of extract of Belladonna, and to be again placed on a splint.

It continued thus until Dec. 16th, (twelve days from her first application for relief). The pain had then ceased, and power of motion had begun to return in the upper arm. She was now taken into the hospital, to ensure the proper fulfilment of the treatment. She was ordered to use the arm and hand as much as possible, and to have the part frequently rubbed with liniment ammoniæ. The paralysis gradually subsided, and she was discharged Jan. 6th; nothing remaining but some weakness of the hand and fingers, without the least tendency to clenching of the fist.

The only external cause for this affection which could be learned from the patient or her friends, was a deep incised wound received between the thumb and fore-finger of the affected hand. But as this occurred *twelve months* before she came to the surgery, while the paralysis had only existed one week previous to her first application, it is not likely that they were at all connected as cause and effect.

The above cases are both curious from their anomalous nature and rare occurrence; and highly interesting on account of the inferences, both pathological and practical, which may be drawn from them. The first, as the only dissection which we know of, of this hitherto scarcely noticed affection, is particularly important.

First, as to their pathology. These cases have been called "hysterical;" but what is "hysteria?" Will it be said that an organic change in the nerves of the part, and one which so well accounts for the symptoms, is not enough to produce the effect in question, but that the aid of the uterus must be called in; or that this organic change was the product of a disordered action in the part, produced by its sympathy with the uterus? Is it not more likely that the disordered uterine action, which we doubt not existed, was the *effect* of the local disorder. We care not for names, but if the above reasoning be correct, to call this an "hysterical" affection involves a great error.

On the subject of treatment much might

be said, but we shall merely ask two questions for information:—is the best way of overcoming irregular muscular action to apply forcible resistance to the over-excited muscles, while the antagonists are allowed to dwindle away from in-action? Mr. Shaw, in his work on Curvatures of the Spine, has so abundantly illustrated this point, that nothing more need be said upon it; and surely the same reasoning may be applied to muscles of the carpus as to those of the back.

Again, would not a soothing treatment, consisting of the external application of narcotics, with emollient poultices, be more suited for a part, the sensibility of which is over-excited, than blisters, moxas, and irritating ointments and liniments? especially when dissection has disclosed an absolute increase of the nervous matter in the part. The tendency of the nerves to grow would appear to be rather promoted than lessened by the means used.

G.

[A case very similar to the first of these came into the hospital the week before last. We shall attentively watch it, and detail it when terminated.]

GLASGOW ROYAL INFIRMARY.

Empyema—Operation of Paracentesis Thoracis. Outrage by some Pupils.

Peter Brown, æt. 43, March 3d.—The right side of the thorax measures, from the interior part of the sternum to the spinous processes of the vertebræ, two inches more than the left. The intercostal spaces are distended; the integuments over the cartilaginous junction of the second and third ribs are considerably elevated, and distinctly fluctuate; and there is also a pointing of fluid between the fifth, sixth, seventh, and eighth ribs respectively, on the lateral and anterior part of the same side of the thorax. When in the horizontal posture, there is an evident diminution of the size of the tumor on the upper part of the chest. He complains of much dyspnœa, which is somewhat relieved by having the head and the shoulders elevated. He has slight cough, with scanty puro-mucous expectoration. On attempting to lie on the left side, he experiences an instant feeling of suffocation. Is much reduced in strength; sleeps ill. He has slight chills, and frequent nocturnal perspirations. Appetite bad; occasional diarrhœa, with vomiting and thirst; tongue white; pulse 100, small, feeble, and sometimes intermitting. On examination by the stethoscope, the respiratory murmur is quite inaudible over the anterior and lateral part of right side of the chest. Approaching the vertebral column it is heard, but is feeble and of a bronchial character. In the scapulæ-vertebral regions, aigophony is distinctly heard. The whole of this side of the chest sounds dull on percussion. On the opposite side the respiration is uncommonly puerile, and the sound, on percussion, clear.

Nine months ago, he had symptoms of acute pleuritis, which were relieved by bleeding, blistering, &c.; and since that period has been constantly subject to dyspnœa, cough, and, of late, to expectoration. Ten weeks ago he was admitted into the medical wards of this hospital, complaining chiefly of pain and uneasiness in the region of the larynx, which symptoms were relieved by blisters, leeching, and calomel and opium given so as to affect the mouth. The fluctuating tumors on the chest were first observed about four days ago.

5th.—After a consultation on the case a puncture was made into the thorax, with an abscess lancet, between the sixth and the seventh ribs. About ℔iv. of purulent matter were drawn off, when, the patient becoming faint, the opening was closed with strips of adhesive plaister.

6th.—During the night, about ℔ij. of purulent matter had oozed from the wound. The patient to-day expresses himself relieved, and, though extremely weak, his breathing is evidently easier. Had slight diarrhœa, for which opium had been administered. Pulse 76, weak and intermitting.

Sumat ter indies, Sulph. Quinæ, gr. iss. et habeat Vini, ℥viij. Generous diet allowed.

7th.—Pus has oozed from the wound since yesterday in considerable quantity, perhaps to the extent of ℔ij. He still expresses himself easier; has slight rattle in the throat and occasional cough, but he is so weak that he cannot expectorate. Right side of thorax is shrunk considerably. Appetite continues good, but the pulse is very feeble and intermitting.

8th.—Pus still oozes from the wound. It is now thinner, fetid, and of a greenish tinge. Appears weaker, and has lost all relish for food. Pulse as before. He continued to sink, and died on the 10th.

Inspection sixteen hours after death.—The circumference of the right side of the thorax was now the same as that of the left On dissecting off the integuments from the right side of the chest, the pleura was observed to be penetrated, and the intercostal muscles absorbed in several points of the anterior part of chest, between the second and eighth ribs. About ℔iij of thin, green, and uncommonly fœtid matter were found in the right pleural cavity. The pleura costalis presented a very irregular surface, and in several places was so much eroded as to

have a honey-comb appearance. The first rib, for two inches of its length, and close to the vertebral column, was found carious. The lung was reduced to the size of the two fists, and was bound down to the vertebral column by a layer of tough and organized lymph, about a line in thickness. This line passed completely over its surface. Near its centre were two fistulous openings, the largest about the size of a crow-quill, conducting into a cavity which contained a quantity of thick, dark-grey, pultaceous matter. Several other cavities of an unfractuous character, and with similar contents, were found in this lung. These cavities had no well-defined walls, and the thick matter they contained seemed continuous with the surrounding pulmonary substance. The remaining parts of the lung were in a state of consolidation. The opposite lung was of large size and much distended with air, but its substance was perfectly healthy.

Before Mr. Cowan proceeded to operate in the above case, Dr. Millar, under whose care the patient had hitherto been, informed the students, that from the debilitated state of the patient, it was impossible to remove him to the theatre; and as the size of his room afforded scarcely space enough for the medical attendants, he was sorry that the pupils would be unable to witness the operation. We regret very much to add, that some of those young men who have lately figured as patrons of the Lancet, raised the "hole and corner" cry, and burst into the room while the operation was going on. This utter disregard of the situation of the poor patient excited general indignation, and their courage seems to have abandoned them as soon as they committed this outrage—at least their retreat was nearly as precipitate as their intrusion had been abrupt.

EDINBURGH INFIRMARY.

Successful Removal of a portion of Diseased Bone from the Os Calcis.*

John Alison, æt. 21, admitted on the 27th October, "states, that nine years ago he sprained his left ankle. There have been at different times sores formed, which healed up without any bone being discharged. Ten weeks ago received a slight injury, when it again swelled, and several abscesses formed and burst; one small piece of bone was discharged. There are three sores situated on the outer, and the same number on the internal malleolus. On probing the sores on the outer side, the os calcis is found carious, and the probe appears to enter the joint. The bones opposite intersected on all sides by sinuses. Health and appetite good at present. Motion of the joint not impaired."

On the 3d of November "a considerable portion of the os calcis was removed by Mr. Liston, and the cavity stuffed with lint."

Very little pain or swelling succeeded to the operation; a poultice was applied over the dressings. On the 13th a seton was drawn through the diseased part of the foot, and on the 4th of December it was reported that "no dead piece of bone can now be felt; granulations healthy; general health good."

About the beginning of January the sores were nearly all healed. Some soft swelling remained about the ankle, the motions of which were perfect. It was done up with plaister and bandage, in the manner recommended by Mr. Scott, of the London Hospital, and the patient dismissed.

Removal of a large portion of the Head of the Os Calcis.

Alexander Beveridge, æt. 15, admitted on the 25th of November, "states that 18 months ago a swelling began to form over the left os calcis on the inner side. This broke, and discharged a quantity of matter. Two small pieces of bone have been discharged. There is a fistulous opening below the malleolus, leading down to the bone, which is bare; the motions of the joint are perfect; health good."

On the 28th it is reported that "a large portion of dead bone was removed yesterday by Mr. Liston, with the assistance of the trepan; slept badly; some head-ache; pulse 180; skin rather hot; tongue clean; bowels open; no swelling of limb."

On the 2d of December "dressings were removed; sore looking well; health good."

From this time forward I find nothing of any importance noted in the journal; the patient's health continued good under the use of animal food and porter, the sore granulated kindly, and on the 14th of January he was dismissed cured.

These cases, gentlemen, I have been induced to bring to your recollection, because, although they offer nothing very striking in the detail, they are well calculated, in my opinion, to encourage a more successful practice in a class of cases which have frequently been (if I may use the expression) slurred over, and have too often been allowed to go on from bad to worse, until the patient's life has been brought into hazard, and has perhaps been ultimately saved only at the expense of his limb.

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* From Dr. Ballingall's Clinical Lectures. This will account for the intermixture of narrative and comment.—E. G.

GUY'S HOSPITAL.

Mr. B. Cooper and his Pupils.

On Monday last the pupils of Guy's Hospital presented Mr. Bransby Cooper with a magnificent silver vase, which cost 95l. Mr. Charles Gazelee was deputed by his fellow-students to express their sentiments on the occasion, which he did in the presence of the pupils and many members of the profession, assembled in the Theatre to witness the ceremony. He addressed Mr. Cooper as follows:—

"Sir—The gentlemen whose names are recorded on this scroll, have deputed me to offer you their sincere congratulations on the success which attended your prosecution of the Editor of the Lancet, for one of the most unjust and deliberate libels that ever issued from the press.

"We are, Sir, well aware that, anxious as you must have been to wipe off the imputation from your character, you were not so much actuated by a feeling of personal consideration as by a wish to support the respectability and dignity of the profession; and we look upon yours as a signal triumph of principle and justice over a most odious system of misrepresentation and detraction.

"So many are the difficulties with which the healing art is beset, and so constantly are the best and most experienced judgments liable to be deceived, that no profession affords so wide a scope for a designing mind to scatter its illiberal reflections, with a more specious pretext of plausibility; while none has a higher claim on that virtuous charity which would bid us extenuate rather than blazon forth the misfortunes of others. Nay, Sir, where is the man who will dare to say that he never committed an error? 'Let him that is without fault cast the first stone.' But when even the truth is misrepresented, what character, however eminent, is secure? To be traduced by tongues which, though they have not the candour to speak the truth, yet will be the chronicles of men's doings—

'Tis but the fate of place, and the rough brake
That virtue must go through. We must not stint
Our necessary actions, in the fear
To cope malicious censurers.'

"That the recreant defamer who has once quaffed the chalice of slander, can never be again so well satiated as by revelling in the life-blood of some murdered reputation, is not very surprising; but such a system calls loudly for correction. Under a mistaken and misnamed form of "liberality," it is calculated to rear up distrust instead of confidence—dissension instead of unanimity—discord instead of harmony—enmity instead of friendship; it would break the bonds of private endearment, and unknit every social tie.

"It is, Sir, in acknowledgment of the generous spirit which impelled you to come forward at such a crisis, when the feelings of a whole profession had been outraged by a deeply practised slanderer, and in acknowledgment of the success which crowned your exertions, that we would now offer our tribute;—and as a more lasting pledge of our unalienated good opinion, and of the sincerity of our congratulations, I beg leave, in the names of my fellow students, to request your acceptance of this vase, which bears an inscription expressive of the object for which it was presented:—

To Bransby Blake Cooper, Esq.
The Pupils of Guy's Hospital
present this Vase,
To testify their ardent participation in his Triumph
over a daring and malicious Libel.
1829.

"I trust, Sir, that you will overlook the imperfect manner in which the humble individual who has the honour to present it now discharges the office with which his fellow pupils have entrusted him. I am sure that I need not appeal to your class for permission to thank you for the zeal which, in common with the other Professors of this School, you evince in the discharge of the duties connected with it, and by which you maintain with credit the fame established by your distinguished predecessors."

Mr. Cooper replied nearly in the following terms:—

"Gentlemen, I have often had occasion to express my sense of your approbation and kindness. At present I can find no language adequate to convey to you the feelings I experience upon this farther testimony of your approbation, and of the very flattering terms of your address to me.

"Whatever pain and mortification I may have suffered from the attacks of malevolence and envy, I can assure you I have found an ample compensation for those sufferings in the opportunity they have given me of learning your sentiments, and the estimation in which I have the honour to be held by those who are most intimately acquainted with my professional acquirements and my private character.

"Gentlemen, you have done me no more than justice in ascribing the efforts I have made to vindicate myself from the attacks in question more to a sense of what was due to the honour of my profession, than to any personal feeling or interest of my own.

"I am vain enough to think that no person acquainted with me or with the progress of my professional career, could have been

influenced by the libels otherwise than by feelings of contempt for the author. With regard to those to whom I was unknown, I was well aware there was more risk than advantage in bringing my name before the public in connexion with the revolting detail of a surgical operation, liable to be misunderstood by the ignorant, and easily misrepresented by the malicious.

"But I felt, as I am glad to find you feel, that the honour and character of the medical profession itself were attacked, and its utility as a liberal profession diminished by the system of slander which had been too long allowed to pass unnoticed; and I resolved, at whatever hazard to myself, to seize the occasion which was given me of appealing to the laws of my country, and of exposing to the public the mischievous, base, and sordid means which were employed to depreciate and defame the profession to which I belong.

"Gentlemen, I beg you to accept my heartfelt thanks for your splendid gift, which is to me inestimable. I shall preserve and cherish it as a testimony of your kindness and good opinion, the possession of which must ever be an ornament in prosperity—a consolation in adversity.—I shall make it my study to cultivate and deserve your good opinion; and I shall transmit this splendid vase to my children, that, in after times, they may judge from this pledge how their father was estimated by his pupils."

SULPHUR BATH.

Mr. Green, of Great Marlborough-Sreet, is desirous to remove the unfavourable impression which he fears the report of Henry Moon's case, in our last Number, may produce, with regard to the sulphur bath. He informs us that the deceased, between the 9th and 19th of March, used the bath eleven times, with much benefit as regarded the eruption; but that he had exposed himself to cold, wet, and great fatigue, especially during the night of the 18th, by which an extraordinary degree of depression was brought on. Mr. Green, therefore, justly attributes the attack which proved fatal, not to the use of the bath, but to the circumstances above-mentioned.

On referring to the details of the case in our report, we cannot perceive that any discredit is thrown upon the bath, as the attack is attributed to exposure to "the cold easterly winds," against which he was but ill guarded, by the thinness of his clothing. The case was altogether a remarkable one, from the rapid sinking of the pulse and state of collapse, not succeeded by the re-action which usually attends inflammation.

LECTURES AT THE COLLEGE OF SURGEONS.

To the Editor of the London Medical Gazette.

Sir,

Without the slightest intention of implicating this note with the Lancet phraseology of degradation, still the unnecessary requisition, or rather compulsion, of members attending the Lectures at the College of Surgeons to produce their tickets *every time* cannot be characterized otherwise than an invidious distinction.

No matter how well known the member may be, if the crying sin of forgetfulness precludes the production of the card, admission cannot be granted; yet the same exaction is not made from *members* who have the entrée, or *visiters*, although comparatively unknown. If the regulation is to ensure *members only* being admitted, the parade is inoperative, not to say ridiculous; and *scenes* are not unfrequent with the College attendants incompatible with the pursuits of scientific men, or the credit of a scientific institution.

Would not signature offer a mode obvious and unobjectionable? On another point I will hereafter offer a comment.

I am, Sir,
Yours obediently,
S. B. F.

LITERARY ANNOUNCEMENT.

Dr. Kennedy has in a state of readiness for the press, a work which will form 3 vols. 8vo. entitled a History of the Medical Sciences, Biographical and Philosophical; containing an Account of the Persons and Writings that have conduced to the Improvement of Physic, from its Origin in Britain to the end of the Eighteenth Century.

NOTICES.

Mr. Broughton's paper came too late to be inserted in the present Number, as he requested.

We have just received the case with which "Medicus" has favoured us, but we cannot insert it without being verified by his signature.

ERRATUM.

In Mr. Watson's Letter, concluding paragraph, *for* "mis-statements of the Lancet has," &c. *read* "mis-statement of the Lancet has," &c.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

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OF

Medicine and the Collateral Sciences.

SATURDAY, MAY 9, 1829.

EXPERIMENTS AND REMARKS

ON THE

INTERNAL EXHIBITION OF THE ACETATE OF LEAD,

Chiefly with a view of determining to what extent it may be safely administered in the Cure of Diseases, especially Hæmorrhages.

By William Laidlaw, Surgeon.

Very opposite opinions are entertained by individuals, equally distinguished for their candour and erudition, relative to the internal administration of the acetate of lead; some considering such use of it as a display of unqualified rashness, while others conceive it to be a valuable remedy in many dangerous diseases.

That the incautious use of the acetate of lead will produce deleterious effects, it would be equally idle and uncandid to deny. The colica pictonum, ever since the interesting investigations of Sir George Baker on the subject, has been universally allowed to be the effect of the gradual introduction of that salt into the system; and, perhaps, it is this circumstance which has prejudiced so many against the remedy. But the production of so baneful a complaint, by the gradual introduction of lead into the system, is not a conclusive proof, or rather is no proof at all, that its judicious use may not effect salutary results.

Were this not admitted, arsenic, the oxymuriate of mercury, and many other articles of the materia medica, might, with at least equal propriety, be discarded.

Agreeing, then, with those who conceive that the judicious exhibition of this remedy is not only justifiable but proper, the question to determine is—in what the "judicious" use consists.

By its judicious use, I understand the administration of it in such quantities as shall most speedily, and therefore most safely, cure the disease for which it is employed. I have said most speedily, and therefore most safely, because I am persuaded that the latter object will be attained in the same proportion as the former is accomplished. But the administration of it in small doses, such as half a grain, especially in uterine hæmorrhage, does not appear to be the proportion best calculated most speedily to effect a cure; as such a mode of exhibition, from the slow operation on the disease, will ultimately require a greater quantity to be used than if the doses had been larger, so it resembles more the insidious manner of its introduction in manufactories, and along with food; by which paralysis and convulsions are produced.

Some information on the subject, perhaps, may be obtained by observing the effects produced by certain quantities on animals. From the experiments of Orfila, it appears that from one to three grains of the acetate of lead have been frequently injected into the jugular veins of weak and middle-sized dogs, without their having appeared to be incommoded by it. In these experiments, however, it was directly introduced into the circulation, whereas in the cure of disease, the circulation is only indirectly affected; and it will therefore require, to produce similar effects, a proportionally greater quantity; but what that quantity is, or

ought to be, does not from these experiments appear.

Examples, it is true, are given of larger quantities having been introduced into the stomach, even to the extent of a drachm and a half in the solid form, and to an ounce in solution, without material injury having been sustained; but as both the animals immediately vomited, the experiments do not shew what the result would have been had these quantities been retained. To ascertain the quantities which could be received and retained in the stomach, and to observe the subsequent effects of them on the animal economy, do not indeed appear to have been the objects of the experimenter; but rather to determine the nature and extent of injuries sustained by the operation of excessive quantities, with the view of adopting the most efficacious remedies.

Valuable, then, as these experiments are, for having unfolded some of the effects produced by the internal exhibition of this salt, yet we are still left to inquire what quantity is the most fit for its administration in the cure of disease.

At the Western Dispensary, for the complaints of women and children, I have often seen Dr. H. Davies successfully employ it in cases of uterine hæmorrhage, in doses of two grains, combined with opium, to be taken every third or fourth hour, till the complaint was removed, or unfavorable symptoms induced. In the same complaints, and in similar doses, I have given it to the extent of ten grains daily for four successive days. This, however, was not done without great anxiety, and close attention to its effects. No unpleasant sensation was complained of, and no deleterious symptom. Although when patients are in circumstances which render compliance with the almost indispensable requisites—rest and quiet—easy, it is rare that more than one-half of the above quantity is ever necessary; yet even with them, in extreme cases, it may occasionally happen that the remedy must either be pushed farther than forty grains, or abandoned in despair, as incapable of removing the malady.

In such cases, it becomes a question of moment satisfactorily to determine whether it be really justifiable thus to proceed without being aware what the ultimate consequences may be. This question I was anxious to set at rest. On the one hand, from the extent to which it had been carried with salutary results, I was inclined to believe that it might be extended still farther; but on the other I was not aware of any example of its having been employed in a greater quantity, or even to the same extent as that above-mentioned.

In order to determine this point without exposing any of those who might have trusted themselves to my care, I prepared the following prescription, which I purposed to take myself till the occurrence of circumstances which might indicate the prudence of omitting it.

℞ Plumbi Acetatis 3i.
Opii gr. viii.
Extracti Gentianæ 3i.
Acidi Acetici diluti q. s. fiant pilulæ xviii. quarum sumatur una ter die.

Sept. 12, 1827, when I commenced taking these pills, each three of which it will have been perceived contained ten grains, my health was perfect; and no deviation from this state was perceptible till the evening of the 14th, when the pulse was found somewhat slower, and a metallic taste perceived in the mouth.

16.—The last two pills on the 15th, containing nearly seven grains, were taken within two hours of each other; but no unpleasant effects were experienced. The pulse, in bed, was 60, and indistinct; after exercise, 64, and more distinct; the metallic taste stronger, with some tenderness of the gums; but having been engaged for some days in putting up preparations in a solution of the muriate of mercury, I was in doubt whether the tenderness of the gums was to be attributed to this circumstance or to the lead. Forty grains having now been taken (the last seven grains within two hours) without any other perceptible inconvenience having been produced than a metallic taste, and perhaps some tenderness of the gums and constipation, it was resolved to ascertain the effect of a larger dose: ten grains were therefore taken at once; immediately after which slight pain of the stomach, and nausea were felt; pulse 58, and weak.

Early on the morning of the 17th, the pain of stomach and nausea had not increased, but the sleep had been much disturbed; the pulse, whilst in bed, 50, and so indistinct as to be counted with

difficulty; some inconvenience experienced from weakness, especially at the knees; urine diminished in quantity, and high colored; bowels not acted on since the 12th.

The symptoms varied but little till an early hour on the morning of the 18th, when I was awoke with severe and unremitting pain of the stomach, with nausea; vomiting was suppressed with difficulty. Immediately three drachms of the sulphate of magnesia were taken in solution; the pain instantaneously became much relieved; shortly after which I went to sleep; awoke at seven, and found the pain entirely removed. A similar quantity, however, of the sulphate of magnesia was repeated, with a view of effecting the entire decomposition of the salt. The pulse rose from 50 to 60; it was still weak, but distinct; the weakness at the knees was somewhat diminished; the urine had become more free; was of a dark olive colour, and sweetish. The pain did not return; and without the further aid of medicine, in a few days I had perfectly recovered from every unpleasant sensation. When the experiment was commenced, paralysis and convulsions, which are the severest, but rather the accidental than the usual effects of the introduction of this salt into the system, were not much dreaded, but the practicability of administering it until its peculiar or characteristic symptoms, colica pictonum, were produced, was certainly anticipated. The interruption which prevented this effect, I think there can be no doubt must be attributed to the last dose, ten grains. The uneasy sensations, which produced an interruption to the experiment, were not the characteristic effects of the introduction of the salt in excess into the system—were not colica pictonum, but unequivocally gastrodynia; and, it is presumed, were referable not to the aggregate amount of the salt taken, but to the excess of the last dose—not to the specific effect, as colica is presumed to be, but to the styptic quality of the salt. The sensation, excepting the nausea, precisely resembled in kind, though much greater in degree, what I have often experienced from eating acid fruit. That the pain arose from the styptic quality of the salt appears to be corroborated by the instantaneous relief obtained, as I conceive, from the decomposition effected in the stomach by the sulphate of magnesia. Colica pictonum, too, is a malady which requires days, weeks, or sometimes even months to be subdued; but the removal of the pain in the experiment was almost instantaneous. Being persuaded, then, that the interruption arose from want of due care, I was resolved to institute another attempt with more caution.

Accordingly, on the 10th of October a drachm of the acetate of lead, eight grains of opium, with crumbs of bread, and acetic acid, was formed into eighteen pills, three of which to be taken daily till colica pictonum was induced, or other circumstances rendered its discontinuance necessary.

11th, 2d day.—Tongue white; taste in the mouth metallic; pulse 60; urine high coloured.

12th, 3d day.—Appetite good; metallic taste more distinct; gums tender and turgid; pulse 55; weakness of the knees; urine high coloured; bowels not acted on since the 10th. Aperient pills, composed of rhubarb and jalap, were taken.

13th, 4th day.—Eight of the aperient pills taken; bowels moderately acted on; metallic taste, tenderness, and turgidity of the gums less severe; urine more natural; debility diminished; pulse 56.

14th, 5th day.—All the symptoms diminished; functions natural.

15th, 6th day.—An unpleasant sensation of tightness in the chest, increased by exercise; metallic taste strong, not sweet, rather disagreeably bitter; gums turgid and tender; no nausea, constriction of the throat, pains of the stomach or abdomen; pulse 52; after exercise 85; heat 96; after moderate exercise 100½; urine high coloured; bowels confined.

16th, 7th day.—The uneasiness in the chest increased; metallic taste stronger; gums more turgid and tender; pulse 52, rather weak; urine high coloured; bowels confined.

The first supply of pills, containing a drachm of the medicine, having been finished, a fresh parcel was made.

17th, 8th day.—The affection of the mouth increases in severity; the unpleasant sensation in the chest and debility are also increased; countenance sallow; pulse 58; respirations in the space of a minute 12, and somewhat laborious; no nausea, pains of the stomach or abdomen; bowels confined.

From the severity of the symptoms it was now judged prudent to put a termination to the experiment.

18th, 9th day.—Last night ptyalism came on; all the other symptoms continue severe. This morning a sensation of tightness in the hands and feet, especially in the fingers and toes, was felt, gradually diminishing in distinctness as it extends beyond those parts; the sensation is not that of acute pain, but is rather a numbness, increased or becoming more perceptible by the using of the affected parts.

By the free exhibition of the sulphate of magnesia, all the above symptoms, with the exception of the affection of the mouth, gradually decreased, so that they ceased after the fifth day to be troublesome. The ptyalism was never profuse, but sufficiently copious, almost entirely preventing sleep for three or four nights, and troublesome in some degree for several weeks.

By the eighth day seventy grains of the acetate of lead had been taken, and yet no indication of the complaint had appeared the inducing of which was the chief object of the experiment. From these experiments, then, it appear that the acetate of lead may be taken in three grain doses, to the extent of ten grains daily, for from five to seven days, without the risk of inducing colica pictonum.

By this conclusion, however, it is not wished that it should be understood as asserted, that in every instance the salt can be pushed to this extent without inducing other unpleasant symptoms, which may render it necessary to put a termination to its exhibition. Besides, idiosyncrasies, in the administration of this medicine, will be found to occur as in other remedies. Some patients I have seen, with whom it could not be carried beyond twenty grains without inducing vertigo, nausea, and in others even vomiting: while in the experiments above detailed, and in another case which occurred to me, seventy grains were exhibited without either these, or symptoms of painters' colic having been induced. The quantity, therefore, which may be given in the latter cases with propriety would be extremely rash and ill-judged in the former.

Although, then, from these experiments the conclusion that from fifty to seventy grains of the salt may be administered without the risk of inducing colica pictonum will be found generally to hold good, yet much will depend on the circumstances of particular cases, which can only be positively determined by careful observation.

From these experiments it also appears that colica pictonum is not so frequently, nor so easily produced by the use of the acetate of lead, as has been supposed. Gripes, it is true, are often thus produced; but these seem to be an incidental and not a necessary consequence, arising either from a peculiarity in the habit of the patient, a deterioration of the opium, or the proportion of it employed having been too small. In the above experiments the opium employed was British, and in the proportion of rather more than one to eight of the salt; but there was not the slightest attack, during the whole seven days, of gripes, nausea, or pains in the stomach.

Should griping be induced previous to the necessary quantity of the remedy having been administered, it does not appear that this should be considered a sufficient reason for suspending its use, but rather that the proportion of opium should be increased to the requisite extent for the suppression of the uneasy sensations. Viewing these sensations not in all their relations, the limited survey may induce a belief that they are really the disease denominated colica pictonum. They are, however, it is presumed, materially different, arising entirely from the irritation produced by the salt in passing along the intestinal tube, and can therefore be removed by the diminution of that irritation. But colica pictonum seems to be produced by the constitution being fully imbued with the metal, and which unfolds its influence on the system in regular paroxyms affecting the intestines; which paroxysms, though they can be moderated by opium, cannot be entirely overcome otherwise than by the removal of the metal from the system by the various excretions. The difference between the gripes, which are the effect of a recent exhibition of the salt, and the paroxysms, which are the result of a longer continuance and more gradual introduction of it, may perhaps be fitly marked by denominating the former a local, the latter a constitutional affection.

On the general operation and local

action of the salt, it may be remarked, that by exhibiting it in the proportions employed in the experiments, its influence on the animal economy, especially on the circulation, is considerable. The pulse, in the first experiment, when ten grains were taken at once, was remarked to be not more than fifty, and so feeble as to be counted with difficulty; and in the second experiment, where that quantity was not exceeded in a day, it was as low as fifty-two. It was remarked to be similarly affected in four of the six cases of colica pictonum quoted by M. Orfila, from the dissertation of M. Merat. In one of the cases it was so slow as to give only forty pulsations in a minute. I am not quite sure of the lowest degree to which the pulse may be reduced consistent with life. But I am inclined to believe that when colica pictonum terminates in death, it is not from inflammation, but from the exhaustion of the vital powers, induced from the operation of the poison. Orfila has given two cases which terminated fatally, but the post mortem examinations afforded no satisfactory explanation of the cause of death. The chief symptom was great exhaustion, indicated by a pulse that was scarcely perceptible. But although the sedative power of the salt when uncontrolled produces such effects as shall terminate in death, yet when regulated with a due knowledge of its powers, its operation may be rendered of great value in hæmorrhagies: for this purpose, however, it is necessary to allow the salt to accumulate in the system.

On the third day of the second experiment it will have been remarked that all its effects—viz. metallic taste, turgidity of the gums, and sinking of the pulse, were gradually becoming more marked. But aperient medicines having been administered on the evening of the same day, those effects on the fourth day had all diminished, and on the fifth day the metallic taste was scarcely perceptible; the tenderness of the gums gave no uneasiness, and the pulse rose to fifty-six. But by allowing the salt again to accumulate, its effects once more became manifest; clearly shewing that the action of the aperients diminished the power of the remedy by impairing its effects on the system. I have uniformly found that when the bowels continued regular or easy, the cure was more protracted than when they were confined.

Aperients, being decidedly disadvantageous, ought not, therefore, to be employed till the malady is checked, unless from some peculiar circumstance they are distinctly indicated.

The sedative effect of the salt, by which the impetus of the blood is so much diminished, there can be little doubt is effected by absorption, for it is produced, not suddenly, but after some time.

Such are the usual effects of the salt when administered in the solid form, and in the quantities employed in these experiments; but when directly introduced into the course of the circulation in a fluid form, by injection, it is capable of instantaneously producing death. The experiments of Orfila clearly prove this fact. He found by injecting thirteen grains of the acetate of lead, dissolved in a drachm and a half of distilled water, into the jugular vein of a small and weak dog, that the operation was hardly accomplished when the animal made three or four deep inspirations, and died without the least sign of pain or convulsions. He was instantly opened, and the heart was found to beat forcibly. In another experiment, ten grains of the acetate of lead, dissolved in two drachms of distilled water, were injected into the jugular vein of a dog of middle size; the animal appeared suffocated; his respiration became difficult, panting, and precipitate; and he died in thirty-five minutes after the injection. On dissecting the body immediately after death, the lungs were found livid, in patches; their texture more tight than in the natural state, and very little crepitating.

Orfila remarks on these experiments that the cause of death appears to depend on lesion of the nervous system; but by what property of the salt he conceived this lesion to be produced, he does not explain. He ranks the salt as an astringent poison, that frequently exerts its action on the nervous system; but it is not easy to conceive how the operation of an astringent property merely, could so instantaneously destroy life. It is presumed to be more probable that, when directly introduced into the system, by injection, it is capable, by its sedative property, of immediately affecting the brain, paralyzing

the muscles of respiration, and occasioning death by suffocation. In the first experiment the animal, after the introduction of the solution, made only three or four deep inspirations, and died while the circulation was unimpaired, at least while the heart beat forcibly. The symptoms much resembled those which occurred in the interesting experiments of Mr. Brodie, when he employed alcohol, essential oil of bitter almonds, and the empyreumatic oil of tobacco, of the sedative effects of which on the brain there can be no doubt.—(Vide 101st vol. of Phil. Trans. for year 1811.)

Such are the general operations of the salt on the animal economy as a sedative; but it has also to be considered in relation to its local action. All, however, that is meant by local action is, that whilst it affects the whole system it is capable likewise of developing its influence more particularly on individual organs. Thus, in the second experiment, the lungs were particularly affected. The sensation produced by the affection was not that of acute pain, but rather resembling the uneasiness which is the effect of pressure. It felt as if deep-seated, and, on taking a full inspiration, or exercise, gave the sensation of the lungs being difficult to distend.

In the third experiment, on an animal of similar size as the last, the quantity of poison employed was not so great as in the first, and therefore the effects were not so instantaneously produced; yet, being double that used in the second, and the animal being the same in size, we are led *à priori* to the conclusion that the results would be developed, not only in a shorter time, but also be rendered more conspicuous. The animal, accordingly, is found to survive the introduction of the poison only thirty-five minutes, and its effects on the lungs were unequivocal.

If these remarks be well founded, they will, it is presumed, account more satisfactorily for the apparent disparity in the results of the experiments than by attributing them merely to the effect of accident. For considering the various phenomena developed during its exhibition, there can be little doubt, I think, of the salt extending its influence over the whole system, and of the lungs, in common with other parts, being brought under its dominion. This view of the subject appears well maintained in the third experiment of Orfila; by the sensation of stricture in the breast, and laborious respiration felt by myself in the second experiment; and also by the fact that a hæmorrhage from the lungs is as successfully suppressed by the exhibition of the acetate of lead, as that from the stomach, or uterus.

Connected with the local action of this salt, I have also to remark its influence on the salivary glands. Hitherto, the preparations of mercury alone have been ranked as sialigogues. But this designation, exclusively applied to these preparations, cannot, after the phenomena unfolded in these experiments, be considered as quite appropriate. For, besides the metallic taste, the tenderness and turgidity of the gums by the acetate of lead, there was also produced an increased secretion of saliva.

None of my patients have been affected to the same extent; and those who have complained of a bitter taste, tenderness and turgidity of the gums, have been such as required the salt to be pushed to the extent of forty or fifty grains, whilst the bowels were at the same time suffered to remain confined. But when necessary to carry the salt still farther, if the bowels were regular, whether from art or nature, no affection of the mouth appeared.

In the fifth and sixth cases of colica pictonum, quoted by Orfila from M. Merat, the patients are stated to have had a disagreeable and bitter taste of the mouth. Whether this taste was metallic, from the statement, cannot be satisfactorily ascertained, but the supposition that it was, is not improbable. No mention, however, is made by that author, nor indeed by any other known to me, of tenderness and turgidity of the gums, and of ptyalism. But when the salt is introduced rapidly, regularly, and to the requisite extent, that appears to be one of its natural results. Does the circumstance of the acetate of lead, of mercury, and, as is reported, of arsenic, in producing ptyalism, lead to the conclusion that *all metals* in a state of combination, if they could be taken in sufficient quantity, would have a similar effect? After the use of the carbonate of iron, to the extent of four ounces, I have seen a peculiar taste produced, and also considerable tenderness of the gums. I think, too, I have seen similar effects produced by the use of a solution of the nitrate of silver, as a wash for ulcers.

Some attention is necessary as to the form in which the acetate of lead is administered. In the above experiments it was employed only in the solid form. I have, however, in practice, also employed it in the fluid state; and, both from the experiments of Orfila and my own observation, I conclude that its operation in the latter way is more rapid and energetic, and therefore that it demands proportionally greater caution in its exhibition. The solution I employ contains two grains of the sugar of lead to the ounce of equal parts of acetic acid and distilled water, and eight or ten minims of the tincture of opium. I have not found it necessary, even in severe cases, to employ more than from three to six ounces of such a solution. As to the propriety of using one of these preparations in preference to the other, the seat of the disease, perhaps, should have some weight in forming the determination; for, when the diseases are dysentery, diarrhœa, hæmorrhois fluens, uterine hæmorrhage, or hæmaturea, there is, to say the least of it, some plausibility in giving a preference to the solid form, because, in its passage through the intestinal tube, it comes, in the one set of cases, in immediate contact with the affected parts, and in the others very nearly so. On the other hand, when the maladies are hæmoptysis, epistaxis, or purpura hæmorrhagica, there are the same reasons for giving the preference to the fluid form. The chief point, however, to be remembered is, that a smaller quantity in the fluid form serves the same purpose as a greater in the solid.

Whatever form shall be deemed preferable, it is of the first importance that the most scrupulous care shall be employed in the formulæ prescribed, to avoid every article which has a tendency to decompose it, either entirely or partially. Sulphuric acid effects the decomposition rapidly. Even the proportion contained in the infusion of roses accomplishes this readily. All the alkalies, neutral salts, and carbonates, do the same with facility. The carbonate of soda is, indeed, its best test, but the sulphate of magnesiæ its best antidote. The vegetable acids do not disturb it; and therefore wine, if necessary during its exhibition, may be allowed. The best formula, I think, for a pill mass, is—

℞ Plumbi Acetatis, gr. xxiv.
Pulveris Opii, gr. iv.
Micæ Panis, gr. xx.
Acidi Acetici, q. s.
Fiant Pilulæ, xii.

And in solution—

℞ Plumbi Acetatis, gr. xvi.
Tincturæ Opii, ʒj.
Acidi Acetici diluti, ʒxv.
Aquæ Distillatæ, ℥ij.
Fiat mistura, cujus quâque quartâ horâ cochleare amplum capiatur.

If, unfortunately, on any occasion symptoms of colica pictonum should supervene after the administration of this salt, the best means for counteracting such effects is the free use of the sulphate of magnesia in solution; and, after the bowels shall have been freely acted on, opium in such quantities as may be necessary for subduing the pain.

The salt I consider as chiefly of value in *passive* hæmorrhages; active hæmorrhages, therefore, ought by the use of the lancet to be reduced to the passive form, anterior to its administration.

It is not, however, intended that it shall be understood from this statement that the patient, whose powers of life, from copious hæmorrhage, are fast ebbing, is to have her best interests confided entirely to the administration of internal remedies. On the skill and prompt action of her medical attendant her life often depends, and his duty imperiously calls on him to have instant recourse to whatever the exigency of the case may require.

I shall now conclude by selecting three cases illustrative of the powers of the remedy.

First, of hæmorrhage in threatened accidental abortion.

Second, of hæmorrhage arising from debility consequent on abortion.

Third, of hæmorrhage from the stomach.

I. *Of Hæmorrhage in threatened Abortion.*

On the 16th of July last, a lady, in the fifth month of pregnancy, after having taken exercise to an imprudent extent, was affected with alarming hæmorrhage. I was instantly sent for, and found that the hæmorrhage was considerable, the uterine contractions severe and regular, commencing at the

back, extending to the abdomen, and thence darting to the pubes and thighs, expelling coagula at every return. She was directed to be kept quiet and cool, and acetate of lead, in the form of pills, to the extent of twelve grains daily, and a draught after each dose, consisting of equal parts of distilled vinegar and water, to be taken. In twelve hours the symptoms began to give way, and, by the time half a drachm of the acetate was taken, the pains had entirely ceased, and the hæmorrhage disappeared. By some precautionary measures, and without the farther aid of this medicine, the lady was enabled to go her full time, and was confined in November last.

II. *Hæmorrhage arising from Debility consequent on Abortion.*

Elizabeth R., aged 30, August 1st, 1827, has had three miscarriages in succession, viz. one in March, 1826, one in August following (of twins, from which she suffered severely from flooding), and one in January last, which occasioned still more distress, from the same cause. During the first six weeks of her present indisposition, she has not been well for a longer period than from three to seven days at a time; and when the attacks recur, they generally continue from ten to twelve days without intermission. Previous to the last miscarriage, she sustained much inconvenience from vertigo; its severity was so great as to render her incapable of walking without assistance, and even continued after the miscarriage to such a degree as to induce her medical attendant to decline employing the necessary means for the suppression of the discharge from which she was daily suffering. Subsequently, however, for this purpose, she took mixtures to the extent of twelve half pints, without benefit, and then was advised to go into the country. The discharge still continuing to harass her, she became much debilitated and very irritable; so much so, that even moderate exercise, or sudden alarm, brought on severe flooding. Last July, in one of these attacks, she is reported to have lost from two to three quarts of blood. At present, a full pint is lost daily; the vertigo is so severe as to affect the sight. She is weak in her person and desponding in her mind, from the supposition that she cannot recover. Pulse 76, rather weak; appetite good, and bowels regular. From a disinclination to administer the acetate of lead, various astringent remedies were previously employed, but to no purpose. The acetate of lead was then had recourse to, and, forty grains having been taken in the course of four days, a perfect cure was established. When twenty-four grains of the acetate of lead had been taken, this patient complained of pains in the abdomen, but by increasing the proportion of opium, they were entirely subdued.

III. *Case of Hæmatemesis.*

Mrs. I., aged 50, 8th May, 1827. Two years ago the catemenia ceased; about three months after which, she began to expectorate blood every fourth or fifth week. She was also affected with head-ache and severe pains in the back. For these complaints she had been cupped, and had taken a great variety of cathartic medicines without any marked relief. The quantity of blood hitherto expectorated had been inconsiderable; but this morning above a pint had been vomited at once. A cathartic medicine was ordered, and directed to be given so as to act freely on the bowels. On the 11th, notwithstanding that the bowels had been freely moved by the medicine, she suffered much from vertigo: owing to this circumstance, she fell, and received a wound on the right temple. After the fall, severe sickness supervened, and she is reported to have vomited a wash-hand basin two-thirds full of blood. Vertigo still urgent; was bled from the arm, and had a blister applied to the nape of the neck, and cathartics continued, with astringents. Some relief was obtained from these remedies; but two days afterwards (having visited the patient in the morning) I was called in haste again to see her, as she appeared to be dying, from the large quantity of blood which she had vomited, and which was reported to be above two quarts. She was much exhausted; pulse with difficulty could be felt, was small, frequent, and intermittent; countenance sunk, and of a death-like aspect.

The acetate of lead, in solution with opium, was immediately ordered; three doses only of which were taken; the vomiting never returned, and although, from the extreme state of exhaustion to which she had been reduced, the patient was for some time in a pre-

carious condition, yet ultimately she perfectly recovered, and, by occasional small bleedings, now enjoys better health than she has done since the cessation of the catamenia. The mixture taken contained only six grains of the acetate of lead; which shews the superior energy with which this remedy acts in solution.

Warwick-Street, April 28, 1829.

NERVOUS SYSTEM.

To the Editor of the London Medical Gazette.

Sir,

In your number for April 25, Mr. Adam, of Benchory, near Aberdeen, has, I perceive, published some observations "On the Doctrines of the Ancients concerning the Nervous System," comparing these with "the recent physiological investigations of Messrs. Bell, Mayo, MM. Magendie, Flourens, and others;" and observing, very justly, that the ancient doctrines are apt to be overlooked and misrepresented. The author might also apply this observation with equal justice to the moderns.

My object in this communication is to notice that portion of Mr. Adam's paper which assimilates the opinions of Galen with Mr. Charles Bell's, between which there seems to be very little difference beyond the declaration of the former in favour of "*a small degree of sensibility*" in the portio dura of the seventh nerve; *and the denial of any sign of feeling being perceptible when this nerve is irritated or divided,* on the part of the latter author: MM. Magendie and Fodera ascribing "*a strong degree of sensation,*" and Mr. Herbert Mayo "a *minor feeling,*" in the portio dura.

From such discordant opinions Mr. Adam very naturally professes to be unable to draw any positive inference; but if he were to refer to an account of some experiments and dissections which I published in the London Medical and Surgical Journal for April 1823, and also to a notice in the last page of the London Medical Gazette for February 7 of the present year, I think he might then be able, not only to draw a positive inference, but to discover also a satisfactory reason for so much discrepancy between authors who have written upon the nerves in question. With regard to the fifth nerve, he will observe one of the reasons why Mr. Bell, according to his experiments published in the Philosophical Transactions of 1821, supposed the facial branch to be a nerve *of voluntary motion as well as of common sensation*; an opinion most satisfactorily confuted by Mr. Mayo in 1822*; and also, as I conceive, by my own experiments of 1823, since repeated with the same results, and which I will now trespass upon you so far as to recapitulate very shortly, without again entering upon the general details.

1. My experiments shew the facial branch of the fifth nerve to be one of *sensation only,* and not of a mixed function, as Mr. Bell imagined.

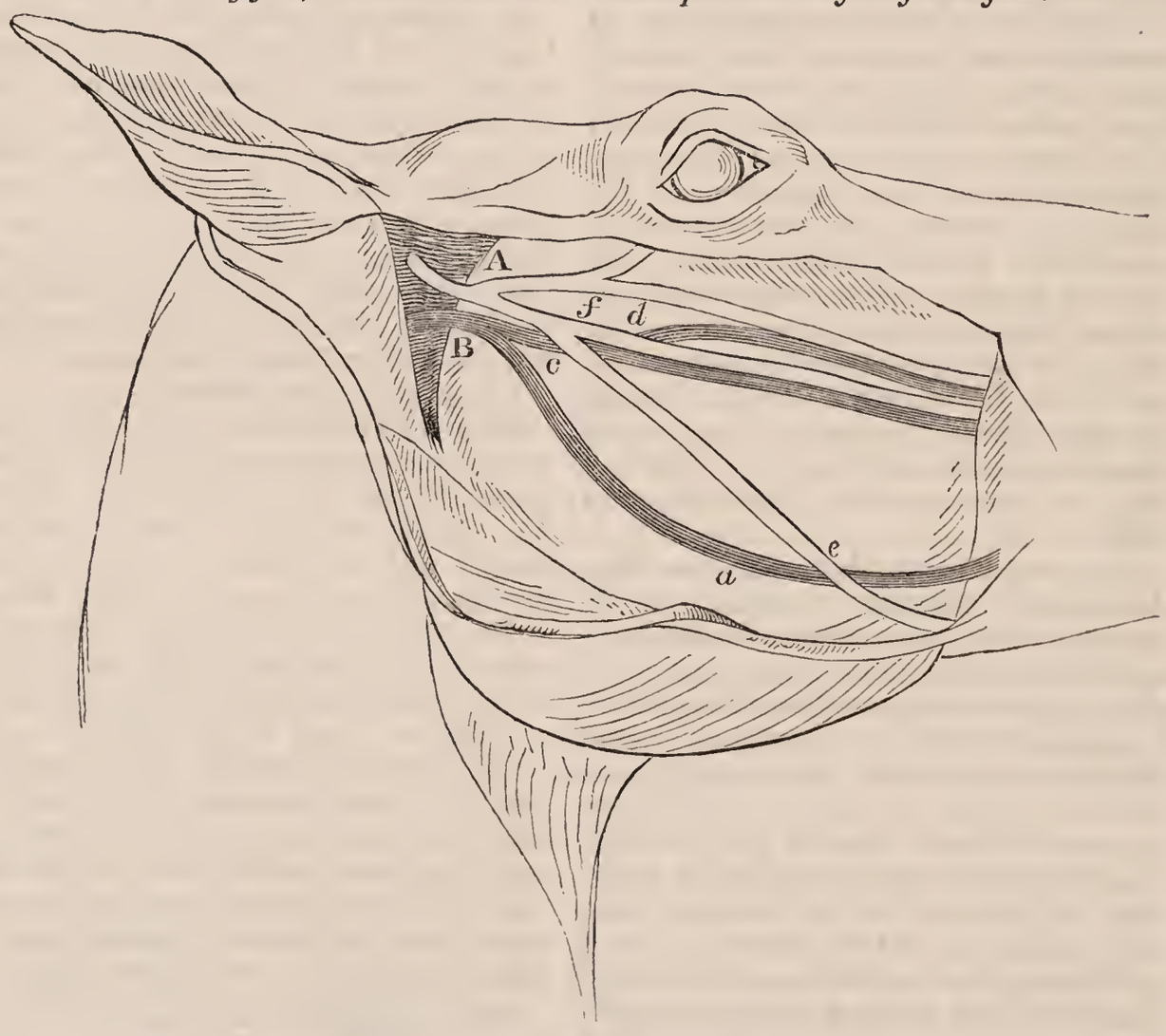
2. The portio dura of the seventh nerve is shewn to be one of *voluntary,* as Mr. Mayo previously pointed out, and not of *instinctive* motion, as Mr. Bell originally supposed; and it is, moreover, demonstrated to be, as Mr. Bell represents it, a nerve, the division or irritation of which *neither excites any sign of pain, nor interferes with the sensation of the face,* although this opinion be opposed by the experience of Galen, Mr. Mayo, and MM. Magendie and Fodera.

3. Evidence is afforded of the nervus vagus being entirely incapable of sensation, since it was pricked, cut, pinched, and pulled, *without the slightest indication of pain resulting,* while the least touch of a neighbouring sensitive nerve produced lively signs of feeling; notwithstanding Galen did, and Mr. Mayo does, ascribe sensation to this nerve; and in Mr. Bell's classification, it stands among those supposed to possess *little or no sensation.*

The experiments of which the above are the results, were undertaken in consequence of the discrepancy between Mr. Bell's and Mr. Mayo's observations; and from the late Mr. Shaw having informed me that there was *a slight degree of sensibility* observable upon experimenting with the portio dura. Indeed, I myself at first imagined so likewise; but I was entirely undeceived when I irritated and divided the nerves in question *before they come into close juxta-position, as well as from stimulating them separately where they subsequently continue their united parallel course and ramifications without any intercommunications or lacings together.*

* See Mayo's "Commentaries," and, also, "Outlines of Physiology."

Subjoined is a most exact representation, executed by my friend Mr. Miles, the Assistant-Surgeon of the Second Life Guards, of the facial nerves as I dissected them in a horse's head, clearly pointing out what I consider to be the probable cause of the disagreement among authors noticed by Mr. Adam. The portio dura and the facial branch of the fifth unite together upon the angle of the lower jaw, embedded in the wide-spreading parotid gland, soon after their exits from their respective cranial foramina; and immediately at the place of union the *fifth* gives off a branch in the direction of the eye, and the *seventh* one towards the posterior edge of the lower jaw (*a*). Then the trunks run parallel to each other for the space of about half an inch, when the *fifth* separates, one portion continuing its course, in conjunction with the *seventh*, towards the mouth (*b*), the other passing downwards and backwards in the direction of the branch previously given off by the *seventh*, and crossing this in its way to the posterior part of the lower jaw (*c*).; and at the point where the *fifth* separates, the *seventh* gives off a branch, which passes under the trunk of the *fifth*, and then unites itself with that branch of the *fifth* previously given off, *the two continuing their course in parallel lines together*(*d*). Thus, although upon a first view the *pes anserinus* appears to be formed altogether of broad single nerves, it may be clearly seen, upon minute dissection, that most of them are, in reality, *double nerves*, composed of fasciculi, sometimes crossing and sometimes running parallel, but always to be traced distinctly to *separate origins*, *and merely connected by cellular membrane*. And from this disposition of the nerves, it became explained to me why, when the *upper edge* of the large branches passing from the angle of the jaw to the mouth were irritated, *sensation* was manifest, from the animal suddenly withdrawing its head; whereas when the *lower edge* was irritated, *no evidence of sensation appeared*; while, of course, there were points of the nervous fasciculus in the centre, where a mixture of properties seemed to exist, *and either a strong or a minor degree of sensation was to be* united with convulsive twitches of the muscles upon applying mechanical irritation, the experiments being made upon the facial nerves *after their junction upon the angle of the jaw.*



A. Facial branch of the fifth nerve.
B. Seventh, or portio dura.

Analogy may warrant the supposition of the same arrangement which I have met with in the horse species appertaining to the human being, the large development of the facial nerves in the former rendering it more easy to trace their minute anatomy than by the unassisted eye in the latter, where the pes anserinus is composed of such small and numerous nervous branches.

But although I have satisfied myself as to the cause of the different opinions given upon the properties of the facial nerves, from both experimental and anatomical evidence, I have not as yet been equally successful in discovering any clue to unravel the source of error into which Mr. Mayo and others, or I myself have fallen, with respect to the sensibility of the *nervus vagus*. In all my experiments (and they have not been few), *I never detected any sign of sensation* belonging to this nerve; and Mr. Mayo, it appears, *never missed any*, excepting when he recently favoured me with his presence and assistance during the repetition upon a horse of those experiments which I published an account of exactly six years ago; and which I shall at all times be happy to repeat again should any sceptic require me to do so, notwithstanding the bolts which your witty correspondent levelled at experimental physiologists in the facetious *jeu d'esprit* of your last number.

With these observations I shall now conclude, sincerely hoping that I may succeed in dissipating the fog which Mr. Adam complains of as obscuring his view of the properties and functions of the facial nerves, by reconciling the disagreement between authorities upon this subject, and pointing out a more positive inference than the author of the comparison between Galen, Mr. Bell, &c. is at present able to draw; although I am as much impressed as he can be with the truth of this aphorism, which he quotes from Hippocrates—"Experiment is fallacious, and decision difficult."

I have the honour to be, &c. &c.

S. D. Broughton.

12, Great Marlborough-Street,
April 29, 1829.

CASES OF AMENORRHŒA, WITH STERILITY.

By J. M. Baynham, Surgeon.

The detail of insulated cases is not always interesting, or instructive: an exception, however, occurs when pathology receives an illustration; and since one great advantage of Medical Journals is the facility offered to the publication of single facts, which otherwise might never be extended beyond the sphere of a manuscript case-book, I persuade myself the two following cases will not prove unacceptable to the readers of the Medical Gazette. The post mortem examination will be found to constitute the chief value of each, and is explanatory of causes not generally known. The inferences are unimportant in regard to medical practice, but they add to the list of circumstances by which sterility may be occasioned.

March, 1827.—Eliz. Foxall, æt. 27, a milliner, married eight years, but without any family, became the subject of epilepsy four years ago, in consequence, as it is alleged, of extreme fright caused by the suicide of a man lodging in the same house. The fits occur without notice, and not unfrequently during sleep, after intervals rarely exceeding a few days. She has, however, been six weeks free from an attack. The disease has latterly become severe, and her intellectual faculties somewhat enfeebled. It is singular she never yet menstruated, although considerable pain is experienced in the usual situation at monthly periods. Leucorrhœal discharge is always present. There is not any discoverable malformation of the generative organs, nor any want of sexual passion. The vagina is capacious, and the os uteri can be distinguished with facility. Under an impression that epilepsy, if not induced, is now protracted by the want of a catamenial evacuation, local and general bleedings, and emenagogues of every description, have been recommended by different medical practitioners; and, lastly, electric shocks passed through the pelvis. Having had the management of this case nearly three months, I lost sight of the patient, and did not hear of her again until the month of April, 1820, when her husband informed me of her death, which occurred suddenly during the night. By the evening of the third day, when permission was obtained to examine the body, putrefaction had made such great progress about the neck, that (with a recent wound in my hand) I did not venture to open the head, where, in all probability, effusion of blood had taken place, and produced

death. I, nevertheless, in the presence of Dr. Male, proceeded to examine the contents of the abdomen and pelvis. The convolutions of the intestines were uniformly adherent, but without any appearance of recent inflammation. The orificium uteri was small, its cervix long and unusually firm. The cavity of the organ was pervious for one inch; it then abruptly terminated, and for about three quarters of an inch the uterus was perfectly solid. Its fundus was dilated into a sac containing about half an ounce of a thick dark-brown fluid, which had imparted a similar and permanent colour to the lining of this upper chamber. Not the least vestige of communication between the upper and lower compartments of the womb was discernible. The internal membrane of the cervix retained its wonted paleness and transparency. The left fallopian tube was pervious, and the ovary of the same side had appearances of corpora lutea. The right fallopian tube was altogether obliterated, and the right ovary had degenerated into a strong cellular tissue, or a congeries of small membranous cysts. The vagina contained a muco-purulent secretion.

April, 1829.—Elizabeth Fomes, æt. 48, unmarried, has always been the subject of feeble health. Decrease of stature and deformity of the trunk were first observed six years ago, since which time she has had cough, occasional dyspnœa, palpitation of the heart, and oftentimes anasarcous swellings. She has not worked during the last three years. She never menstruated, nor has she ever had discharge from the vagina, and, what is remarkable, does not recollect to have suffered even the least inconvenience from this deviation of nature. The cause of death (upon the 16th inst.) was an exceedingly diseased state of the semilunar valves of the aorta; but as her previous illness and this morbid alteration of structure do not bear upon the object of this communication, I shall not dwell upon them. The pelvis is much distorted, in consequence of softening of the bones. The uterus is accurately formed, but not in the least developed from the period of infancy. The body of the organ is not larger than a small almond. The orifice is well marked, and the cavity free. The fallopian tubes are delicate, but disproportionately long, and their fimbriated extremities beautifully disposed. The peritoneum entirely covers the uterus, and is extended over the upper part of the vagina. The ovaries cannot be satisfactorily distinguished, being in appearance little else than accumulated cellular substance, into which, upon the right side, a slight ecchymosis has occurred. The vagina is not particularly short or diminutive, but a contraction of the lower aperture of the pelvis renders the admission of the finger difficult. In this case, the uterus and its appendages resemble those of a child at birth. From the circumstances of her life, there is not any reason to suspect her of incontinence. Two other points are deserving of notice: she has always been without hair upon the pubes, and has never had a perceptible formation of the mammæ.

Birmingham, April 23, 1829.

ACCOUNT OF A

DISSECTION OF A RECENT DISLOCATION OF THE ELBOW-JOINT.

By George Gullever, M.R.C.S.

Assistant-Surgeon to the Forces, and late Curator of the Museum of St. Bartholomew's Hospital.

As we have rarely opportunities of examining by dissection the condition of the parts concerned in recent dislocations, I apprehend that a narrative of the present case will not be altogether uninteresting to the profession, for no branch of surgery more forcibly illustrates the necessity of associating anatomy and pathology with the practice of our profession than the injuries which befal the bones and joints.

A robust soldier, æt. 40, being intoxicated, fell from a height into a subjacent trench: he was immediately conveyed into the hospital, and died in the course of two hours.

The sternum was transversely fractured about its middle; both internal mammary arteries were lacerated, and a considerable quantity of blood was effused into the cellular tissue of the anterior mediastinum. The liver was ruptured; there was fracture of the right radius and femur; and the bones of the left ankle-joint were completely comminuted. In addition to these injuries, the left elbow-joint was dislocated; and a careful examination of this part exposed the following appearances; viz.

Both bones of the fore-arm were displaced backwards behind the articular extremity of the humerus; the coronoid process of the ulna being situated in the fossa olicranalis, and the head of the radius behind the external condyle. The arm was in a state of semi-flexion, and the hand supine: the olicranon projected in a marked degree posteriorly; and the inferior extremity of the humerus formed a considerable prominence in front, where the capsule of the joint was extensively lacerated; both lateral ligaments were also torn asunder, but the coronary ligament of the radius was uninjured. The brachialis anticus muscle was much stretched, and about a third of its attachment to the coronoid process of the ulna separated from the bone. Some fibres of the anconæus muscle were also lacerated; the triceps was flaccid; and the biceps, pronator tires, and supinator brevis, had adapted themselves, without injury, to the new situation of parts. The interosseous artery was completely torn through, and much blood was effused into the surrounding tissue. The cartilage of the right condyle of the humerus presented a livid blue appearance, apparently the effect of sanguineous effusion from the vessels of the contiguous bone.

Dislocation of the bones of the fore-arm behind the humerus is stated by eminent authorities to be the result of force applied to the hand while the arm is in a state of half flexion. This is probably often the case, but an attentive examination of the subject will shew that the extended position of the limb is equally favourable to the production of this form of accident. Desault entertained this opinion, which is also supported by the testimony of Bichat. In experiments on the dead subject I have been able to effect such dislocations with much facility, by an extreme effort of extension, using the arm and fore-arm as levers, the extremity of the olicranon being the centre of the motion described by the ulna. When the displacement has been produced in this way, the fibres of the brachialis anticus muscle have uniformly been more or less ruptured, while in the opposite manner of dislocation this muscle rarely suffers such injury.

The condition of the brachialis anticus muscle, therefore, inclines me to the belief, that in this case the displacement was effected during extreme extension of the arm. In the dissection of a similar accident, recorded by Sir A. Cooper, this muscle was entire, though much stretched. Boyer's observations lead him to represent the triceps muscle to be equally extended in posterior dislocations of the fore-arm, but it will be seen how far this statement is at variance with fact, as far as regards the present case.

General Hospital, Fort Pitt,
April 22d, 1829.

UNION OF TEETH.

To the Editor of the London Medical Gazette.

Sir,

As the ascertaining of facts and the diffusion of knowledge is your object, in common with every enlightened editor, I trust that you will give publicity to a few brief remarks that I have to offer respecting Mr. Koecker's "Principles of Dental Surgery." Disregarding his assertions upon the professional reputation of such men as John Hunter, Joseph Fox, and many others scarcely less eminent in various countries, I shall confine myself to the following case.

Joseph Fox, in his Natural History of the Teeth, Part First, p. 29, states, "that sometimes, in the formation of the teeth, two pulps unite, and upon their surfaces appear as two distinct teeth; but upon attempting to remove one, it is discovered to be united to the next. In plate 8 are figures of several teeth of this kind, which must be regarded as *lusus naturæ*."

Upon which Mr. Koecker makes the following remarks:—"For my own part, I must declare, that during all my practice for many years, I have not been able either to obtain ocular demonstration of such a case or satisfy myself that there ever has been such a case; and this I say also of all my professional brethren with whom I have had an opportunity of conversing on the subject, &c. There is no other way for accounting for such doctrine than by attributing it to a weak credulity, or a love of the marvellous, or a desire to impose upon the world. Mr. Joseph Fox mentions an instance of this supposed union in two central incisories of

the under jaw, at their contiguous sides. See his Nat. Hist. of the Teeth, &c. plate 8, fig. 8. The author gives no further account of this case, which I consider the most extraordinary of all the cases of irregularity related by him, and therefore particularly worthy of attention. I, indeed, believe that Mr. Fox did not see himself the case he thus describes, else he would assuredly have given a more circumstantial account of it." See page 319 and 320. Also, in page 322, he says, "I have always considered all such assertions as utterly false, and contrary to good moral and professional principles."

Bold as I may be deemed in dissenting from the opinion of Mr. Koecker, I do dissent; and upon the basis of having witnessed again and again, those "marvels" which his extraordinary professional career has *never* presented to him; and I must say a bony union of adjoining teeth does not appear so very wonderful; for, in my own practice, I have repeatedly met with instances of this *lusus*, and have sent, for your inspection, two specimens: they are both incisories of the lower jaw, united exactly in the manner described by Joseph Fox.

As Mr. Koecker thinks this case "so very extraordinary, and most particularly worthy of attention," he will certainly not deem it time lost in calling upon you for the purpose of satisfying himself of the fact *.

I am, Sir,
Your obedient servant,
Wm. Robertson.

Old-Square, Birmingham,
March 19, 1829.

HERNIA.

To the Editor of the London Medical Gazette.

Sir,

An interesting case of hernia having been published in your last Number, by Mr. Earle, I am induced to send you the following account of a case somewhat resembling Mr. Earle's, but differing in other points, which is perhaps sufficiently unusual to deserve record.

Wm. Mills, æt. 28, was admitted into St. George's Hospital, under my care, on the 9th of last month. He had had an inguinal hernia on the right side for several years, for which he had worn a truss. He had been ill the few last days, having been bled two days previous to his admission for a slight pleuritic attack. In the evening of the 8th the hernia came down. A purgative was administered, and attempts were made to reduce the hernia, without success. On the morning of the 9th, fresh attempts were made by Mr. Chinnoch, under whose care he had been placed, to return the bowel; complete syncope having been induced by the abstraction of 40 oz. of blood. He was sent into the hospital in the evening, and kept in the warm bath for an hour and a half, losing 10 oz. more blood; but the hernia still remaining unreduced, I was sent for about twelve o'clock at night.

I found him with a tumor not very tense, and the tension rather less than before he was placed in the bath; some pain and tenderness in the swelling, and a little also in the abdomen. He had not had any evacuation since the descent of the hernia; there was slight nausea and sickness, and a little hiccough, but no anxiety of countenance; and the pulse quite soft, and 108.

The tumor was about the size of a large goose-egg, not descending into the scrotum, but having the appearance of spreading out above the abdominal muscles, so that the external ring could not be felt. The testicle had never descended, but I thought it could be felt at the lower part of the swelling.

As the symptoms were not very urgent, and the hernia an old one, in which the progress of the strangulation is generally slower than in recent cases, I determined to try the effects of the tobacco clyster, which was accordingly done, but still unsuccessfully. He was then left till the effects of the narcotic had subsided. Believing that delay is more dangerous than the operation itself, I regretted having employed this powerful though uncertain remedy. It is probable, however, that the whole time which elapses between its administration and the time when the operation can subsequently be performed, ought not to be considered as lost, since the inflammation can scarcely proceed so rapidly while the person is under the influence of a narcotic as under other circumstances; and the state of the

* The specimens alluded to present the appearance above described: we have sent them to Mr. Koecker for his inspection.—E. G.

bowels, at the time of the operation, shewed that the delay was not attended with much increase of risk.

10th April, at 7 A.M. I proceeded to operate, the symptoms being the same as the preceding night.

On cutting down to the tumor, I found that the external oblique muscle, and the edges of the inner muscles, completely covered the sac, so that these required to be divided before the sac was exposed, which was opened, and the neck of the sac divided. About twelve inches of bowel was found much distended with flatus, but in a healthy state, with the exception of some increase of vascularity. Some difficulty was experienced in returning the intestine, which I found to result from a tight band running across the upper part of the opening, about half an inch within the proper neck of the sac, and having the effect of making a narrow canal about three-fourths of an inch long. The nail only could be inserted between the bowel and this band, the effect probably of adhesion between two portions of peritoneum, and it was difficult to divide it, from the distention of the bowel and the depth of the part. The intestine was then returned. A large sac was now left, at the lower part of which was situated the testicle, which thus blocked up the external ring, and prevented the descent of the hernia through this opening. The vessels of the cord were seen running towards the testis behind the peritoneal sac, which formed the loose covering of the testis, as in congenital hernia. The testicle and epididymis were loose in the sac, but the vessels being adherent to the surface of the iliac fascia, I was obliged to leave the testicle in the wound. At noon he had less pain, very little tenderness, and that only on the right side. Pulse 110; tongue moist and clean.

Enema commune statim.
Hirud. xv. Abdomini.
℞ Infus. Rosæ, ℥iss. Magn. Sulph. ℥ij. 2dis horis.

In the course of the afternoon he began to have motions, so that the mixture was left off at eleven o'clock, and the tenderness was quite gone. Slight nausea continued, and occasional hiccough.

12th.—He continued very well till today, when some pain and tenderness came on in the left hypochrondrium. Pulse 104.

Hirud. viij. parti dolenti.
℞ Hydr. Submur. gr. iij. Opii, gr. ss. M. tres.
Ol. Ricini, ℥ss. cras mane.

13th.—Pain and tenderness gone. Wound nearly healed by the first intention.

On the 14th and 15th he had a return of the pain in the left hypochondrium, his pulse became quicker, and his countenance had an anxious expression. By the repetition of eight leeches twice, and the employment of small doses of calomel and opium, these symptoms were subdued, and he is now quite well.

This case resembles that recorded in your last Number, in the situation of the intestine beneath the abdominal muscles, upon the transversalis fascia over the iliac vessels, in the depth of the neck of the sac and the difficulty of dividing the stricture, which, in both, had no reference to the external abdominal ring. But this case is peculiar from the sac having been entirely within the external ring, so as to separate the internal ring to a considerable distance from it, and thus rendering any efforts at the taxis necessarily unavailing, the force employed only pressing the sac, with its contents, against the posterior part of the abdominal parietes. The double stricture which had been formed at the internal ring is also remarkable, as, after the division of the neck of the sac, the second constriction could not be anticipated, and required the introduction of the finger to a great depth to discover it, and great caution in dividing it.

The performance of the operation in congenital hernia, where no separate tunica vaginalis is formed, is not uncommon; but the occurrence of a hernia so many years after birth, with the testicle not in the groin, but still, as it might be called, in the abdomen, is certainly not a frequent occurrence. It might be expected that the testicle remaining in the wound would be a source of irritation after the operation, and some surgeons have proposed the removal of the testicle; but as this was of its usual healthy size, I saw no reason for this practice; and the inflammation of the testicle itself was, in fact, very slight after the operation, while the removal of the testicle and its tu-

nic—in other words, of a portion of the sac—could not but have added very materially to the patient's danger.

Every point of practice in this formidable disease being of importance, you may perhaps think the case I have related not undeserving of record.

I am, Sir,
Your obedient servant,
CÆSAR HAWKINS.

31, Half-Moon-Street,
May 1st, 1829.

ANALYSES OF BRITISH MEDICAL JOURNALS.

LONDON MEDICAL AND PHYSICAL JOURNAL.

May, 1829.

ORIGINAL PAPERS.

"*On the Use of the Ergot of Rye in Uterine Leucorrhœa.* By MARSHALL HALL, M.D. F.R.S.E. &c. (In a letter to JOHN NORTH, Esq.)"

THE author has employed the secale cornutum in some cases of the above description, and the following is the account he gives of one of his patients:

"From August 1824, after a protracted labour, to September, she became subject to profuse menorrhagic discharges, during which large coagula of blood were continually expelled; and after which there was the most profuse leucorrhœa. She became, of course, as blanched, thin, and feeble, as a young person could be expected to be from such excessive drains upon the vascular system. The leucorrhœa only ceased to yield to the hemorrhagy, and the latter gradually to pass into leucorrhœa; so that the patient could never be without the usual bandage for the reception of uterine or vaginal discharges: sometimes the case ceased to be menorrhagic, but only because the hemorrhagy itself was protracted for many weeks, once four, once six, without intermission; from March 1827, to Sept. 1828, however, the periods were quite regular.

"In Sept. 1828, this patient began to use a cold lotion, applied over the uterine region. The next catamenial period occurred a few days afterwards: it was attended by excessive hæmorrhage for twelve days, a faintly-tinged discharge for three days more, and then by profuse leucorrhœa. At the latter end of October, five grains of the ergot of rye were prescribed to be taken three times a day, in pills, beginning after the catamenia had flowed three days. Little effect was observed. The medicine was increased to four times a day, at the *beginning* of the ensuing catamenial period. The discharge was evidently checked. The ergot being continued, it greatly abated the leucorrhœa. The ergot having been omitted, was resumed at the commencement of the next expected catamenial period. The flow was retarded in its appearance for four days, was altogether moderate in its quantity, free from coagula, unfollowed by the faintly-tinged discharge, or by leucorrhœa. This was observed in December: three months have elapsed since that period. The patient has been free from all menorrhagia, and all undue flow of the catamenia, and from leucorrhœa. The medicine has been regulated by herself, being omitted and resumed at intervals. The colour, the strength, and the flesh are restored; and the symptoms, so characteristic of vascular exhaustion, have gradually, but totally subsided.

"I have not since had occasion to try the effect of the ergot in menorrhagia; but I have prescribed it in many cases of leucorrhœa—in all with the most prompt and decided advantage. The benefit which accrues from the ergot is indeed frequently experienced, in the most marked manner, in the space of five days; and I have generally recommended this medicine to be taken for a somewhat longer period than this, then to be abandoned for a few days, and again resumed. In the first case of leucorrhœa in which I gave it, the patient had suffered for several years from returns of this affection, and for three weeks previously to her visit to me it had subsisted in such a degree, as to incapacitate her for her occupation as a servant: she had become pale and weak, and affected with sad headache. After an aperient, this patient took five grains of the ergot four times a day: she was better in three days, much better after the lapse of a week, and perfectly well at the end of a fortnight. Nothing could be more marked than the prompt efficacy of the remedy.

"It will, of course, be necessary to give the ergot with discrimination.

We could expect no good from it in cases of an inflammatory or organic nature, or in vaginal discharges not uterine. It is not *every* sanguineous or white discharge which can be expected to be remedied by the ergot. The former should, I think, be distinctly catamenial or menorrhagic, or at least independent of inflammation or organic disease; the latter uterine, and not merely vaginal, and, of course, not dependent on any continued cause, as undue lactation. In such cases, well marked and distinguished, I believe the ergot of rye will be found to be a most useful remedy.

"It is quite plain, contrary to the opinion of a late writer on the virtues of the ergot of rye, that this substance exerts its power over the state of the uterus in other circumstances besides that of approaching contraction. A state of what may be deemed undue relaxation or want of tone in this organ, seems to be under the immediate influence of the ergot.

"I may here add, that I have tried this remedy in a distinct case of chlorotic amenorrhœa, without the least good effect."

"*Result of the last Hundred Cases of Labour attended by* Mr. JEWEL *and his Pupils, as stated in a Lecture to his Class.*"

Natural	73
Premature	1
Protracted beyond 24 hours	14
Twins	2
Feet presentation	2
Breech ditto	4
Arm ditto	1
Hæmorrhage after delivery	2
Forceps case	1
Total	100

The secale was given in eight out of the fourteen protracted cases, and in five of these the results were "most satisfactory." One case deserves more particular notice:—

"A lady was in labour of her fourth child. Upon entering the chamber, Mr. J. was informed that her former labours had been very protracted, for which reason she had not sent so early as she otherwise would have done. Upon making the usual examination, the os uteri was found scarcely dilated beyond the size of a shilling, but there was a capability in it of further dilatation; a distinction, Mr. J. observed, of great practical importance. The uterine power was inefficiently and feebly exerted, and in this state the patient had remained for the last five hours. Twenty-five grains of the ergot were then administered. In fifteen minutes there was a strong pain; the uterus then took on a regular and very effective action, and a fine healthy child was expelled within the hour. The recovery of the patient was more rapid and permanent than it had been after any of her previous labours."

Mr. Jewel regards the ergot as a very valuable medicine, and thinks that every practitioner ought to be provided with it when he goes to a labour, as in some cases (for example, of hæmorrhage) the delay occasioned by sending for it might be fatal to the patient. Mr. J. exhibited to his class a very neat pocket case, containing three small stopped bottles, and a female catheter; the contents being, three doses of ergot in one bottle, and tincture of opium and carbonate of ammonia in the others.

The only other case requiring attention is that of arm presentation. When Mr. J. was called, the hand had dropped through the os externum, and shewed the fœtus to be in a state of putrescence. The uterus was contracted, and rendered it impossible to turn without the greatest risk of laceration. As no hope of spontaneous evolution was entertained, the arm was removed, the child eviscerated, the crotchet fixed in the pelvis, and the breech brought down as in spontaneous evolution. The mother recovered without any unfavourable symptom.

"*An Essay on Mercurial Fumigations.* By JONATHAN GREEN, Surgeon."

Some general remarks, and an historical notice on the subject of fumigation, which the author is of opinion holds a very high rank among therapeutic agents.

"*Upon the Utility of Cold Affusion in Cases of Poisoning by Hydrocianic Acid.* By Dr. E. F. GUSTAVE HERBST."

This paper, which is taken from the German, contains the details of a set of

experiments made on dogs, with a view of ascertaining the effects of ammonia and cold affusion as antidotes to prussic acid. The results seem to shew that ammonia frequently fails; while they demonstrate that the effects of the acid in quantity more than sufficient to cause death, may be counteracted by the prompt and copious affusion of cold water.

"*On Infantile Convulsions arising from Spasm of the Intestines.* By Jos. Parrish, M.D. one of the Surgeons of the Pennsylvania Hospital, &c."

Among the effects of intestinal irritation in infants, is a species of convulsion resembling epilepsy, but differing from the ordinary form of that disease, both in its origin and treatment. It may, in most instances, be readily distinguished from epilepsy, by the total absence of stupor after the cessation of the convulsions. Instead of remaining in a comatose state, the child immediately becomes entirely sensible, as though nothing had happened. The attacks are generally sudden and of short continuance: sometimes two or more will take place in quick succession; after which days, and even weeks, will elapse before their return. If not arrested, however, they become more frequent, till at length the infant becomes exhausted, and sinks under the disease. The affection, however, generally yields to proper treatment; and a relapse may be prevented by attention to the diet and the state of the bowels.

In an attack of this disease, the child often screams out suddenly, and stiffens its body, as in an attack of flatulent colic; and the comparative ease which it regains in a few minutes proves the affection to have been spasmodic. The relief which sometimes follows discharges of flatus is another proof of the nature of the complaint. The existence of acidity is also frequently manifested, as well by the sourness of the breath, as by the smell of the stools. "It is of the utmost importance to observe accurately these symptoms of abdominal affection, as they both enable us to form a correct view of the nature of the convulsions, and at the same time point out the course of treatment proper for their removal."

In the treatment of this form of convulsion, Dr. Parrish recommends blood-letting, both general and local; but places his chief reliance on anti-spasmodics. Of these he prefers assafœtida, given both internally and by the rectum. In either way it may be advantageously combined with a little laudanum, especially when, in the intervals of the convulsions, the infant screams much and appears to be in pain. According to the age of the child, from two to five grains of the gum resin may be given every two hours; and, when laudanum is advisable, one or two drops may be added to each dose. In the form of enema, from ten to twenty grains should be administered at once, and repeated more or less frequently, according to circumstances. Sometimes the assafœtida cannot be retained on the stomach: under these circumstances, the rectified oil of amber may be usefully employed as a substitute, in the dose of from two to five drops, rubbed up with gum arabic, loaf sugar, and cinnamon water.

Should the case resist the influence of these anti-spasmodics, or should they lose their effect upon repetition, the musk julep may be resorted to. The proper dose is from half a grain to one grain every hour or two hours, during the greatest violence of the symptoms. If there be much pain, laudanum should be combined with the oil of amber or musk, as before recommended with the assafœtida. Sometimes more effectual relief will be afforded by the laudanum in the form of anodyne injection, especially when the stomach is irritable. From four to eight drops may be given in this way, and repeated when called for by the symptoms.

At the same time that these remedies are administered internally, a liniment composed of oil of amber and laudanum, diluted with equal parts of olive oil and brandy, is to be rubbed along the spine. Castor oil, magnesia, or some other gentle cathartic, is to be employed, so as to evacuate the bowels.

"The accumulation of flatus has been mentioned as a troublesome attendant of the complaint. This symptom is often greatly relieved by the anti-spasmodics before recommended; but sometimes it resists all internal remedies, and the intestines become so much distended with air, as to be ren-

dered almost incapable of their usual peristaltic action. The removal of so powerful a cause of irritation is absolutely necessary for the preservation of life: for this purpose I generally employ the dry syringe, by which the air may sometimes be readily abstracted, and the abdomen reduced to its natural size. In a case which I attended in consultation with Dr. Wood, and in which the infant was brought to the lowest possible condition short of dissolution, the happiest effects resulted from the use of this instrument. The tympanitic state of the bowels was immediately relieved, opportunity for the continued action of the proper remedies was thus afforded, and the life of the child preserved."

Sometimes the simple introduction of the tube up the rectum answers the purpose, the air escaping by its own elasticity. Sometimes it is necessary to exhaust the air by repeatedly withdrawing the piston of the syringe.

Attention to the state of the gums and to the diet is also enjoined.

"*Remarks upon the Catarrhus Vesicæ of Old Persons.* Read at the Royal Academy of Sciences. By Dr. Civiale."

"Old men, especially those who have devoted themselves to literary labours, are frequently attacked with chronic inflammation of the bladder, the progress of which is slow and often insidious. It but too frequently happens that such patients do not apply for medical assistance until the time has passed by when any benefit can be expected from the resources of our art.

"The majority of surgeons have considered chronic catarrh of the bladder in old subjects to be almost a fatal disease. This prognosis should not, however, extend to those accidental inflammations of the bladder which may arise from irregularities of diet, the sudden application of cold, or the recession of certain cutaneous affections. In these cases the disease is usually much less severe, and more under the control of remedies. This is also the case when the disease arises from the presence of a foreign body in the bladder, or from some obstacle to the passage of the urine through the urethra. If in such cases the cause be removed, the symptoms disappear.

"It is my intention, upon the present occasion, particularly to consider the *catarrhus vesicæ* which arises at an advanced period of life, without any manifest cause, and for which we have yet to devise any satisfactory and effectual mode of treatment. Numerous facts have convinced me that this common and serious disease of the bladder is the result of muscular atony of the viscus. In old age the bladder naturally becomes torpid, and the urine is expelled slowly and with difficulty. This weakness of the bladder is increased by a sedentary life, a sitting posture, the use of soft and warm cushions, and particularly by neglecting the first inclination to make water, and by violent and frequently repeated mental emotion. When the bladder is distended, its contractions are imperfect, and only a part of the urine is evacuated. Hence arises inflammation of the mucous membrane, a collection of mucus takes place, and great irritation is the consequence. The inflammation becomes more severe, extends, and at length invades the whole internal surface of the bladder. The muscular coat is deprived more and more of its power of contracting, like all other muscles which are the seat of inflammation. Notwithstanding the inclination which the patient now feels, it is with much difficulty and pain, and great effort, that he can pass even a small quantity of glairous urine, which is frequently almost solid, and of a deep colour. This state may continue for a long time. Various changes may arise from the effects of diet or medical treatment. The disease may even be much alleviated, and a speedy cure be anticipated: but our hopes will be disappointed; the symptoms will re-appear with additional severity. The general health becomes deteriorated, the various functions of the body are disturbed, fever arises, marasmus follows, and the patient dies. After these remarks, the nature of the means we should employ must be evident. We must endeavour to diminish the sensibility of the urethra, if the patient is very irritable, to facilitate the flow of urine, to prevent the accumulation and retention of glairy matter in the bladder, to change the morbid action of the viscus, and to transfer the irritation to the exterior of the body. These indications are precise, and not difficult to fulfil. We know that we can always accustom the

urethra to the presence of a foreign body, so that the passage of a catheter may be effected without either difficulty or pain. By the assistance of this instrument, the flow of urine and mucous matter is facilitated, and we can also replace the irritating contents of the bladder by mild injections, which may be changed for those of a more tonic nature, in proportion as the irritability of the bladder is diminished. When by these means we have restored the contractile power of the bladder, and have rendered the urine limpid and its evacuation easy, we may have recourse to cold applications applied to the perineum and hypogastrium, and to dry aromatic frictions upon the same parts, and also upon the inferior extremities.

"It is almost superfluous to add, that the patient must pay attention to his diet, take moderate exercise, and keep his bowels in regular order. For common beverage he may take soothing aromatic liquids.

"It must be presumed that the practitioner will possess sufficient judgment to modify the details of his practice according to the duration and intensity of the disease, the constitution of his patient, and the influence of climate.

"Among the numerous facts which convince me of the utility of the curative plan I propose, I may cite the following:—

"A man, upwards of seventy years of age, had felt for about a year the first symptoms of catarrhus vesicæ, for which he had been treated, in succession, by the best practitioners in France, Switzerland, and Germany. Antiphlogistics, narcotics, derivatives, and various other remedies, had been either alternatively or simultaneously employed. The urine, however, became more and more loaded with glairy, fetid, black, and purulent matter; the pain was more severe and continued; the patient lost his appetite and strength, and passed sleepless nights; he was no longer able to leave his room. To the symptoms of catarrhal affection was joined obstinate constipation, the effect of opium, which had been administered in large doses. I was consulted, and I recommended the patient's removal to Paris. In endeavouring to assure myself that he had no stone in the bladder, I found that the bladder could not empty itself, that its internal surface was very irritable, and that when the catheter came in contact with it great pain was produced. These circumstances, and the condition of the urine, indicated the existence of an intense and long-standing catarrh. The symptoms had probably been increased by a voyage of 150 leagues.

"The remedies previously employed were forthwith abandoned; the patient was placed upon a cold regimen, and ordered to take soothing drinks, and to have emollient clysters. The catheter was introduced merely to facilitate the flow of urine and of the glairy matter, and to inject at first tepid, and then almost cold water. This mode of treatment, in about three weeks, re-established the contractile power of the bladder, alleviated the pain, and rendered the urine limpid. The patient regained his appetite, and slept better, and was now, in fact, in a very gratifying state."

"*Case of Dropsy of the Pericardium.* By F. W. Wood, Esq."

The remarkable part of this case is the enormous quantity of water accumulated in the pericardium, which amounted to no less than *two quarts!* giving to that bag the appearance of a "large bladder." Baillie, in his Morbid Anatomy, says the quantity of fluid in such cases varies a good deal, "amounting in some cases hardly to two ounces, and in others to more than a pint."

"*Varicose Veins.*"

"A correspondent suggests that the best mode of intercepting the circulation through the veins, in cases of ulcerated legs, for example, would be by applying a ligature to the vein in the usual manner, and then dividing the vein above the ligature. By this proceeding, the superior portion of the vein, at the place where it is intercepted, would be no more likely to communicate an irritation to the heart than in cases of amputation, when the same vein would of course be divided. The ligature remaining on the lower portion of the vein would, it is presumed, be sufficient to prevent any considerable hæmorrhage; since no blood could escape from the superior orifice except by a retrograde circulation, which the

valves of the vein would so far oppose, that a common dressing, with the aid of a compress, would be a sufficient security. It is agreeable with analogy to suppose that a ligature may be suffered to remain on the lower orifice of the vein until it is spontaneously detached, without danger of any sympathetic affection of the heart."

MEDICAL GAZETTE.

Saturday, May 9, 1829.

" Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ON THE NATURE OF MEDICAL EVIDENCE.

THERE have been lately many interesting occurrences before the public, with regard to which the importance of judicious opinions on the part of the members of our profession has been strikingly shewn; and it is from considering the remarks which are very generally made upon learning the testimony of medical witnesses, that we lay before our readers the following reflections upon this important subject.

A practitioner (if we may be permitted to use this word as the generic term for all the members of the faculty of medicine) is called before a jury, or is consulted by any of his fellow citizens, for the sake of his technical knowledge—that is to say, he is to determine the existence of facts, or to communicate inferences from facts, with which he is more conversant than others, from his having more particularly studied anatomy, physiology, and pathology, with their kindred sciences, and from being more familiar, *ex officio*, with the phenomena of health and disease than his neighbours. The foundation, therefore, upon which he stands, is his acquaintance with the principles of his profession. We must, then, understand what is the nature of these principles, and whether they are all of such a constant and universal character as to render our conclusions always sure and identical? By the readers of this work, which circulates among the best-informed and most reflecting, we shall not be understood to deny the existence of certain primary and indisputable elements of medical science, when we venture to question the authority and permanence of many arbitrary notions and unwarrantable *dicta* which are current among professional men. Many of these are things of mere opinion and conjecture, and owe their popularity more to the name of their first promulgators than to the sanction of experience. We may at once state plainly, that most even of what are called the " practical principles" of our profession, are mere deductions and general inferences from scattered, and frequently contradictory, observations. We allow that they are often extremely useful as abridgments of labour, and as connecting links to analogous cases; but we would exert ourselves, without hesitation, in dispelling any illusion which may hang about the fancy of any misinformed person, and which may represent these fluctuating opinions as akin to mathematical axioms and arithmetical rules, which are invariably and necessarily the same. It would be sufficient, indeed, for this purpose, to glance at the history of our profession: we might soon convince any one who prosecuted this inquiry, that, in general, it has required a very few years to convert a principle into a prejudice. Indeed it is precisely the most narrow-minded and absurd portion of our body which adheres, with the most blind and bigotted confidence, to obsolete opinions and dogmata long since out of date; while, as to amateur practitioners and the em-

pirical oracles of the day, their infallibility is notoriously intrepid and triumphant: whether their unchangeable maxims be extracted from those codes of domestic medicine which make "every man his own doctor," or whether their eternal notions be entirely home-made and hatched in their own particular and private brains, these inspired personages are never troubled with doubts or misgivings. We may, under these circumstances, be very naturally asked—is, then, the effect of study and practice in the profession to upset all our received opinions, and to leave us in uncertainty? To this we readily answer, that the sagacious physician always takes the most comprehensive view of his subject; and, though independent in forming his judgment, he neither rejects the records of by-gone experience nor slights the present testimony of the most trivial fact; but, at the same time, he frequently finds that his most pressing and peculiar duty is to overthrow the prejudiced notions of others, and to suspend their premature conclusions. The most scientific, the most learned, the most judicious among us, are invariably the most willing to scrutinize the grounds of their belief, and are the most cautious in installing conjecture into the place of truth. They consider the rules of former times as things of history, important in marking the growth and development of the profession, but not sufficiently *au courant du jour* to constitute genuine standards for the decision of all new cases. Indeed, when we reflect upon the continual innovations of philosophy, and learn that a great proportion of the principles of our art are themselves undergoing a gradual process of decay and renovation, we may be aware that our judgment must never rest upon abstract positions alone, but that it will more properly result from the practical application of tact and discrimination to all the particulars of an occurrence as they are actually laid before us.

Our craft is daily growing more popular in its character: we are esteemed not in proportion to the learning which we keep locked up and concealed, but from our ready interpretation of what is foreign, and our rational solution of what is mysterious to others. We need not fear the inroads of general inquiry upon our peculiar province: in all affairs, that man who has pursued his researches one step beyond his fellows will become the best reference, and will be constantly applied to when information is wanted. We are, indeed, from our close and practical insight nto human nature, both in its moral and physical capacity, the most able to decide many of the most important questions in social life; and instances are continually multiplying in which all other suggestions are made to yield to the beneficent authority of our profession.

It becomes learned physicians, then, while they derive their information, and collect their evidence, from a technical investigation of all the circumstances of a case, to adapt their conclusions to the inquiries and capacities of the extra-professional public. We may maintain our own possessions, and govern in our own realm, but we must not forget that we are bordered round by neighbouring territories, with which it is necessary to maintain an alliance. We are to cultivate science, but not to relinquish our place in the common ground of good sense.

REGULATIONS OF THE APOTHECARIES.

Of all the attempts to brazen out a gross falsehood which we have ever met with, that adopted by the Editor of the Lancet in his last number is the most thoroughly impudent.

On the 18th of last month it suited the purpose of Mr. Wakley to say that no one who had attended lectures during the period of his apprenticeship was admitted to an examination at Apothecaries' Hall: "if the date of these certificates (says he) happen to fall within the five years required to be consumed in the drudgery of a shop, this is a fatal objection to his admissibility." (Lancet, No. 294.)

Mr. Watson, on the contrary, says that the Court of Examiners "have never from the very first day on which the Court was formed to the present hour refused to admit any candidate to an examination because he had attended any part, or the whole of his required lecturcs, during the period of his five years' apprenticeship." (Gazette, page 672.)

It is impossible for words to convey a more direct or unequivocal contradiction to the statement in the Lancet, and most persons in Wakley's situation would have thought it necessary either to admit that they had been wrong, or to prove that they were right. Not so this pattern of honesty and candour: he asserts that Mr. Watson's denial of his statement is "surpassingly foolish, false, and impudent;" and to make good his position he quotes the last Regulations of the Apothecaries, which, he says, "to complete the picture of deception and contradiction," are signed by the gentleman above-mentioned.

There are different degrees of assurance as of depravity, and the highest rank in either is only to be attained by progressive steps. Now, although no one ever accused the Lancet of being very particular about the truth or falsehood of its assertions, still there was for a time a certain degree of plausibility and keeping in the fabrications. Grown more bold by practice, however, the Editor now not only neglects these useful precautions, but actually furnishes the contradiction to his own misrepresentations, and places his calumnies and their refutation in the same page.

In the present instance, Mr. Watson's letter is said to be false, because it is at variance with the published regulations of the Apothecaries; nay, he even gives those regulations; and yet they actually contain nothing whatever about the matter. There is no where a single word or passage which, by any twisting or quibbling even of Wakley's, can be construed into a refusal of lectures attended during apprenticeship. It is stated that candidates must have served an apprenticeship in compliance with the act of parliament; and also that they must have attended certain lectures, but we repeat, that pupils who have attended the necessary lectures during their apprenticeship need be under no uneasiness, as they are and always have been admitted at Apothecaries' Hall.

Whether Wakley had not himself read the regulations, or whether he trusted that his readers would take his word for it, and not peruse them, we cannot tell, but in either case we suspect they will be disposed to make a different application of the epithets, "surpassingly foolish, false, and impudent," from that of the worthy Editor.

There are many well-authenticated cases on record in which persons have acquired such a habit of lying that at length they have been scarcely able to speak the truth when inclined; and to this state our unfortunate contemporary seems fast approaching; for we cannot look upon such a besotted system of mendacity otherwise than as a disease. It is a disease, however, which has now become very harmless: formerly, indeed, the venom of his slander was disseminated far, and rankled long ere the antidote could be applied; but now the short period of a week serves to strip the calumniator of the flimsy co-

vering with which he conceals the truth; and to expose him to the world—an object of scorn and contempt.

MR. B. COOPER'S PUPILS.

Owing to the omission of some words, and the repetition of others, part of the leading article in our last is rendered ungrammatical. The sentence in question ought to have ran as follows, the words in italics being those which were omitted. "The feelings by which the students have been actuated on this occasion *are those natural to generous minds*; and the manner in which the whole has been conducted speaks well for their taste, while it forms a striking contrast to the miserable failure of the attempt to raise money for the libeller," &c.

COLLEGE OF PHYSICIANS.

Monday, April 27.

Dr. Maion in the Chair.

Two papers were read—one by Dr. Hall, the other by Dr. Badham.

The first was upon the fever of the Plain of Ephesus, a sort of remittent, with great determination to the head, requiring repeated bleeding, calomel, and antimony. In the case related, which was that of the author himself, towards the end of the fever there came on violent and long-continued singultus, without any obvious cause, which proved exceedingly obstinate and distressing. It resisted every means to remove it, and disappeared at length spontaneously.

The second paper was on the loimos of Thucydides, or plague of Athens. This the author compared to the yellow typhoid fever of Gibraltar and Cadiz: it was certainly not what we call the PLAGUE.

On the table were placed some fine specimens of strychnine, morphine, veratrine, and all the other *ines*.

Monday, May 4th.

A case of inflammation of the lungs and diaphragm, terminating in the formation of abscesses in the substance of the lungs, with remarks by Dr. Seymour, was read to the meeting by Dr. Macmichael.

On Saturday evening, March 14th, Dr. Seymour was requested to see Mr. O., ætat. 31, who had been ill three days. He had been subjected to great mental agitation on the Wednesday preceding, in consequence of some circumstances connected with his accounts. On the evening of that day he was attacked with rigor, followed by fever, and attended by a persuasion on his part that he should not recover. He did not then apply for medical assistance, but on Friday he was visited by Mr. Hutchins, the apothecary of St. George's Hospital. He was then labouring under erysipelas, affecting the right side of the face, and frequent attacks of violent spasm and pain at the pit of the stomach. He was then bled. Early next evening he was seen by Dr. Seymour, who found the erysipelas occupying the right eye and side of the face, and the spasm at the epigastrium very violent. His manner was hurried, and his countenance anxious. Pulse 120, not weak, occasionally irregular; skin hot.

The bleeding of the night before had afforded temporary relief; the coagulum was firm, and bore a large proportion to the serum. A mustard poultice had been applied to the pit of the stomach, by which the spasms had been somewhat relieved.

The author was of opinion that inflammation of the diaphragm existed, and his prognosis was very unfavourable. On very deep inspiration pain was felt, and the spasms brought on; but otherwise the respiration was easy, and unattended by pain or cough. He rested best in the half-erect posture; the entirely erect, or supine position, brought on the spasms.

He was bled again, but syncope followed, which proved complete and long continued, when only four ounces had flowed. The pulse became much diminished in frequency. After he had recovered from the fainting fit, an opiate was ordered, which was to be repeated if necessary, and the mustard poultice to be resorted to if the spasms should recur.

15th.—There had been delirium during the night, but his mind was now collected. The spasms had come on occasionally. Pulse 120, and less strong. Fifteen drops of liq. ammoniæ were

ordered in a draught every four hours; but as this brought on a return of the spasms, it was not repeated after the first dose. In the evening, the pulse was 120, and sharp, and the erysipelas had increased. He was now bled to ʒxvi. before syncope came on, and immediately after had some calomel and James's powder, with a purging draught next morning.

16th.—Much hurry of manner, but the spasms had ceased. Saline effervescing medicines, and an opiate at night, ordered.

17th.—Had no sleep during the night, which, however, passed without delirium or spasm. Pulse 80. No pain on pressing epigastrium and abdomen; inspires deeply and freely. Palpebræ on the right side so much swollen as to close up the eye. Calomel and James's powder repeated.

18th.—Appeared better. Eyelid ordered to be punctured. Saline medicines to be repeated, with ϑss. of Dover's powder at night.

On this day the patient expected that the consideration of the circumstances which had been the cause of his previous mental anxiety would be resumed, and in the afternoon he again became extremely agitated, in which state he continued for several hours. Soon after this he become worse; the erysipelas increased, extending over the whole face, and the mouth being slightly drawn to one side, while the pulse was weak and irregular. Leeches were applied to the temples, &c. but the symptoms of pressure on the brain continued to increase till four o'clock next day, when he died.

On opening the chest, much recent lymph was found between the pleura costalis and pulmonalis on both sides, at the posterior and lower portions of the lungs. Lymph was also effused in considerable quantity over the pleura covering the diaphragm. The tendonous portion of this muscle was much inflamed, the inflammation extending to the peritoneal covering on the opposite side. Small spots of ecchymosis were observed on the muscular part, which, in several places, seemed as if bruised. The upper lobes of the lungs were healthy, while the lower were inflamed, loaded with fluid, and contained more than twelve small abscesses near the surface, varying in size from that of a chesnut to that of a pea. These abscesses were not provided with a false membrane. The larger ones being cut into presented a ragged excavation, filled with good pus; the smallest shewed only portions of softened lung; and those intermediate in size seemed composed of lymph, pus, and softened lung; so that the change in the structure of the viscus appeared to be the first stage in the disorganization. There were no tubercles. The abdominal viscera healthy, with the exception of some appearance of ecchymosis about the surface of the liver. Some lymph was effused between the arachnoid and pia-mater, at the part of the hemispheres where the veins enter the longitudinal sinus; and at the posterior part of the left hemisphere some patches of ecchymosis were found. There was no more fluid than natural in the ventricles.

With regard to the nature of the abscesses in the lungs, the author inquired whether these were to be regarded as similar to the changes produced externally by erysipelas, where pus, lymph, and sloughs, are all met with at once; or simply as the result of phlegmonous inflammation, running a very rapid course? The inflammation of the pleura and diaphragm were coeval with the erysipelas of the face: they were not aggravated when this diminished or disappeared, but increased when it became most intense. It is also certain that inflammation of the lungs, entirely unconnected with erysipelas, will sometimes, though rarely, terminate in abscesses like the present. These considerations induced Dr. Seymour to look upon the abscesses here as the result of phlegmonous inflammation not modified, or participating in the peculiarities of erysipelas. The author adverted to the absence of any unpleasant effluvia in these abscesses, and contrasted this with the fœtor of the chronic abscess in the lungs, referring to various cases of this which had occurred at St. George's Hospital.

Some of the depositions in the present case presented an appearance similar to that found in the lungs and other viscera after injuries. One opinion ascribes their formation to nervous disturbance, and this opinion appeared to the author to be strengthened by the present instance, where the deposits were obviously produced by a violent moral impression. He also referred to the well-known fact of phthisis pulmonalis be-

coming sometimes developed with rapidity under mental depression; and instanced a recent melancholy case in the person of a surgeon well known to many of our readers.

How moral impressions operate, is not so easily decided; but the author put as querics, whether the phenomena could be accounted for on the principle of disturbance of the circulation and imperfect distribution of blood, or on the separation of new products from it; or are the nerves themselves governed by pathological laws altogether unexplained? It was with a view of directing attention to these unusual terminations of disease—viz. abscesses in the lungs, or depositions of pus and lymph after accidents—that the author brought forward the present case; in the hope that, by accumulated observation, some light might be thrown on this important subject.

The morbid changes were illustrated by two very beautiful drawings, executed by Mr. Pery.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

Dr. Billing, President, in the Chair.

The early part of the meeting was occupied by additional details of the efficacy of iodine in cases of enlargement and nodosity of the joints.

Dr. Babington alluded to the differing susceptibilities of the skin as a source of the contrarieties so often occurring in the effects of external applications; and also to the importance of uniformity in the modes of preparation.

Mr. Callaway related the case of a youth who was found after death to have been the subject of diseases of which there had been no indication during life. He was 13 years of age, active and intelligent, and had been brought from school on account of indisposition 8 or 9 months. He had an indurated and enlarged liver; the mesenteric glands were enlarged; and his appetite was voracious. Effusion into the abdomen had taken place, and paracentesis was performed. The powers gradually sunk. He had never directed the attention of his medical attendant to any affection of the thorax.

Dissection.—The abdomen contained a large quantity of fluid. The liver was enlarged, indurated, granulated, and gorged. The pancreas was indurated; the mesenteric glands were enlarged; the peritoneal covering of the spleen was thickened; the kidneys were larger than those of the adult. The right lung was adherent to the parietes of the chest, and the upper part of this viscus was hepatized. The left cavity was filled with fluid, and the lung was bound down by an adventitious membrane. The pericardium was considerably thickened, and its inner membrane was lined, and the coat of the heart covered, by false membrane, resembling tripe, as is formed in rheumatism. The pericardium contained three ounces of fluid. This appearance excited surprise, as the youth had never appeared to suffer any affection of the respiratory or circulating organs except the quickness of the pulse. Mr. Callaway added, that he performed the operation of paracentesis in the manner he usually prefers; viz. by puncturing the peritoneum by means of a lancet, and then introducing a female catheter.

Mr. Cooke submitted to the society a case which he regarded as the reverse of that described by Mr. Callaway. A young lady, æt. about 20, had rheumatic fever, with metastasis to the heart, six or eight years ago; since which period palpitation on slight exertion had never ceased. About eight months ago she was seized with paroxysms resembling those of angina pectoris, which occurred twice or three times a day spontaneously, or in the act of walking a step or two, or of dressing. She had head-ache, feeble and irregular pulse, and coldness of the extremities. Various modes of treatment had been adopted without effect. Mr. Cooke inserted a seton in the side, which seemed to relieve the irregular action of the heart, but still the paroxyms recurred. About three weeks ago she was placed upon a plan of exercise and employment, continuing the use of gentle and tonic aperients. She appears to be now gradually improving in health, with great diminution in the frequency and violence of the paroxysms.

Dr. Whiting had witnessed a case precisely resembling that described by Mr. Cooke, and which also occurred after rheumatic fever. Other measures having failed, it was attempted in this

case to brave the paroxysms. For a time the plan appeared beneficial, but the symptoms proceeded from bad to worse till death occurred. The aorta and valves of the heart were found ossified.

The doctor mentioned that in the treatment of dropsical effusions he found that the acetate of potash acted best as a diuretic when taken in the state of effervescence. He also expressed himself averse to tapping in ascites from diseased liver, from an idea that it hastened the fatal termination.

Dr. Babington thought that in chronic cases, where the patients can bear up under the disease, it is best to delay or dispense with the operation; but he had seen instances in which great and sometimes unexpected benefit had resulted from its performance. He attended a publican with the late Mr. Norris. The vital powers were at ebb, and both the surgeon and himself doubted whether the patient would survive the operation until the following day. However, he recovered so far as to follow his business.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, April 28, 1829.

Dr. Roget in the Chair.

A continuation of Mr. Travers's paper on malignant diseases was read. It consisted of a practical description of the characters which these diseases present in the face and head, seriatim.

The subject so treated does not admit of abridgment. The author announced his intention to present a third and concluding part to the society, comprehending the description of appearances proper to these diseases in the remaining regions of the body.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

FOREIGN BODY IN THE TRACHEA—LARYNGO-TRACHEOTOMY—RECOVERY.

A little girl, five years of age, was playing with some glass beads, when one which she had put into her mouth fell into the windpipe. This happened on the 16th September, 1828, soon after which she experienced a sense of pricking about the throat, which was accompanied by violent cough and wheezing when she walked or took exercise. Even during rest some pain was felt, but there was no disturbance of the respiration, nor any other circumstance which could have led one unacquainted with the previous circumstances to suspect the presence of a foreign body in the air passages. Accordingly, the practitioner who was first consulted did not discover the real nature of the case, and contented himself with ordering an emetic; but he advised the little patient, in the first instance, to be taken to M. Boyer. As she was carried to his house the respiration was tranquil, and he also failed to discover that there was a foreign body in the trachea.

Next day the child was affected with violent fits of coughing whenever she took any exercise, and her sleep was disturbed by occasional interruption to the respiration. She was brought to M. Boyer again: nothing whatever could be seen about her which pointed at the nature of her complaint till he made her laugh, when instantly a convulsive fit of coughing was brought on, and he was so entirely satisfied of the presence of a foreign body in the air passages, that he proposed to the parents to extract it by operation.

The patient was placed in a position nearly horizontal, and the head fixed by assistants, so that it was a little thrown back. A longitudinal incision was made in the throat, commencing at the inferior edge of the thyroid cartilage, and terminating half an inch above the sternum. The first incision only comprehended the skin, and the blood was wiped away with care. A thick layer of fat and the sterno-hyoideus and sterno-thyroideus muscles, still concealed the windpipe: these parts were divided cautiously and by repeated incisions, and two or three veins from which the blood flowed in jets, were tied. Arrived at the rings of the trachea, M. Boyer suspended the operation till he was satisfied that not the smallest quantity of blood continued to flow. Then introducing the forefinger of the left hand into the wound, so that the nail being placed on the trachea might act as a director, a pointed bistoury was plunged a little way into it, and the opening slightly enlarged on withdraw-

ing it. A distinct hissing sound, caused by the air passing through the wound, immediately proved that the windpipe had been opened. The child, which had cried during the first part of the operation, ceased to make any audible complaints. A grooved sound was now introduced, and several of the cartilaginous rings divided, while by turning the sound upwards, the cricoid cartilage was also divided. Although the opening was now sufficiently large to admit of the foreign body passing, it was not ejected, nor was any attempt made to discover it. The child was replaced in bed with the head a little raised, and a piece of linen laid over the wound. Having informed the parents that the foreign body would certainly be expelled after a short time, M. Boyer was about to leave the house, when one of the assistants, having raised the linen, perceived that this had already happened. The body proved to be an oblong smooth glass bead, five lines in length and three in thickness. Nothing worthy of note happened during the first few days after the operation, but at the end of a fortnight, when the wound was nearly closed, the patient was seized with difficult breathing, which lasted three or four hours. These attacks came on several times a-day, and during four successive days. Relief was afforded by separating the lips of the wound a little, after which it healed very gradually, so that the cicatrization was not completed till three months and a half after the date of the operation. There was no recurrence of the difficult breathing, and the voice returned to its natural pitch as soon as the opening was entirely closed.—*Jour. Hebdom.*

BORAX IN CUTANEOUS DISEASES.

Dr. Reinhart states that he has used a solution of borax (3ss. to an ounce of water) with great success, as a local application in various chronic cutaneous diseases. Pieces of linen are to be dipped in the solution, and applied to the part. A slight sense of heat, and some redness of skin, result: if these be considerable, the application is to be intermitted for a few days.—*Journal der prakt. Heilkunde.*

NEW APPLICATION OF ANIMAL MAGNETISM.

At a late meeting of the Royal Academy of Medicine, M. Cloquet related the case of a lady, aged 64, who was affected with a cancer of the breast. It was determined to extirpate it; but the patient was very irritable, and not easily reconciled to this proposal. M. Chapelain, her attendant in ordinary, threw her into a state of somnambulism, during which she agreed to the operation. The day being fixed, M. Cloquet found her seated on a sofa, in the attitude of one enjoying natural sleep. Every thing being prepared, she was placed on a chair, as being more convenient. The operation was then performed in the usual way; numerous vessels were tied, and the tumor extirpated in about ten minutes. During the whole of this time, the patient evinced not the slightest sign of sensibility: no change took place in the countenance or pulse; no movement of the limbs; in short, she remained perfectly passive, except that, when the wound was washed with a sponge, dipped in water, she exclaimed several times "don't tickle me." She was then placed in bed, still in a state of somnambulism, in which she was retained during forty-eight hours. The wound was dressed without exciting any apparent sensation. After it was done she was awoke, when she had no idea of what had passed, but became much agitated on finding that the operation had been performed. On this, M. Chapelain very properly sent her to sleep again on the instant. "Such," said M. Cloquet, "is the exact relation of what I have witnessed. I am simply a narrator, and limit myself to what I have seen. I draw no inference; I merely offer the facts to the academy."

M. Larry doubted the whole story of the somnambulism of the lady, whom he regarded as a party to the imposition, having commanded herself during the operation by an effort of volition. In support of this opinion, he stated that he had frequently operated on soldiers who had conversed cheerfully with their comrades while he was amputating their limbs. The Baron concluded by saying that he would be very sorry to have his name connected with such a story.

M. Lisfranc detailed the case of a young girl on whom he had operated, who manifested no sign of pain; but he was of opinion that the case of M. Cloquet was very important as regarded animal magnetism, and that we ought

to wait for more facts before we ventured to come to a decision.—*La Clinique.*

CURIOUS DISCOVERY.

Lithontripter.—Recent excavations made at Pompeii have stripped our times of the honour of this invention, for in opening the dwelling of a surgeon, among the ruins of that overwhelmed city, the identical dilator and extractor here alluded to was found among a variety of other instruments with which that dwelling abounded. The Pompeian extractor is made of bronze.—*Weekly Review.*

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Calculi removed from the Bladder by the Urethral Forceps—Death.

J. Money, aged 60, admitted Dec. 24th, 1828. He states that eight years ago he began to void with his urine a deposit of fine sandy matter; the particles forming this deposit gradually became larger, until at length the constant discharge of sand was succeeded by the occasional escape of small calculi, which varied in size from that of a barleycorn to a large pea. During the last twelve months no calculi have been discharged; at the same time the sufferings of the patient, from distinct symptoms of stone in the bladder, have become very severe. The only common symptom absent in this case is the abrupt stop to the stream of urine during its discharge.

On sounding the patient soon after admission, Mr. Key ascertained that the symptoms depended on numerous calculi, rather small in size; he thought the bladder might contain 12 or 15 of them, and that their size probably admitted of removal by the urethra, which was the more desirable, as the patient's ill state of health entirely forbad the operation of lithotomy. His appearance was that of a previously hale man, now suffering severely from disease; his system was feverish and irritable from constant pain, his breathing difficult, cough frequent, pulse irregular and intermitting, every slight cold excites disorder of the lungs, and occasionally he complains of pain in the region of the kidneys.

Dec. 24.—℞ Liquoris Potassæ gtt. xx.
Tinct. Hyoscyami gtt. xl.
Aquæ Menthæ ℥iss. Omni nocte sumend.

January 8.—An accession of fever, with aggravation of chest affection.

Pil. Colocynth. Calomelanos gr. x. statim.

January 26.—No material or permanent improvement.

℞ Potassæ Carbonatis ℈ij.
Potassæ Nitratis gr. x. bis in die sumend.
℞ Extracti Conii gr. v. omni nocte sumend.

The above and similar treatment was pursued until March 9th, with more or less relief to the urgency of his symptoms.

March 9th.—He suffers much less pain, and his system, generally, is in a more tranquil condition; but is not in a state to submit to the usual operation with any hope of recovery. Mr. Key, therefore, determined to try what could be done in removing the calculi per urethram. The facility with which this, in the first attempt, was accomplished, and the very little pain it gave the patient, were very pleasing. The instrument, scarcely thicker than a good-sized sound, was introduced almost as readily as the sound generally is, and was as quickly withdrawn, with a stone in its grasp. This was done three times, with no other difficulty than that, in withdrawing one of the stones, it hung a little in the narrow part of the canal, close to the external orifice. Mr. Key did not introduce the forceps a fourth time, leaving the remaining calculi to future attempts, that the amount of irritation might be divided. The stones were polished and angular, about the size of common plumb stones, being larger than any the patient had previously voided. His gratitude on finding three of his tormentors removed with so little pain, was very clearly expressed. In the afternoon a fourth calculus, nearly equal in size to the others, spontaneously came away with his urine. No constitutional irritation followed this operation, and up to March 28 the patient's health continued very nearly as before.

March 28.—The forceps were again used. On this occasion the calculi were less readily grasped, and with more difficulty removed. Of one Mr. Key was compelled to relinquish his hold just anterior to the scrotum, but by external pressure he succeeded in forcing it along the urethra, and finally in expelling it. A second was removed also with difficulty, especially at the anterior contraction of the canal, where it long resisted both pressure from behind and the application of common forceps through the orifice. The removal of these two calculi having been attended by great pain and some bleeding from the urethra, further attempts were refrained from, and the patient put to bed.

March 30.—Since the operation, the patient has suffered severe and almost constant pain in the urethra and neck of the bladder, it being especially acute whenever he voids urine. There is also considerable disturbance of system, the pulse is quick and irregular, cough troublesome, breathing harassed, and general febrile symptoms.

April 6.—The case becomes serious: the local pain increases, and is described by the patient as exactly resembling the sensation of a calculus lodging in the commencement of the urethra; but the introduction of a sound does not discover one. Urine very turbid, containing much mucous. The disturbance of the system is fully proportioned to the local suffering.

April 11.—Alarmingly worse. Pain in the neck of the bladder and perineum is extreme; no tumor appears externally. The patient is fast wearing out; his countenance becomes sunken; pulse very quick and weak; mouth parched; tongue dry and brown; cough frequent and very distressing. The urine is exceedingly unhealthy, as if mingled with dark-coloured fœtid pus.

12th.—This morning a most distressing attack of bilious vomiting supervened, with increasing weakness and exhaustion. Sir A. Cooper saw him to-day and prescribed, but it was evidently vain. The poor fellow expired the following day.

Inspectio Cadaveris.—The bladder contained 16 calculi, varying from the size of a horse bean to that of a large walnut. Its coats were thickened and contracted; the mucous membrane of a dark grey or ashy colour, and the fluid in the cavity was thick, dark-coloured, and offensive. The ureters were dilated to three or four times their natural calibre; their lining membrane, as well as that of the pelvis of the kidney, was softened, and had the same ashy colour with the bladder; they also contained the same semi-purulent fluid. The membranous portion of the urethra, immediately behind the triangular ligament, was deeply discoloured, as if from slough or gangrene; and a very small opening was found leading from it to a cavity, apparently the collapsed cyst of an abscess, situated within the pelvis, between the bladder and rectum, rather to the right side: this contained a similar fluid to that found in the bladder, and its parietes were ragged and of the same dark ashy colour. The other viscera presented no recent or active disease; the lungs were nearly healthy, the heart above the natural size, the aorta dilated, and at some points having patches of ossification.

HOSPITAL-SHIP GRAMPUS.

Disease of Right Temporal Bone—Phlebitis, followed by Fever, terminating in Gangrene of the Lungs, &c.

George Nagle, æt. 18, admitted on board the Grampus, 27th March, with gonorrhœa and phymosis, under the care of Mr. Thorburn. He also complained of deafness of right ear, which had existed less or more for some years, and resulted from an injury done to his head by a fall. A fortnight from admission he had a sudden attack of pain of right ear, followed by fever. There was delirium, with a dry brown tongue, mucous stools, and constant inclination to keep his head lower than his body. A discharge of matter, having a disagreeable smell, took place from the ear and posterior part of mouth, and gave some relief. The pain now extended along the neck to the clavicle; and subsequently pain occurred to a most severe degree in the regions of the kidneys and abdomen, attended with little or no secretion of urine, and bilious diarrhœa.

Ultimately there was pain of chest, hurried breathing, and an expectoration of clots of dark offensive matter.

He died three weeks from the attack. Throughout the disease there was so much sinking that general bleeding was only once employed. Leeches were freely applied, and he took calomel with antimony.

The only diseased appearance in the brain, excepting an unusual, but not large quantity of serum in the lateral ventricles, was a spot of thick pus, the size of a sixpence, on the cerebellum; and corresponding with this was a diseased portion of dura mater, covering the petrous portion of temporal bone. The osseous canals, with the bones of the internal ear, were carious. The lining membrane was dark and thickened, and the membrana tympani had been destroyed. The lateral sinus was filled by a recent coagulum. The internal jugular vein had been nearly obliterated by a firm deposition of lymph, of a dark colour and gangrenous smell. The whole extent of the vein was diseased, from its commencement in the sinus to its termination in the subclavian. The coagulum which occupied the sinus was healthy towards the brain, whilst the portion adjoining the obstructed vein was distinctly gangrenous.

The internal lining of the heart, arteries, and veins, found healthy. The lungs much collapsed, and two pints of serum intermixed with lymph in the cavities. The pleuræ covered with lymph, and studded with dark spots.

Throughout the lungs, portions were found gangrenous, varying in size from a pea to a large walnut, and round which lymph had been effused, forming cysts. The larynx

vascular, and trachea much inflamed. The spleen unusually firm, and light coloured; its surface irregular, with dark elevations, which on being cut into, seemed like local congestions, and conveyed the impression of incipient gangrene, from the resemblance they bore to that stage in the lungs.

The pelvis of each kidney contained puriform matter, the inner membrane being rough, with recent granulations.

The last three feet of the ileum, with the colon, had the mucous membrane highly vascular, without ulceration.

GLASGOW ROYAL INFIRMARY.

Cases of Traumatic Gangrene.

Feb. 27.—Christian Johnstone, æt. 18. This afternoon her clothes became entangled in one of the upright shafts of a mill; she was wheeled four or five times rapidly round, and her legs came violently in contact with a massy beam of wood. There is a wound of integuments, about two inches in length, over inner malleolus of right leg, which extends into the ankle joint, and through which the malleolus is found fractured. There are two wounds of nearly similar length on opposite side of leg, one over outer malleolus, through which this process is found fractured; and another over the os calcis, through which this bone is found rough. In the ham there is a lacerated wound, about half a hand's breadth in size, exposing the popliteal vessels and nerves, and extending into the knee joint. From this wound the divided extremity of the popliteal artery hangs, and is seen to pulsate strongly. The leg and the lower part of thigh are much swollen, partly of a livid hue, and in several places abraded. The leg is cold, feels numb, and pulsation cannot be perceived in the anterior or posterior tibial arteries. The opposite leg is likewise considerably injured, and an obscure crepiting is felt about the knee joint. Says that this joint was dislocated and reduced before admission. Has slight pain in left side of chest; increased on deep inspiration or on pressure. Pulse 90, of good strength.

The right leg was immediately removed above the knee by the circular operation. The heads of the gastrocnemius muscle, capsular and popliteal ligaments, were found lacerated; one of the semi-lunar cartilages displaced; and one or two small portions of the head of the tibia broken off.

With the exception of frequent hysterical fits, she went on favourably until the 2d of March, when she began to complain of pain in her left ankle and lower part of left leg.

On the 3d, pain was very acute, and felt chiefly about the middle of leg. The foot and lower part of leg were cold, of a slightly livid colour, and numb. Pulse 120.

Part. crur. dol. her. xij.
Haust. Anodyn. h. s.

4th.—Delirious during night; leg as yesterday; pulse 120, jarring and intermittent.

Haust. Stat. Op. gr. iss. st. et rep. vesp.

5th.—Delirious during night, and to-day incoherent; pain in leg still acute; foot beginning to vesicate, and lividity extending upwards along leg. Stump dressed, and found sloughy; ligatures all detached but one. Pulse 124, still intermittent.

Cont. Op. gr. iss. ter ind.

The gangrene continued to extend until the 9th, when it occupied all the foot, the lower third of leg, and its anterior parts nearly to the knee. From this date she began gradually to improve, her appetite returned, and she slept well. The stump assumed a healthy appearance, and on the 11th the last ligature came away. At this date the line of demarcation between the dead and living parts was distinctly marked.

On the 17th a portion of the tibia was exposed, and the line of separation was observed to have formed upon it. Her improvement, which had hitherto been gradual, now ceased. She had a rigor, followed by vomiting, loss of appetite, and increased feverishness.

On the 18th the removal of the limb was recommended, but to this she refused to submit. She lost ground daily until the 25th, when she consented to have the limb removed. She was now very weak, but this obviously afforded the only chance of recovery, and the limb was removed by the double-flap operation. Very little blood was lost. She survived the operation for five days, sinking apparently from pure exhaustion, notwithstanding the free administration of stimuli.

On inspecting the limb, the popliteal artery was found torn across, and its upper extremity contracted and filled with a firm coagulum. One of the crucial ligaments was ruptured, the other partly so, and one of the semi-lunar cartilages was loosened from its attachments. To this latter circumstance was probably owing the obscure feeling of crepitus which was felt about the knee-joint on admission. The inspection of the body was not allowed.

Case II.—Helen M'Murray, æt. 18. March 18th. This morning right arm became entangled in the machinery of a mill, by which a severe wound was inflicted on right arm. Wound is about four inches in length, and extends obliquely across lower part of upper arm to an inch below elbow-joint. The inner part of the biceps muscle is torn, and the outer margin of triceps

slightly so. The brachialis internus is so much lacerated, that the surface of the humerus, to the extent of two inches above its condyles, is exposed. The superficial veins are divided, and the inferior divided extremity of a large vessel in the situation of the brachial artery lies in the inferior part of the wound. The hand and fingers feel numbed, and the pulse is not perceptible at the wrist. Was previously in good health. A ligature was placed on the inferior extremity of the divided vessel, the wound brought together with four stitches, and straps and a bandage applied.

Stat. Op. gr. ij. st. Vesp. Sum. Sulph. Magnes. ℥j. et H. I. haust. Anodyn.

19th.—Three stools. Complains of head-ache. Hand warm, but destitute of sensation. Arm only painful at wound. Pulse 120, strong. Tongue slightly loaded; great thirst.

Ft. V. S. ad ℥xvj. Rep. haust. h. s. et Sulph. Magnes. Cr. M.

20th.—Became faint after the bleeding, and felt relieved by it. Blood natural. Arm becoming tense and painful, bandages were cut last night; much easier since. Temperature of both arms alike. Complains of head-ache and of cough. Pulse 120; tongue white; thirst. Five stools.

Appl. hir. xviij. part. Brach. dolent.

21st.—Forearm and hand are to-day cold, livid, and devoid of sensation, and the integuments crepitous. The wound is sloughy, and its edges widely separated. The discharge from it is thin, fœtid, and profuse. By advice of a consultation the limb was amputated. The operation was performed by the circular method, a little above the middle of the humerus. On examination of the limb, the brachial artery and its venæ comites were found torn across, and a clot, about two inches in length, was found in the extremity of the artery, adhering strongly to the sides of the vessel.

22d.—Slept tolerably. Complains still of head-ache. Pulse 120; respiration free, but has cough; tongue whitish; no stool; thirst.

St. Sum. Sulph Magnes. ℥j.
Sum. Sermid. Calom. gr. i. Opii, gr. ss.
Rep. Haust. Vesp. c. T. Op. gtt. xxxv.

25th.—Stump partially dressed yesterday, and again to-day. It has not adhered. A slight rigor at five this morning, which has not been followed by any increase of symptoms. Pulse 120; tongue whitish, moist; one stool.

Medicines omitted yesterday, and she had gr. iss. of opium at bed-time.

Rep. Op. h. s.

26th.—Another rigor at eight last night. Says she is better to-day. Head-ache slight; stump discharges freely; pulse 108; tongue moist; one stool.

Stat. Op. gr. ij. h. s.

27th.—Slept well; feels easier; less thirst, and some appetite. Pulse 114. One stool.

29th.—Stump sloughy yesterday and to-day; dressed with the turpentine liniment. Sleeps little; complains chiefly of debility. Pulse 112, soft and full. Tongue yellowish in the middle; bowels open.

Sum. M. et Vesp. Op. gr. i. Calomel, gr. ij. H. S. hab. Op. gr. ij.

31st.—Stump dressed yesterday. It was sloughy, and there was pain and considerable tumefaction around shoulder-joint. Delirium, and within last half hour hiccup. Pulse 124, jarring.

Continue Medicine.

April 1st.—Hiccup, with vomiting during the night. Gradually sunk, and died this morning.

Inspection.—The surface of the stump had a dark-grey sloughy appearance; it was in no point united, and half an inch of the end of the bone was of a blackish colour. The cellular tissue connecting the brachial nerves was indurated, and of a dark-grey colour, binding these parts firmly together. The veins, as high as the axillary, were partly filled with coagulum, and appeared thickened in their coats. The axillary vein was healthy in appearance, as was also the brachial artery. In the shoulder-joint were found about ℥iij. of purulent fluid. In both lungs were several indurated portions, the size of hazel nuts, from the cut surfaces of which pus could be pressed. Several of these were situated immediately under the pleura, which was there of a dirty yellow colour. In both pleural cavities was a small quantity of effused serum. The peritoneum was highly vascular, and in several parts coated with coagulable lymph. Several ounces of sero-purulent fluid were found in the abdominal cavity.

*** *The sudden illness of the Editor having prevented him from inspecting the proof sheets of this Number, it is hoped that any inaccuracy it may contain, from this cause, will be pardoned.*

W. Wilson, Printer, 57, Skinner-Street, London.

A Bill for preventing the unlawful Disinterment of Human Bodies, and for regulating Schools of Anatomy.

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.]

Preamble.

WHEREAS it is expedient to make some further provision for the prevention of the unlawful Disinterment of Human Bodies; be it therefore enacted, by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, That if any person not duly authorized by Law so to do, shall disinter or aid or assist in the disinterment of any human body in any church yard, burial ground, or vault in any church, or shall, by digging or otherwise, disturb the ground or any grave in any church yard or burial ground, or break into any vault or any church for the purpose of disinterring any human body, or shall remove, or aid or assist in the removing, of any human body from any church yard, burial ground, or vault in any church, knowing the same to have been unlawfully disinterred, every such person shall be guilty of an offence against this Act, and shall, upon conviction thereof, be imprisoned in the common gaol or house of correction of the county or place wherein he shall be tried, with or without hard labour, at the discretion of the Court, for a term not exceeding, for the first offence *Six months*, and for the second offence *Two years*.

Persons disintering Human Bodies liable to Fine and Imprisonment.

Secretary of State to appoint Commissioners for licensing Schools of Anatomy.

And whereas it is expedient to provide for the regulation of Schools of Anatomy, be it therefore Enacted, That it shall be lawful for His Majesty's Principal Secretary of State for the time being for the Home Department, on the *First* day of *July* in every year, or within *Ten* days then next following, by an instrument under his hand and seal, to appoint not fewer than *Seven* persons to be Commissioners during the space of one year, for licensing Schools for the Dissection of Human Bodies, the majority of whom shall not be physicians, surgeons, nor apothecaries, and the said Secretary of State shall cause the names of such Commissioners to be published in the London Gazette within *Ten* days after their appointment.

New Commissioners to be appointed on any vacancy.

And be it Enacted, That as often as any of the Commissioners to be appointed as aforesaid shall die, or shall refuse or become unable to act, it shall be lawful for the said Secretary of State, by an instrument under his hand and seal, to appoint a Commissioner in the room of every Commissioner who shall die, or shall refuse or become unable to act, and the name of every Commissioner so appointed shall be published in the London Gazette within *Ten* days after his appointment.

Commissioners to hold Quarterly Meetings.

And be it Enacted, That the said Commissioners shall hold quarterly meetings on the *First Monday* in the months of *January*, *April*, *July*, and *October*, in each year, for the purpose of granting Licenses to keep Dissecting Schools to the persons applying for the same as hereinafter directed, and for executing the other powers entrusted to them by this Act; and that at all such quarterly or other meetings to be held by the said Commissioners, *Three* or more of the said Commissioners, of which number *One* at least shall not be a physician, surgeon, or apothecary, shall constitute a quorum; and if on any of the days above mentioned a quorum of the said Commissioners shall not be present, then the quarterly meeting shall take place on the next succeeding *Monday*, and so on weekly until a quorum shall be assembled, and that such quorum at

every such quarterly meeting shall have power to adjourn such meeting from time to time as they shall see fit.

May hold other Meetings.

And be it Enacted, That besides the said quarterly meetings, it shall be lawful for the said Commissioners, as often as they shall think fit, to assemble themselves for the purpose of executing the several matters by this Act intrusted to them, notice being in every such case given *Seven* days at least before the intended meeting, by some *Two* or more of the said Commissioners (of which number *One* at least shall not be a physician, surgeon, or apothecary), under their hands, to the clerk of the Commissioners, requiring him to convene a meeting of the said Commissioners, and thereupon the said clerk shall summon the Commissioners *Three* days at least before such intended meeting.

To choose a Chairman.

And be it Enacted, That at all meetings of the said Commissioners, the majority of those present shall choose a Chairman, and that in deciding all questions, the decision of the majority of the Commissioners present, shall be the decision of the meeting; but that in case of an equality of votes, the Chairman shall have a second or casting vote.

Appointment of Treasurer and Clerk.

And be it Enacted, That it shall be lawful for His Majesty's Principal Secretary of State for the time being for the Home Department, by an instrument under his hand and seal, to appoint, during pleasure, a fit person to be Treasurer and Clerk to the said Commissioners, and to allow such person for his trouble such salary as such Secretary of State shall think reasonable.

Persons applying for Licenses to give Notice.

And be it Enacted, That every party who shall apply for a License to keep a Dissecting School, shall give notice to the Clerk for the time being of the said Commissioners, *Eight* weeks at least prior to any of the quarterly meetings of the said Commissioners; and every such notice shall set forth the christian and surname, the profession and place of abode of the applicant, and whether the applicant applies on his own behalf or on the behalf of any other person or persons, and shall accurately state the situation of the building or room intended for such Dissecting School.

License to be under the hands and seals of Commissioners.

And be it Enacted, That every License to be granted by the said Commissioners shall be under the hands and seals of *Three* or more of the said Commissioners, of whom *One* at least shall not be a physician, surgeon or apothecary, and shall be made out by their clerk; and every License to keep a Dissecting School shall contain the particulars hereinbefore directed to be set forth in the notice to be given by every applicant for such a License, and shall not be granted or continue in force for a longer period than *Thirteen* calendar months; and for every such License for keeping a Dissecting School there shall be paid by the party receiving the same to the said clerk the sum of *Five Pounds*.

Fee for License.

Licenses of persons dying, &c. to be void.

Provided always, and be it Enacted, That in case any party to whom a License to keep a Dissecting School shall have been granted shall die or become incapable of keeping such Dissecting School, if any other party shall forthwith report the same to the clerk of the said Commissioners, and shall at the same time give such notice of applying for a new License to himself in respect of such School as is hereinbefore required, then such former License shall continue in force for the protection of the applicant as keeper of such Dissecting School until the determination of the Commissioners as to such new License.

Secretary of State to appoint Visitors.

And be it Enacted, That it shall be lawful for such Secretary of State, if he shall see fit, to appoint any of the said

Commissioner or Commissioners, or any other person or persons, to be Visitor or Visitors for the purpose of inspecting and inquiring into the state of any School or place of dissection licensed by virtue of this Act, and of reporting thereon to such Secretary of State, and every such Visitor shall be paid such sum of money for his trouble as to such Secretary of State shall appear reasonable.

Visitors not to be keepers or teachers at Schools.

Provided always, and be it Enacted, That no person shall be appointed a Commissioner or Visitor under this Act, who shall keep or be a teacher at any Dissecting School; and if any person after his appointment shall keep or become a teacher at any Dissecting School, his appointment shall thenceforth cease, and it shall not be lawful for him to act as such Commissioner or Visitor.

Powers of Visitors.

And be it Enacted, That it shall be lawful for every such Visitor, by summons, in writing, to require any person to appear before him, to give evidence touching any matters relating to the execution of this Act, and to examine such person upon oath touching such matters, which oath such Visitor is hereby authorized to administer; and if any person shall, after tender to him of such sum as may be reasonably required to pay the expenses necessary for his appearing, neglect to appear before such Visitor pursuant to such summons, without assigning some reasonable excuse for not appearing, or if any person appearing shall refuse to be sworn or to be examined as aforesaid, every person so offending shall forfeit any sum not exceeding *Fifty* pounds.

Visitors may visit at all times.

And be it Enacted, That it shall be lawful for any Commissioner or Visitor to be appointed by virtue of this Act, to visit at any time any School or place for Dissection to be licensed by virtue of this Act.

Commissioners to make rules for the regulation of Schools.

And be it further Enacted, That it shall be lawful for the said Commissioners from time to time to make rules and orders for the regulation of Schools and places for Dissection licensed under this Act, a printed copy whereof shall be delivered to every person taking out a License under this Act, at the time of taking out such License; and that the said Commissioners shall cause correct minutes of such rules and orders of their proceedings to be kept by their said clerk, and that such clerk shall, on the *First Monday* in the month of *July* in each year, lay before the Commissioners a full report of all Licenses for Dissecting Schools by them in the preceding year granted, and of all applications for Licenses by them in the same year refused, and of all Licenses of which in the same year they have recommended the suspension, revocation, or non-renewal, and a transcript of such report shall be transmitted by the clerk of the said Commissioners to His Majesty's Principal Secretary of State for the Home Department.

Licensed persons may receive certain Bodies for dissection, under the orders of Commissioners.

And be it Enacted, That it shall be lawful for any party to whom a License shall have been granted by the said Commissioners, or to any person acting by authority of such party, so long as such license shall remain in force under such regulations as may be prescribed by the rules and orders of the said Commissioners, to receive from or by order of any of the persons hereinafter authorized to deliver up the same, any such human body as is hereinafter permitted to be delivered up, and to remove such body from the place of delivery to the place appointed for dissection in the license to such party granted, and there to dissect the same.

The bodies of persons unclaimed dying in any hospital

And be it further Enacted, That when any person shall die during imprisonment in any prison, or shall die in any hospital or workhouse, and the body of such person shall not be

or workhouse may be delivered for dissection.

claimed as hereinafter mentioned, or the disposition of such body shall not be otherwise provided for by law, it shall be lawful for the party having the custody of the person so dying in prison as aforesaid, and for the party having the care of the person dying in any hospital or workhouse as aforesaid, to deliver up the body of such person to any party duly licensed under this Act, or to the authorized agent of such party:

When such bodies are claimed for burial, not to be delivered for dissection.

Provided always, That if within *Seventy-two* hours after the death of any such person as aforesaid, any person shall attend to remove the body, and there shall be sufficient reason to believe that such body if delivered to such person, will be by him duly buried and not delivered up for dissection, the same shall be delivered up to the person so attending as aforesaid:

Bodies not to be delivered when so requested by relatives.

And provided also, That if within the said period of *Seventy-two* hours, any person representing himself to be a relative of the deceased, shall request that such body may not be delivered up to be dissected, and there is sufficient reason to believe that the person making such request is really a relative of the deceased, and no nearer relative has made any request to the contrary, such body shall not be delivered up for dissection.

Act not to prevent the holding inquests.

Provided always, and be it further Enacted, That nothing herein contained shall prevent the due holding of inquests by the coroners, but that in all cases where a coroner's inquest may be necessary, no body shall be delivered up by virtue of this Act, until such inquest has been held.

Persons may bequeath their bodies for dissection.

And be it Enacted, That if any person shall, during his life-time, by any instrument in writing, attested by two or more witnesses, declare that he is desirous that his body after death may be delivered up for dissection, it shall be lawful for the executors, administrators or next of kin of every such person, to deliver up, if they shall think fit, the body of such person for dissection; provided that *Three* days previous to such delivery, they shall have given notice to the overseers of the parish in which such person died, of their intention so to deliver up the body, and shall have sent to such overseers, together with such notice, a copy of the instrument, declaratory of the desire of the deceased, and a certificate signed by *Three* or more physicians, surgeons or apothecaries, that the deceased came fairly by his death.

Commissioners may grant special Licenses.

And be it Enacted, That if in any case not hereinbefore provided, any party shall be desirous of delivering up, and any party of receiving, any human body for dissection, or if any party, at any other place than a licensed Dissecting School, shall be desirous of dissecting, it shall be lawful for the said Commissioners, if they shall think fit, to grant a special License for any such purpose as aforesaid, and to charge for such License any sum not exceeding *Two pounds*.

Certificate to be given with Bodies.

And be it Enacted, That every party receiving any human body for dissection, shall demand and receive, together with the body, a Certificate, stating at what hour, on what day, in what month and in what year, by whom or by whose authority, and to whom or on whose account the body was delivered up, the date and place of death, the sex and (as far as it is known at the time) the christian and surname, parent's age, trade or occupation, and last place of abode of such person; and the party delivering up the body shall deliver and sign such certificate, and the party receiving the body shall enter, or cause to be entered, a copy of every such certificate in a book to be kept by him for that purpose; and every party licensed under this Act shall produce such book, or a copy thereof, or extract therefrom, whenever required to do so by the said Commissioners.

And be it Enacted, That every party licensed under this Act shall, after dissection, at his own cost, enclose the remains of every body by him or by his authority dissected, in a separate coffin, and shall at his own cost within *Twenty-one* days after the receipt of such body, decently bury or cause to be buried the remains of the same, with the rites of christian burial, or with such other funeral rites and solemnities as accord with the religious creed of the deceased, or are customary in that part of the kingdom where such burial shall take place, and shall cause entry to be made in the parish register of the parish where such burial shall take place, of the name, age and abode of the person buried, and of the date of the burial, and of the name of the minister officiating thereat.

After dissection, Bodies to be decently buried.

And be it Enacted, That if at any time the said Commissioners shall recommend to His Majesty's Principal Secretary of State for the Home Department for the time being, that any License granted by them to any party by virtue of this Act, should, before the expiration of such License be suspended for a time or revoked altogether, or upon its expiration should not be renewed, it shall be lawful for such Secretary of State, by an instrument under his hand and seal to be transmitted to such party, to suspend for a time or to revoke altogether such License, or to prohibit such party from having the same renewed: Provided always, That a written notice of such recommendation shall be sent by the clerk of the said Commissioners to such party *Fourteen* days at least before the transmission thereof to such Secretary of State.

Licenses may be suspended or revoked.

Notice to be given of the same.

And be it Enacted, That if any person after the *First day of October* in the present year, shall keep a School for the dissection of human bodies, or shall knowingly permit dissection to be taught or practised in any place to him belonging, without having obtained a License for that purpose, in the manner directed by this Act, every person so offending shall forfeit a sum not exceeding *One hundred pounds*.

Penalty for keeping Schools without License.

And be it Enacted, That if any person shall, after the day last mentioned, knowingly receive, remove, deposit or possess any human body with a view to dissection, without a License from the said Commissioners, or without the authority of a person having such a License, every person so offending shall forfeit a sum not exceeding *Fifty pounds*.

Penalty for removing Bodies without a License.

And be it Enacted, That if any person shall, after the day last mentioned, dissect a human body at any place not set forth in any License in force, and by the said Commissioners granted, every person so offending shall forfeit a sum not exceeding *Fifty pounds;* provided, that nothing herein contained shall be understood to extend to an examination post-mortem of any human body required to be made by legal authority or permitted to be made by the relatives of any deceased person, or in any hospital or hospitals, such examination being made at the place where the person died.

Penalty for dissecting at unlicensed Places.

Act not to extend to an examination post mortem.

And be it Enacted, That if any party licensed by the said Commissioners, or any person acting by authority of such party, shall, after the day last mentioned, knowingly receive remove or deliver up any human body at any other time than shall be specified in the rules and orders of the said Commissioners, or shall receive any human body from any person not authorized by virtue of this Act to deliver human bodies up, or shall remove or deliver any human body to or receive any human body at any other place than that set forth in the License to such party granted, or shall on any occasion wantonly expose any human subject to public view, or shall re-

Any person not complying with regulations of Commissioners liable to a penalty.

ceive any human body without such a certificate as aforesaid, every such offender shall forfeit a sum not exceeding *Fifty pounds.*

Penalty for neglecting to register Certificates, &c.

And be it Enacted, That if any party licensed by the said Commissioners shall, after the day last mentioned, on receiving any human body, neglect to register the certificate by him hereinbefore directed to be taken, or shall wilfully make any false entry in such register, or shall neglect or refuse to produce to the said Commissioners at their desire the book of registry hereinbefore directed to be kept by such party, or a copy thereof or extract therefrom, or shall, on burying the remains of any such body, wilfully neglect to register such burial in the register of the parish where such burial shall take place in the manner hereinbefore directed, or shall wilfully make or cause to be made any false entry of such burial in any parish register, every party so offending shall forfeit a sum not exceeding *Fifty pounds.*

Penalty for omitting to bury Bodies after dissection.

And be it Enacted, That if any party licensed by the said Commissioners shall, after the day last mentioned, omit to bury in the manner hereinbefore directed the remains of any human body by him or by his authority received for dissection or dissected, every such offender shall forfeit a sum not exceeding *Fifty Pounds.*

Penalty for delivering Bodies to unlicensed persons.

And be it enacted, That from and after the day last mentioned, if any person having authority by virtue of this Act to deliver up human bodies for dissection, shall deliver such up to any party not licensed to receive bodies for dissection, every such person shall forfeit a sum not exceeding *Twenty pounds.*

Penalty on Witnesses not attending.

And be it Enacted, That if any person duly summoned to attend as a witness in any proceeding under this Act shall wilfully and without sufficient cause neglect or refuse to attend, or if he shall attend and shall refuse to be sworn to give evidence, every such person shall for every such offence forfeit a sum not exceeding *Fifty pounds.*

Commissioners may sue for Penalties.

And be it Enacted, That it shall and may be lawful for the said Commissioners, in the name of their clerk, or for any other person or persons, to sue for the penalties and forfeitures granted by this Act.

Fees for Licenses to go towards expenses of Act.

And be it Enacted, That all monies to be received for any Licenses to be granted by virtue of this Act, shall be retained by the clerk to the said Commissioners, and from such monies any expenses that may be incurred in the execution of this Act shall upon the order of the said Commissioners be paid, and such clerk of the Commissioners shall keep a true account of all such receipts and disbursements, and shall at all times exhibit such account to the said Commissioners when required by them so to do, and shall make up such account to the *Thirtieth* day of *June* in each year, and such yearly account, when examined and approved by the said Commissioners, shall be signed by *Three* or more of them, and shall then be transmitted by such clerk to the Lords Commissioners of His Majesty's Treasury, who shall thereupon, if they shall think fit, direct the balance, if any, that may be in the hands of such clerk to be paid into the Exchequer to the account of the Consolidated Fund of the United Kingdom of Great Britain and Ireland ; *but if there shall be a balance due to such clerk it shall be lawful for the Lords Commissioners of His Majesty's Treasury, or Three or more of them, to cause the requisite sum to be issued and paid from time to time out of any money in the Exchequer applicable to the growing produce of the Consolidated Fund.*

Recovery of Penalties.

And be it Enacted, That all and every the penalties and for-

feitures imposed by this Act, shall and may be prosecuted, sued for, and recovered in manner following: (that is to say) if such penalties and forfeitures be incurred in England, before any two or more Justices of the Peace acting in and for the city, town, county, riding or division within which the offence shall have been committed; and such Justices are hereby authorized to summon the person complained of before them, or upon complaint on oath, to issue their warrant for the apprehension of any such person, and upon the appearance or non-appearance of such person, pursuant to such summons, or upon such person being apprehended and brought before them upon such warrant, to hear and determine such offence, and upon conviction of any person such Justices shall adjudge such person to have forfeited and to pay any sum of money in their discretion, not exceeding the utmost penalty or forfeiture imposed by this Act, for the offence of which such party shall be found guilty, and may issue a warrant, under their hands and seals, for levying the sum adjudged by them to have been forfeited and to be paid for such offence, together with the costs attending the information and conviction, by distress and sale of the goods and chattels of the person convicted, and the overplus, if any, after such penalties, forfeitures, and the charges upon such sale are deducted, shall be returned, upon demand, to the owner of such goods and chattels; and in case such penalties and forfeitures shall not be paid forthwith upon conviction, then it shall be lawful for such Justices to order the offender so convicted to be detained and kept in custody of any constable or other peace officer, until return can conveniently be made to such warrant of distress, unless the offender shall give sufficient security, to the satisfaction of such Justices, for his appearance before such Justices, on such day or days as shall be appointed for the return of such warrant of distress, such day or days not being more than *Seven* days from the time of taking any such security, and which security the said Justices are hereby empowered to take, by way of recognizance or otherwise; but if upon return of such warrant it shall appear that no sufficient distress can be had thereupon, and the same shall not be forthwith paid, or in case it shall appear by the confession of the offender or otherwise, that the offender hath not sufficient goods and chattels whereon such penalties and forfeitures, costs and charges may be levied, were a warrant of distress issued, then it shall be lawful for any such Justices of the peace as aforesaid, and they are hereby authorized and required, by warrant under their hands and seals, to commit such offender to the common gaol or house of correction of the city, town, county, riding or division where the offender shall be or reside, there to remain, without bail or mainprize, for any time not exceeding *Three* calendar months, unless such penalties, forfeitures and all reasonable charges attending the same, shall be sooner paid and satisfied; and all such penalties and forfeitures, when recovered, and after recovery of the costs and charges attending the information and conviction shall be paid, *One half* thereof to the clerk of the said Commissioners for defraying the expences to be disbursed in the execution of this Act, and the other *Half* to the treasurer or proper officer of some hospital or infirmary, situate in the county or place where the conviction shall take place, or to any other hospital or infirmary, to be named by His Majesty's Principal Secretary of State for the Home Department.

Recovery in Scotland.

And be it further Enacted, That if such penalties or forfeitures be incurred in Scotland, they shall be prosecuted for and recovered with expenses in any sheriff's court, at the in-

stance of any person who will prosecute for the same in a summary way, without the pleadings or evidence being reduced into writing, and when recovered shall be disposed of in the same manner as is above provided with regard to such forfeitures in England.

Appeal.

And be it Enacted, That any person or persons thinking himself aggrieved by any order or judgment of any Justice or Justices of the peace made in England or Wales in pursuance of this Act, may within *Four* calendar months after such order or judgment shall be made or given, appeal to the general or quarter sessions of the peace to be held in and for the county wherein the offence shall be committed, the person or persons appealing having first given at least *Fourteen* days clear notice in writing of such appeal, stating the nature and matter thereof to the person or persons appealed against, and forthwith after such notice entering into a recognizance before some Justice of the same county, with two sufficient sureties, conditioned to try such appeal, and to abide the order and award of the said court thereupon; and the Justices assembled at such sessions upon due proof of such notice and recognizance having been given and entered into, shall, in a summary way, hear and determine such appeal at such general or quarter sessions of the peace, or if they think proper adjourn the hearing thereof until the next general or quarter sessions of the peace to be held for the said county, and if they see cause may mitigate any forfeitures or fines, and may order any money to be returned which shall have been levied in pursuance of such order or determination; and all such determinations of the said Justices at such general or quarter sessions shall be final, binding and conclusive upon all parties, to all intents and purposes whatsoever.

Commencement of Actions.

And be it Enacted, That if any action or suit shall be commenced or brought against any person for any thing done in pursuance of this Act, the same shall be commenced within *Six* calendar months next after the fact committed, and shall be laid or brought in the county where the cause of action shall have arisen, and not elsewhere; and the defendant in every such action or suit, shall and may at his election plead specially or the general issue, Not Guilty, and give this Act and the special matter in evidence, at any trial to be had thereupon, and that the same was done in pursuance and by the authority of this Act.

Interpretation of Act.

And in order to remove doubts, as to the meaning of certain words in this Act, Be it Enacted, That the word "Parish" shall be deemed to include any township, hamlet, vill, tithing, extra-parochial place, or place maintaining its own poor; and that the word "Workhouse" shall be deemed to include poorhouse, house of industry, charity, workhouse or boarding-house for the poor; and that the word "Overseers" shall be deemed to include overseer and Kirk session; and that the word "Hospital" shall be deemed to include infirmary, asylum, house of refuge, or other institution for the reception and treatment of sick, maimed, lunatic or destitute persons; and that the words "Person and Party" shall be respectively deemed to include any number of persons; and that the meaning of the aforesaid words shall not be restricted, although the same may be subsequently referred to in the singular number and masculine gender only.

Act not to extend to Ireland.

And be it further Enacted, That nothing in this Act contained shall extend to Ireland.

Commencement.

And be it further Enacted, That this Act shall commence and take effect, except in the cases otherwise herein provided for, from and after the *First day of July in the present year*, and not sooner.

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ON THE

STRUCTURE AND PATHOLOGY OF THE OVARIA, WITH THE TREATMENT OF THEIR DISEASES.

Being the Substance of the Gulstonian Lectures, delivered before the College of Physicians, May 1829.

By Edward Seymour, M D.
Physician to St. George's Hospital.

The selection of the physiology and pathology of the ovaria, as the subject of the lectures delivered annually in this place, on the foundation of Dr. Gulston, has been made with the view of laying before the college, in detail, the structure and functions of these parts in the human being, and generally in the four classes of vertebrated animals; and, secondly, the principal diseases which arise from injuries of the various structures which compose those organs. That this task will be very incomplete, the nature of it will suggest; but if others, with opportunities more extensive, with experience to which it would be vain for me to pretend, and with zeal equal to the labour, should be induced to devote themselves to similar inquiries, my object will be more than fulfilled; and reasonable hopes will arise that the diseases of these important organs, many of which have baffled the efforts of our art, or left us often to deplore its insufficiency, may yet receive elucidation as to their causes, and consequent improvement in their cure.

The structure of the ovaria, one of the latest portions of the body which derived advantage from the labours of the anatomist, has in physiology given rise to some of the warmest discussions which have agitated the philosophic world, and the disputes incident to them have been confined to no common minds; the greatest physiologists, the greatest naturalists, some distinguished for their erudition, others for their practical observations, all remarkable for their labour, have treated various parts of the subject of to-day's lecture. This must be my excuse for endeavouring rather to lay the subject clearly before my hearers than to attempt an hypothesis of my own. The structure and functions fairly explained, as far as they are clearly made out, we shall be prepared to consider the deviation from that structure, and the interruption of those functions which constitute disease.

To-day, then, we shall consider the healthy strncture and functions of these parts, together with the changes operated on them by impregnation, beginning with those of the human being, and pursuing the inquiry through the four classes of vertebrated animals. More has, perhaps, been elucidated with regard to the changes in the ovaria by a comparison with other warm blooded animals than on any other subject of physiology, and to no investigation of a similar kind can the expression of the celebrated Cuvier be more justly applied—"A single fact from comparative anatomy has often been sufficient for the destruction of an entire edifice of physiological hypothesis."

The ovaria in the human being are placed in the posterior fold of the broad ligament which envelopes them in the same manner as the peritoneum does the intestine; that is, incloses them completely except where the vessels enter. They vary in size, of course, at the different periods of life, but at

puberty, when they are to be considered as perfect, they are oval, and the size of a large nutmeg, convex on the portion opposite to where the vessels enter, and flattened at the sides. The peritonæum forms, of course, the external coat. On the removal of this covering a second or proper coat is found of condensed cellular substance, which is called the fibrous coat. This completely surrounds the contents of the ovarium, which consist of loose cellular substance, very vascular, and in which are embedded small cysts or vesicles, of the size of a millet seed, and varying in number from two to fifteen. These vesicles are most numerous in the circumference of the ovarium, and those at the circumference are larger than those in the substance. These vesicles often distend unequally the coats of the ovarium, and are then perceptible to the touch, and even to the sight. In some animals these inequalities are very remarkable. In the sow, and still more so in the hedge hog: the ova in the latter are so prominent as to approach the appearance of the ovarium in the bird.

These vesicles were first brought into notice, as of great importance, by De Graaf, and hence have been called Graafian vesicles. They were believed by him, and every observation on other animals has strengthened the opinions derived from that in the human being, to be ova, capable of impregnation by the male, and constituting, after this inexplicable process, a new animal, which is to expand and grow, and finally to become similar to the animal from whence it sprung.

These ova, in their unimpregnated state, contain a limpid serum, which coagulates by heat. The ovaria are abundantly supplied by blood-vessels from the spermatic arteries; and in animals, in which many ova may be fœcundated and called into life at the same time, as in serpents, very numerous blood-vessels coming from the aorta are distributed to them.

The spermatic nerves, which supply the ovaria and fallopian tubes, are distributed in two sets; one, the superior, being derived from the renal plexus, the other, the inferior, consisting of numerous small twigs from the superior and inferior mesenteric plexuses, the hypogastric and renal plexuses, and from the trunks of the sympathetic nerve. Several small ganglia are intermixed with these nerves. The ovaria are abundantly supplied by absorbent vessels. A very beautiful and complete view of these is to be found in Mascagni's splendid work on the Lymphatics.

It is not my intention to enter on the various hypotheses concerning generation from Harvey downwards, and it would be useless to occupy your time on points, the whole of the evidence on which is already most accurately and perspicuously related in Dr. Eliotson's notes to Blumenbach's Physiology. The facts on which physiologists are at present agreed will be briefly stated, and those parts of the subject only enlarged on which immediately relate to alterations in the ovarium. At the period of impregnation, an ovum escapes from the enveloping membranes, which burst at that point, and is conveyed by the fallopian tube into the uterus. It is a disputed point whether the impregnating fluid does indeed come in contact with the ovum at this time. The fallopian tubes being pervious, and embracing by the extremities the side of the ovarium during the period of coition, (and this has been proved by actual observation in the lower animals), it is reasonable to suppose that the seminal fluid might be conveyed through this tube, and such a fact is borne out both by experiments and analogy. Dr. Haighton found that if a ligature was put on the fallopian tube, no conception took place—corpora lutea were found in the ovarium on the side where the ligature was placed, but this we shall presently see is any thing but decisive—at least no fœtus was evolved, of course no fœtus contained in the cornu of the uterus on this side. If both fallopian tubes were obliterated, the animal was altogether barren. The operation, likewise, by which domestic fowls are incapacitated from breeding, in order to cause them to attain a larger size for the luxury of the table, is not by abstracting the ovarium, but by dividing or injuring the oviduct, after which the bird no longer becomes impregnated. Now if the fallopian tube in the one instance, and the oviduct in the other, did not convey to the ovum the seminal fluid of the male animal respectively, no such sterility should necessarily occur; for if the fœcundating impression were made by absorption, or consent of parts, or any other process which we are not enabled to trace, there would be no reason why the ovum should not attain a certain

growth within the ovarium or in the cavity of the abdomen, as in the case of extra-uterine fœtuses.

In snakes the oviducts are of unusual length, and adapted to the double parts of generation of the male animal; and as there is no uterus, it is obvious that it must be through these oviducts alone that impregnation occurs; and it is much more probable that the seminal fluid should pass to the ovaria through the extent of these tubes, than only into a limited portion of their length; after which an absorption, or consent of parts, philosophically speaking unnecessary, is to be sought for, to explain the completion of the process.

In frogs it is well known that the ova, when passed from the body of the female, are barren; the contents of the seminal fluid of the male being essentially necessary to their fertility, and this is effected by the male animal independently. From all these circumstances, it is evident that great difficulties must be removed before we can believe that the only office of the fallopian tube is to conduct the ovum to the receptacle in which it is to be developed; and that it does not conduct the seminal fluid, or aura, at the time of impregnation.

When the ovum bursts the enveloping membranes in the human being, and in the mammalia, it is conveyed by the fallopian tube into a receptacle or uterus, where it is destined to remain a certain and definite time, during which the young animal receives a gradual development, and at the expiration of which it is ushered into the world perfect. The changes, however, which it undergoes in the uterus, do not belong to the present subject.

In the class of birds the ovarium consists of a number of rounded bags, each attached by a peduncle to a common stalk, and termed, from their contents, the yolk, or yelk bags. It is placed immediately above the kidneys, at the bifurcation of the aorta. It is covered by peritoneum, which fixes it to the spine.

Immediately below opens a tube, similar in appearance to an intestine enveloped in peritoneum, which fixes it to the spine, and likewise restrains its mobility. This tube is termed the oviduct; the extremity, near the ovarium, is free in the abdomen, is of great tenuity and transparency. As the duct descends it becomes thicker, and towards the inferior part a few muscular fibres are visible. The interior of this tube is covered with villi, from which is secreted, first, the white, and afterwards, at the inferior part, the shell. These villi do not apparently differ in structure, except that, in the portion of the tube which secretes the white, they have a longitudinal arrangement; in the portion where the shell is formed, a transverse.

The oviduct performs the same office to the ovarium which is effected by the fallopian tube to the ovaria of the mammalia; that is, it probably conveys the impregnating fluid to the yelk bags, and is certainly the structure through which the egg passes.

At the period when a yelk-bag is matured, a white line is formed across the centre of the capsule; this white line is from the absence of vessels; they become obliterated at that part, and this is well shewn from the injected specimens on the table. In the direction of the white line the capsule bursts; the yelk-bag is grasped by the extremity of the oviduct, which appears endowed with a contractility sui generis; and being propelled downwards, by a motion probably similar to the peristaltic, receives, as I have already said, the white and shell.

In the class reptilia, which contains the snakes, the crocodiles, tortoises, and frogs, &c. there is an intermediate organization between mammalia and birds: like the former, they have two ovaria, one on each side; like the latter, they have oviducts and no uterus.

In snakes, in order to demonstrate the situation more clearly, I will take, for example, an individual of the genus coluber: the coluber boæformis of Ceylon, the pedda podda of Dr. Russell. The one from which the present specimen was taken measured about ten feet, had 260 scuta, and 72 pairs of subcaudal squamæ.

On each side of the spine, in a duplicature of the peritoneum, a little above the kidneys, to which they are connected by the oviduct, lie the ovaria, a string of transparent vesicles rather more than three inches in length. The oviduct on each side, nearly resembling that of birds, has its origin confined, like the latter, by a round ligament. The infundibulum is at first about three quarters of an inch in size, but almost immediately contracts to the size of a crow-quill, becoming larger in its course externally to the rectum on each side, and is for several inches half an inch at least in diameter. Each

oviduct terminates in the cloaca, at some distance from the valve of the rectum; but, like all the other viscera of this animal, the right ovarium is placed higher than the left, and consequently the right oviduct is longer than the left. These are oviparous snakes, and the eggs are produced, completely formed, and hatched in the sun.

The true boa-constrictor, a native of South America, is viviparous: that is, the eggs are hatched in the oviduct in the body of the female, and are produced alive.

Crocodile: in a very small specimen of this species, the ovaria and oviducts present (particularly the latter) a strong resemblance to birds. The ovaria are placed below the kidneys in this animal, and the infundibula are turned outwards. It is probable that this position is much changed at the period of impregnation, as it is a matter of great difficulty to conceive how the ova find their way into the oviduct. The oviducts terminate on each side in the cloaca.

In fish, the arrangement, with few exceptions, is very simple: the numerous ova, all of the same size, surrounded by a delicate membrane, are placed in long packets on each side the spine, sometimes occupying the whole length, from the diaphragm to the cloaca. Internally, prolongations of membrane separate them into transverse layers, and the ova are also connected by blood-vessels. There are no oviducts, but the prolonged enveloping membrane becoming of smaller diameter form a canal on each side, through which the eggs pass, and which terminates immediately behind the rectum.

There are several kinds of fish, as the rays, the squali, which have a more complicated arrangement, and form the connecting link between fish and reptiles. Of these the skate is an example. In this fish the ovaria, of considerable size, consisting of numerous ova of various sizes, enveloped in a fine membrane, lie close to the spine on either side, immediately beneath the liver. The oviducts open close together, attached to the diaphragm a little below the heart; and if it were difficult to conceive how the ova of reptiles are conveyed into the oviduct, here it is almost incomprehensible. It is probable that, when the fish is in roe, the ovaria are very greatly distended, and thus approach nearer to the oviduct; when it is necessary to conceive a considerable degree of expansive force at the discharge of the ova, in order that they should be received by the oviduct.

This curious subject deserves greater consideration.

The oviduct has two remarkable enlargements in its course: it is situated at rather more than a third of its length from the commencement, and resembles in appearance, in its unimpregnated state, the ventriculus succenturiatus in birds. It is very considerably enlarged when the roes are shot, and is the glandular structure which secretes the white of the egg. The second enlargement is at the extremity of the oviduct, and has been called the uterus. Here the shell, as in birds, is secreted.

On opening the ovaria of adult females, both in the human species and the mammalia, it not unfrequently happened that a new structure was found in the substance of the viscus. This consisted of a round or oval body about the size of a pea, in the human being, and proportionably larger in the larger animals. This substance was extremely vascular, and divided by bands running from the centre to the circumference, and appeared to consist of grains or small glands conglomerated together, with a depression in the centre; and from this depression a small communication existed, in many cases, to the circumference of the ovarium, where a mark was seen of the coats having burst. De Graaf named this body corpus glandulosum; and from Malpighi it received, from its yellow colour in some animals, the name of corpus luteum, which it has preserved to these times. There is, perhaps, no dispute in physiology which has excited the talents, or stimulated the laborious investigations of men of science, even to our own times, more than the origin and use of the corpus luteum. As any improvement in the pathology of these parts, and consequent method of cure of their diseases, must principally rest on our understanding accurately the structure, no excuse is needed for entering fully on a change of so much importance, even had physicians and philosophers so distinguished not thought their time profitably employed in such inquiries.

It was the opinion of De Graaf that the corpus luteum was the result of im-

pregnation, and that the number of corpora lutea exactly corresponded with the number of impregnated ova; so that, after death, the number of young conceived by the female animal might be ascertained by counting the remains of the corpora lutea. Malpighi, one of the most celebrated anatomists of his age, was the first to oppose this opinion. He maintained that the formation of corpora lutea was anterior to the connexion between the male and female, and preparative to conception; and that it was, in fact, necessary, in order to enable the ovum to become fecundated. Thus he observes, in his letters to Spon, "His itaque pensitatis, non improbabiter colliges, luteam hanc glandulosamque substantiam non immediatè subsequi seminis affusionem factam in ovo intra ovarium contento sed longè ipsum antecedere." He states he has seen corpora lutea in the ovaria of calves, and likewise several fresh ones in cows, where only one fœtus was contained in the uterus; disproving thus the two assertions—first, that they were only the result of impregnation; and next, that they exactly represented the number of ova which had been impregnated.

In favour of this view of the case, are the observations of Valisnieri, who filled the chair of Natural History at Pavia immediately before Spallanzani. In a very laborious paper on the ovaria of viviparous animals, he concludes, after having stated that he has dissected a very great many (moltissime) quadrupeds, that the corpus luteum, or glandulosum, is not generated only after the ovum is fecondated, but long before, developing itself by degrees, and becoming matured to the point that it can expel the ova."—(Valisnieri, Part 2, chap. x. Delle Ovaje delle Animali Vivipere.)

To the experiments of Valisnieri succeeded those of Bertrandi, which are remarkable both for the facts established, and likewise for some pathological reasonings deduced from them. Bertrandi took three female guinea-pigs from the mother, and kept them separated from the male animal fifteen months, when he killed them; and in every one of these animals were corpora lutea in a progressive state. He deduces from this and other experiments an exact coincidence with the opinion of Malpighi, Valisnieri, and others, that the corpus luteum is formed in animals at the time of puberty, as preparatory to impregnation. He deduces likewise an opinion that furor uterinus is the result of the too rapid development of these bodies, or there being too many formed at once. Santorini has added his testimony in his anatomical observations to the similar facts to those detailed by Valisnieri; and I should not quote the words of Santorini did they not very exactly represent the opinions of a very celebrated physiologist of our own age and country—Sir Everard Home:—"Nos ea (corpora lutea) in intemeratis virginibus pluribus sæpe commonstrata luculenter vidimus: atque adeo neque ex virili initu tum primum excitari, neque ad maturitatem perduci sed in iisdem conclusum ovulum solummodo fæcundari dicendum est."

It is not reasonable to suppose that a point of so much importance in the progress of generation as the formation of the corpora lutea should have escaped the observation of Buffon; and accordingly we find he devoted much time and attention to the subject. There are few men, however laborious, however well instructed, however enthusiastic in the pursuit of science, in whose minds there is not some weak point, as it were a speck on the horizon; and with regard to this illustrious man, the only shade which is cast over his useful labours arises from the predominance of the imagination so distinguishable in his countryman. Of this defect his theories of generation very largely partake, and especially the subject to which our attention is now directed.

Buffon adopted the observations of Valisnieri, Bertrandi, and Santorini, as far as related to the formation of the corpus luteum, independently of impregnation; but he added, that the corpora lutea contained, in their central depression, a fluid possessing animalculæ similar in every respect in regard to the female to what the seminal fluid is to the male.

Such repeated observations as to the formation of corpora lutea, independently of the connexion between the sexes, by different physiologists, all men of acknowledged talent, and indefatigable labour, would appear to set at rest the question. But these observations were all known to Haller; and yet we find Haller decidedly opposed to the conclusions.

Haller sacrificed many sheep to this inquiry. Investigating the state of the ovaria from half an hour after connexion between the male and female up to an advanced period of gestation, he found corpora lutea forming distinctly round the ruptured vesicle twenty-two hours after conception, and the process of formation lasting up to the seventeenth day; from which time the corpus luteum became less vascular, harder, shrunk, and diminished. He enumerated the great number of animals sacrificed in these experiments, declaring that in no single instance did he ever see a corpus luteum formed in virgin animals.

At an advanced period of his life this illustrious physiologist addressed a letter to Buffon on the subject, in terms which certainly savour little of the loss of mental and bodily power of which he complains. It may be permitted to quote the words, both as immediately bearing on the subject, and also to shew how warm was the zeal for science of this great man even in his declining years.

Sed puellæ nondum corpus luteum habent, quando flos ætatis eas ad amorem invitat. Quotquot fœminæ nullam fœcundationem ante mortem passæ sunt tot, etiam incisæ nulla corpora lutea ostendunt.

Centum et ultra corpora mulierum aperdi, decies fortè corpora lutea vidi, neque unquam nisi in gravidis in puerperis, aut a puerperio defunctis fœminis, neque puto frequentes esse incisores, qui decies in humano corpore corpus luteum viderint *."

It would appear that, by arguing exclusively, each party has been in the wrong, two facts appearing to be proved; viz. that corpora lutea always form after impregnation, and are sometimes found in those animals in whom impregnation could by no possibility have occurred. The explanation given by Blumenbach, in the Transactions of the Society of Goettingin for 1789, and assented to by Cuvier, is only reasoning on facts well known, and even (cautiously indeed) admitted as possible by Haller, and is rendered extremely probable by what occurs to our senses in birds.

It has been stated that corpora lutea are the vascular remains of the Graafian vesicle after its rupture and the discharge of its contents; but he conceives that such a formation is equally the same whether the vesicle bursts after impregnation or not; and that in the human beings certain feelings of the mind are sufficient to determine the rupture of the vesicle. In birds, on an egg passing into the oviduct, the membrane which formerly contained it shrinks; but this occurrence takes place equally whether the ovum which so passes be or be not impregnated. In order to prove that such an effect may occur from excited feelings, eggs have been produced from birds by impressions calculated to promote such feelings without the presence of the male bird. Harvey's experiments with the thrush and parrot are well known, and the fact itself is familiar.

In the same way may be resolved the difficulty of Graaf's proposition, that the number of corpora lutea were an exact measure of the number of ova impregnated. In the case in which there has been but one fœtus in utero, and several corpora lutea; in the ovarium cases which I have shewn to be frequently on record, it is not only proved that several ova have burst and discharged their contents, but that only one has been fœcundated. In the same way in birds and reptiles, we find that out of many ova produced after connexion between the sexes, although the greater number are fertile, some are perfect in every respect except having received the fœcundating impression.

One of the latest authors on this subject is Sir Everard Home, who has dilated much on the formation of the corpora lutea in his magnificent work on Comparative Anatomy. Sir Everard's views entirely accord with those of Malpighi, Valisnieri, &c. although he does not allude either to their opinions or experiments.

The following are the expressions of Sir Everard Home:—

"These corpora lutea are proved to be the glandular structure which forms the ovum, and when the ovum is expelled, gradually disappear.

"Till now these bodies have always been considered as the effect, not the cause of impregnation; so that without impregnation there would neither be ova or corpora lutea, and the presence of that body was allowed to be an undeniable mark of conception having taken place. This error must have arisen from the circumstance of there being almost always in the ovarium of

* Opera Minora, vol. iii.

a woman who dies in child-bed a corpus luteum preparing another ovum, to be ready for future impregnation, which was usually mistaken for that belonging to the child born; whereas the former corpus luteum in the course of nine months had nearly, if not entirely, disappeared."

In differing from so distinguished a physiologist as Sir Everard Home, it has appeared right to lay the whole discussion on the subject before the college, for Sir Everard Home dissents in no part of his opinions from the Italian physiologists. They are at variance with Haller, Blumenbach, and Cuvier, who were well acquainted with these doctrines.

It must be admitted by all that corpora lutea exist without impregnation occasionally. They are figured by Valisnieri and by Sir Everard Home; and the observation has been confirmed by many living physicians and surgeons. That they occur after impregnation the observations of Haller, who traced their gradual formation, is proved; but if necessary to impregnation, they should exist nearly always in virgin animals at the time of puberty; and this is by no means the case, as I have examined the ovaria in the human being and in animals at the time of puberty without meeting with corpora lutea.

From these premises, arguments, and observations, my opinion has been formed, that corpora lutea are the result of the change which takes place in the ovarium by the bursting and discharge of the ovum, occurring rarely in virgin animals, because the bursting of the ova is not a frequent but only possible occurrence, but always following impregnation, and diminishing as gestation proceeds.

It may here be asked, of what advantage is it to determine accurately the formation of these bodies? The follow- is the best answer. There can be no question but that the production of these bodies is influenced by strong moral as well as physical impressions, the result of great vascular excitement of the part, and their absorption, effected by great activity in the vessels of that system. Any deficiency, then, in the quantity of vascular excitement necessary, any obstacle to the exercise of absorption, would produce changes in these parts differing from the natural ones, which they were intended to undergo, would, in a word, produce disease; and it remains to be seen whether any of the serious and complicated diseases of the ovarium are to be traced to alterations which the corpora lutea undergo from any or all of these causes.

In the fœtus, as early as seven years, Graafian vesicles are to be seen in the human being; the structure of the ovarium is firm, and there are few red vessels; at twelve these vesicles are very numerous, and the structure of the ovarium looser and more vascular. At puberty the viscus is very vascular.

In advanced age the ovarium becomes shrivelled, hardened, and presents a convoluted appearance. On cutting into it the structure is much firmer; scarcely any vessels are to be seen, and the vesicles have entirely disappeared, or they are seen thickened and solidified. Sometimes, indeed, a single one has remained; become much dilated; is filled with fluid, secreted by the vascular membrane which lines it; and shews the disposition to disease, which, on a larger scale, constitutes one form of ovarian dropsy. The appearance of the whole body changes at this remarkable period; the voice becomes hoarse; the skin harsh and wrinkled; and not unfrequently hair is formed on the upper lip and chin. The celebrated operation of Mr. Pott, in which he removed, in the operation for hernia, the ovaria of a young female, is well known. The voice became hoarse, hair grew on the lower part of the face; the mammæ became diminished, and the catamenia ceased.

No other effect attends the extirpation of one ovarium except the diminution of the number of young in an animal. Mr. Hunter found that the sow from which the ovarium had been removed by art, farrowed six less than half the number of the sow of the same age who had both ovaria entire. In the human being, in extremely rare cases, one ovarium has been found wanting, yet the female has borne children, and one being destroyed by disease, has repeatedly been found to be no preventative against the patient becoming a mother from ova formed in the remaining organ.

In birds a still more remarkable effect attends the shrinking and shrivelling of the ovarium. The hen bird assumes, in many instances, the plumage of the male. It has been supposed that

such a change uniformly arises from the perishing, or disease of the ovarium by age; but Mr. Yarrell, in a paper read before the Linnæan Society, has very satisfactorily proved that this change will occur in very young birds from disease of the ovarium. In the first instance it might fairly have been said that the destruction of the ovarium, and the change of plumage, followed only the general alteration induced by age, and that the one was not dependant on the other; but the fact that the destruction by disease of the ovarium in the young bird induces a similar change, and the destruction of the oviduct by art being followed by an alteration, incomplete indeed, but in many respects resembling the one mentioned, sets the question at rest.

NERVOUS SYSTEM.

To the Editor of the London Medical Gazette.

Sir,

I have to thank Mr. Broughton for the general fairness of his statement as to a point of difference between us in regard to the functions of the nerves; but I should like, if you will permit me, to place in your Journal my own account of the question to which he adverts.

In 1821 an Essay, by Mr. Bell, was published in the Philosophical Transactions, which went to prove that the facial branches of the fifth nerve (those, namely, which emerge at the frontal, infra-orbital, and mental foramina) *are nerves of sensation and voluntary motion jointly*; and that the use of the facial branches of the portio dura of the seventh is to transmit to the same parts *instinctive impulses*.

In 1822 the first part of my Anatomical and Physiological Commentaries was published, in which I proved, by the detail of a new experiment, that the facial branches of the fifth are *exclusively nerves of sensation*; and that the portio dura of the seventh is the *common and exclusive source of motion of every kind, instinctive or voluntary*, to the muscles which it supplies.

Upon these points Mr. Broughton, who repeated my experiments, completely agrees with me. Mr. Broughton differs from me upon the following point:—He believes that the portio dura and the eighth nerve are wholly insensible: in other words, that irritating these nerves in a living animal gives no pain.

I am inclined to believe the contrary, from what I witnessed in the course of experiments which I formerly made on the dog, the cat, and the ass. I am inclined to believe that irritating the portio dura and the eighth gives pain, although much less than the irritation of the fifth gives; but I shrink from the repetition of the experiments necessary fully to satisfy my own mind upon this point *after the doubt* which Mr. Broughton has raised.

I am aware that I am now adverting *very partially* to the contested topics in the modern physiology of the nerves—the reader will find more upon this subject in my Outlines of Physiology. In the Lectures on the Nervous System, which I have recently had the honour to deliver before the College of Surgeons, I fully discussed the entire bearings of the subject, I trust and believe with that clearness, and candour, and regard for truth, which it costs those who are in the right no effort to display.

I am, Sir,
Your obedient servant,
Herbert Mayo.

19, George-Street, Hanover-Square,
May 10, 1829.

VENTRAL HERNIA.

To the Editor of the London Medical Gazette.

Sir,

The following is a case of ventral hernia of one of the appendices epiploicæ of the descending colon, in which was present all the symptoms of strangulation where none existed, and in which the operation, had it been performed, could not have afforded the slightest relief, but would most probably have increased the danger, and hastened the end of the patient. If you deem it worthy a place in your journal, by inserting it you will oblige, Sir,

Yours obediently,
P. M. Hosking.

Fleet-Street, May 1, 1829.

G. T. Esq. the subject of the present case, had been for some time in town,

under Mr. Ware's care, for an affection of the eye, and I had seen him myself frequently whilst under his care: they were, however, so much better that, by Mr. Ware's advice, he was about to return home to the country, having been in town entirely on account of his health.

He had had a small ventral hernia in the left iliac region for the last three years, but having worn a truss, it had caused him no inconvenience. He was in appearance healthy and strong, and about sixty-two years of age.

When Mr. Vincent. Mr. Ware, and myself, visited him this day, April 1st, we found him lying on his back in bed with great prostration of strength, very small, weak pulse, but stronger in the right than in the left wrist; his tongue was furred; the bowels had not been opened since Monday morning, which was from a draught and pill ordered by Mr. Ware, and that produced but one motion. He had taken also last night (Tuesday) Ext. Coloc. Co. gr. x. P. Opii gr. j. in Pil. ij. and Ol. Ricini ℥ss. this morning before we saw him. The preceding Saturday he complained for the *first* time of sickness, and he vomited frequently during that day, but the sickness and vomiting entirely ceased on Sunday after the bowels had been properly relieved. Early on Tuesday morning the vomiting returned, and continued at intervals until we met on Wednesday morning. He now complained of pain when the hernia (which was about the size of a nutmeg) was pressed with the fingers, and he had either hiccup or vomiting of a greenish bilious-looking fluid; he had also cramps in his legs and thighs. He was ordered to take—

Ext. Coloc. Co. gr. x. Hyd. Submur. gr. v. ℞ in Pil. ij. statim. and Inf. Rosæ, ℥vj. Magnes. Sulph. ℥j. ℞ 4ta part. 2da q. h. a strong enema immediately, and a warm bath.

3 P. M. Mr. Vincent, Mr. Ware, and myself, met. The bowels have been freely evacuated twice, but the vomiting still continues. The bath produced great prostration of strength, but no impression was made upon the rupture, although the taxis was used whilst he was in the bath. Pulse 60; very small and weak. To continue the medicines as before, and apply a blister to the scrob. cordis.

9 P. M. When we met this evening he was much the same; the bowels had not been opened, but as they had been so freely evacuated in the morning Mr. Vincent deferred operating, conceiving that there could be no obstruction in the alimentary canal, but that a portion of omentum might be adherent in the sac, which would account for the hiccup and vomiting continuing.

12 P. M. I visited him: the sickness had in some measure been relieved; but his bowels had not been acted upon. He was taking Ext. Coloc. Co. gr. x. Hyd. Submur. gr. ij. ℞ in Pil. ij. 4tis horis, and I believe some of them were retained. He complained on pressure of a little pain about the umbilicus, and hiccup.

2d.—8 A. M. We met this morning, and found the symptoms in every respect as urgent; constipation, vomiting, hiccup, and great prostration. He had dozed a little in the night, and said he felt better. Pulse very small and weak. The cramps had left him since the bath.

It was thought prudent still to defer any operation, to repeat the pills of colocynth and calomel, and to give an effervescing draught, C. Tinct. Opii ℞ x. and to apply another blister to the abdomen.

12, noon. Dr. Roberts met us in consultation; the symptoms were much the same as in the morning, excepting that he did not vomit so frequently. The effervescing draughts were continued without the laudanum, and with the addition of Magnes. Sulph. ℥j.; the pills every four hours, as before; and to have the following enema:—

℞ Ol. Ricini ℥iss. Sodæ Muriat. ℥ss. Aquæ xij. ℞ ft. Enema.

8 P. M. He had had one rather copious evacuation from the enema, and was apparently relieved. The draughts remained in the stomach some time, but he vomits occasionally. It was still considered advisable to postpone any operation, as there was no indication of stricture of the intestine. To continue the medicines prescribed last.

12 P. M. When I visited him he was much the same: no relief of symptoms.

3d.—When we visited him this morning at 8 o'clock he was no better. The bowels had not been opened, sickness continues, and he complains of pain about the rupture. The pulse is very small and slow, with great prostration

of strength. Ordered to have the enema repeated.

℞ Hyd. Submur. Ext. Coloc. Co. a. gr. v. ℳ ft. Pil. ij. 4ta q. h. rep. Haustus C. Magnes. Sulph. ℥ij. horâ inter pilulas mediis. To apply 10 leeches to the abdomen.

3 P.M. The injection had returned almost immediately after being thrown up without any fæcal matter: he had not been able to keep the pills down. There appears great distress in the countenance, and he is evidently sinking. The pain in the abdomen is somewhat better, but he still has hiccup if the rupture is pressed upon.

Persistat.

9 P.M. He has had no evacuation from the bowels, and is in every respect worse. Ordered to have the following injection,—

℞ Inf. Sennæ Co. ℈j. Magnes. Sulph. ℥j. ℳ ft. Enema. To take Scammon. Hyd. Submur. aa. gr. iij. 4tis horis.

12 P.M. When I visited him he at first did not know me, but soon recollected himself. The enema had returned without fæces; the vomiting had ceased; and he complained of no pain. I thought that he would not live the night through, and left him.

At 4 A.M. I was called to see him breathe his last, which he did about ten minutes after my arrival: he was quite insensible at the time.

Sectio Cadaveris.—Twenty-nine hours after death Mr. Vincent and myself examined the body in the presence of Dr. Roberts and Mr. Ware.

On opening the abdomen no appearance of inflammation was visible upon the peritoneum. The rupture was found to be formed of one of the appendices epiploicæ of the descending colon, which was quite loose in the sac: there was not the slightest stricture or even discoloration of the protruded part. Two or three of the inguinal glands in the neighbourhood were very much enlarged and diseased, probably from the pressure of the truss upon them. A few inches below the hernia there appeared some inflammation, which, on opening the intestine, was found to pervade the whole mucous membrane, down to the sigmoid flexure, where a very large ulcer existed, and which had entirely destroyed the structure of the surrounding parts: this appeared to have been the cause of the pain when pressed on below the navel, although he did not complain except on pressure. The small intestines were healthy. On opening the stomach it was found inflamed on its whole surface, and several dark patches were visible, and had the appearance of the effects of chronic inflammation, and which doubtless was the cause of the constant irritation and vomiting. The liver was healthy, but the gall bladder contained a great quantity of calculi (about 60 in number) of various sizes and shapes, and of a very dark colour.

MACHINE FOR CONVEYING HEATED AIR, OR VAPOUR, TO THE SURFACE OF THE BODY.

To the Editor of the London Medical Gazette.

Sir,

In the treatment of disease, the employment of external warmth for the purpose of producing action of the skin, is not unfrequently of the utmost consequence; but its adoption (at least in the shape of warm bath) is too often objected to on the score of trouble, and too often negatived by the resources of the patient.

In the Middlesex Hospital, I believe, a sudatorium of basket-work is occasionally used for the purpose of conveying heated air to the surface of the body; such a *machine*, however, is manifestly inapplicable to private practice; but it seems to me that a modification of it might be advantageously contrived.

I have tried, with the best effect, a frame of wood, consisting of three or four arches, somewhat like the halves of a common hoop; these are connected together by slight pieces of wood, about one foot and a half in length: the frame being placed over a patient, beneath the bed-clothes, heated air or vapour may be thrown in by means of a tube; and when the operation is completed, the whole may be disjointed without disturbing the patient or removing the coverings.

This frame (as will be seen by the diagram I have enclosed) may readily be carried in the hand; and I believe it will be found to combine the two great requisites, simplicity and cheapness; while its portability may, I flatter

myself, render it not quite useless in private practice, for patients frequently need the application of external warmth, when, from a variety of circumstances, it would not be prudent to remove them from the couch.

Children but too frequently suffer from inflammation of the lungs, and in this class of disease the promotion of due action on the surface is sufficiently indicated; but the aversion to water is so great, that the remedy is often inefficacious, if not injurious. Heated air, however, or vapour, may be employed by means of this frame-work, whilst a child is sleeping; its facile removal, too, from beneath the coverings, prevents the access of cold air, and thus the necessary effect is kept up.

I have taken the liberty of enclosing a rough model of the foot-piece for your inspection, and have the honour to be, Sir,

Your very obedient humble servant,

J. G. Evans.

115, Fetter-Lane, Holborn,
April 12, 1829.

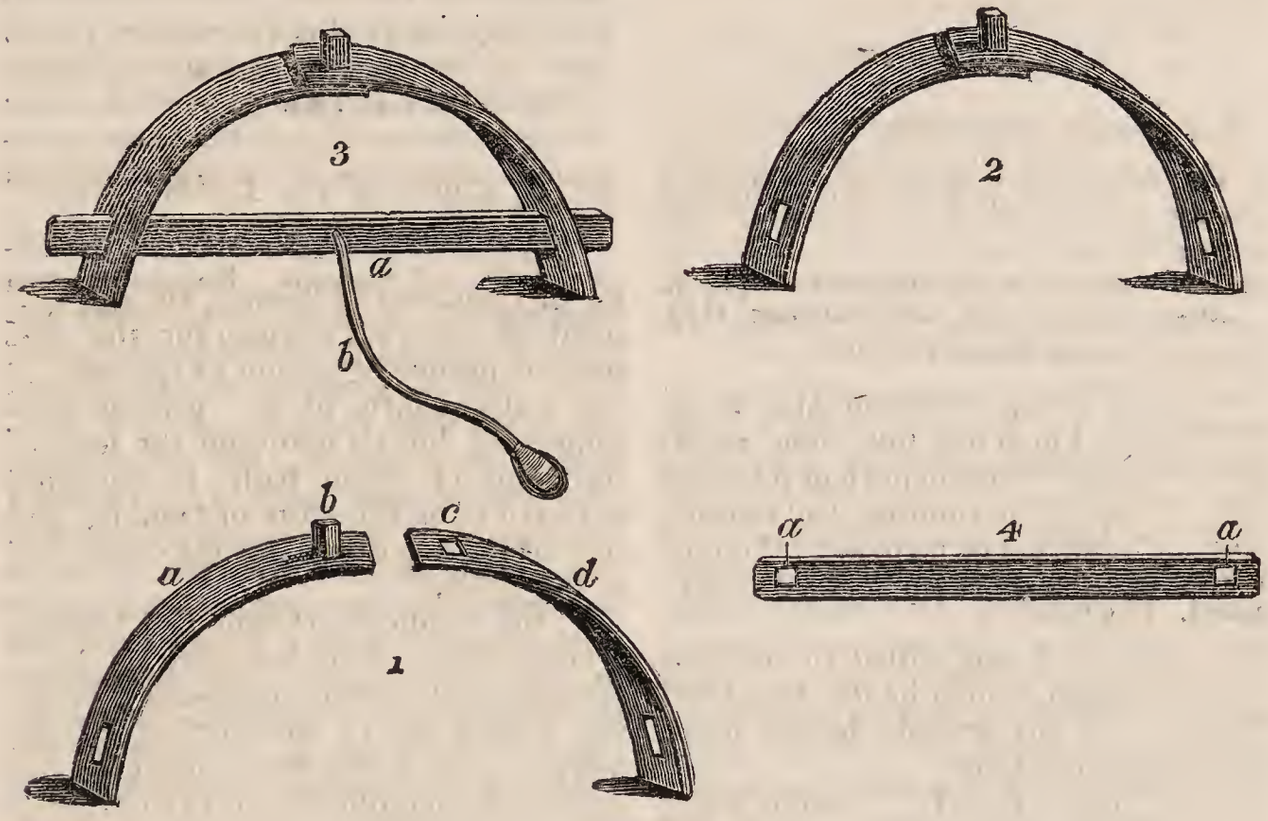

Fig. 1 exhibits one of the arches with its limbs disunited; the limb (*a*) has a square peg (*b*) inserted into its upper surface, the limb (*d*) having a square hole (*c*) in one extremity, which drops on the peg.

Fig. 2 shews both limbs united, and forming an arch.

Fig. 3 depicts the foot arch; each limb has an oblong perforation in its inferior extremity, into which slides the slip of wood (*a*); this slip of wood has attached to it a flexible tube (*b*) with a funnel-shaped extremity.

Fig. 4 shews the slip by which the arches are connected; a square hole is made at each end (*a a*), which drops on the square peg of each arch. If three arches are employed, of course two slips will suffice: the peg of the middle arch should be made high enough to admit the one slip overlapping the other.

For children, two arches only will be needed; but the connecting slip should be two or three feet in length.

The funnel at the end of the tube should be made to unscrew, to admit of a globular ball capable of containing two ounces of water being affixed in its stead: a spirit lamp being introduced beneath the funnel or ball, the air or vapour-bath is complete.

To prevent the coverings of the bed being damped by the steam, if vapour be employed, a piece of oiled silk or glazed linen might be thrown over the frame.

VACCINATION.

To the Editor of the London Medical Gazette.

Sir,

Inasmuch as the circumstances here detailed are novel to me, I have thought them worth transmitting, and, with your approval, inserting in the Medical Gazette. The experiment of which they are the result is so natural, that I have no doubt of its having been often made, and it is probable with similar effect; but publicity of every fact is desirable, that we may arrive at certainty.

I am, Sir,
Your obedient servant,
Thos. Solly.

Walthamstow, April 21, 1829.

The subject and merits of vaccination having been lately brought before the notice of your readers, the following may not be uninteresting, although, as a solitary case, no positively useful inference can be drawn:—

A married lady, aged about 22, entertaining the opinion (which is very generally credited out of the profession) that the efficacy of vaccination ceases after the lapse of a certain term of years, was desirous of being re-vaccinated. The cicatrix of a former vaccination, undergone in infancy, was distinct, and so large, as to attract particular notice. She was re-vaccinated about a month ago, together with her eldest child (being doubtful of the perfection of a former vaccination), from her youngest child taking the virus on the seventh day. The mother's arm proceeded through all its stages mildly, the vesicle smaller, and inflammation less than would have been expected in an adult (not having been previously subjected to its influence), saving that she was a nurse at the time. The arm of the eldest child vesiculated imperfectly on the second day, and from that time subsided.

In the mother's case, assuming that vaccination was perfect in the first instance, the result of the experiment is confirmatory of the idea that vaccination loses its prophylactic power, or that the very common test of re-vaccination is fallible. It will also go far to support Mr. Burnett's refutation of Dr. Miller's index, communicated by Dr. Burder, in your Gazette of 13th December, 1828.

ON DIGESTION.

By Thomas Thomson, M.D. F.R.S. L. & E. &c.

Professor of Chemistry in the University of Glasgow*.

The first great change which the food undergoes, after being thrown into the stomach, is its conversion into a pulp, called *chyme;* and the great object of physiologists has been to explain how this change is effected. The opinion now received is, that the stomach secretes a liquid, to which the name of *gastric juice* has been given, capable of dissolving the food as water does sugar, and of converting it into chyme. "Now," says Dr. T., "I am not aware of the existence of any evidence, to induce us to believe in the reality of such a secretion.

"It will no doubt be said that the experiments of Stevens, Reaumur, and Spallanzani, furnish irresistible evidence of the existence of a gastric juice, since they shew clearly that the food is converted into chyme, not by trituration or fermentation, but by solution. Now I admit that the food is converted into chyme in the stomach by *solution*. But I am of opinion, that the solvent is not secreted by the stomach under the form of gastric juice; but that it exists in the food, and is merely isolated by the stomach, and brought into a state capable of acting as a solvent. The following are the facts upon which this opinion is founded.

"It will probably be admitted that common salt is indispensable as a seasoner of food. It has been employed in all ages, and in every country, for that purpose; or if there be any nation which does not employ it, we shall find that this nation lives at no great distance from the sea, and that the food and water used by them contain enough of salt to answer all the purposes which nature has in view. For common salt is an almost constant ingredient in spring and river water, and all the animal and vegetable substances used for the food of man contain either common salt, or an alkaline chloride of some kind or other. This universal use of common salt cannot be accounted for, unless we admit it to be essential to the proper digestion of food.

* Condensed from the Glasgow Medical Journal.

"Vauquelin announced, many years ago, that the stomachs of oxen, sheep, and calves, always contain a quantity of uncombined acid, which he considered as the phosphoric. But Dr. Prout has shewn, by decisive experiments, that this acid is the *muriatic*, and that the human stomach in all cases contains a quantity of uncombined muriatic acid. He found the same uncombined acid constantly in the stomach of the hare, horse, calf, and dog. These observations have been amply confirmed by Tiedemann and L. Gmelin, who examined the liquid in the stomachs of no fewer than 43 animals, dogs, cats, horses, oxen, calves, and sheep. The liquid in the stomach was acid in every case, and the quantity of acid was always considerable. Muriatic acid was always present. They found likewise *acetic acid*, and they say also *butyric acid*. These two last probably appear only in cases of imperfect digestion; for Dr. Prout found acetic acid as well as muriatic acid in the liquid thrown up by dyspeptic patients.

"Tiedemann and Gmelin found, by experiment, that when food is put into the acid liquid from the stomach, and kept at the temperature of the human body, it is actually dissolved and converted into chyme, just as it is in the living stomach. They found also that food, when exposed to the action of dilute solutions of muriatic acid, acetic acid, and acetate of soda, at the usual temperature of the living stomach, is speedily dissolved, and brought into a state resembling chyme.

"The stomach is supplied with nerves from the par vagum and the great sympathetic; and it is well known that the gastric nerves are large and numerous. Many experiments have been made on the effect produced on the stomach by cutting the par vagum. The uniform result has been, that the process of digestion was quite destroyed, the food remained in the stomach unaltered, and the animal, though supplied with food *ad libitum*, died from inanition. It may be sufficient to state the result of the trials of Dr. Wilson Philip in the hospital of Worcester. He found that if the par vagum be cut, and the cut extremities be allowed to remain *in situ*, the process of digestion is at first impeded; but it is slowly restored again; because, in process of time, the cut extremities of the nerves again unite, and the stomach becomes capable of performing its function. But when the par vagum is cut, and a portion of it removed, so as to prevent the extremities from again coming in contact and uniting, the process of digestion ceases, and the function of the stomach is destroyed.

"Dr. Wilson Philip, after cutting out a part of the par vagum of a rabbit, charged a small galvanic battery, and by means of wires from each extremity, taking the stomach of the rabbit in their way, completed the chain of communication. By this contrivance, a current of electricity was passing constantly through the stomach. The result was, that the process of digestion was restored, and went on as well as if the par vagum had not been cut and removed. This important experiment was afterwards repeated successfully in London. Thus it has been ascertained, that electricity may be substituted for the nervous energy, in the process of digestion.

"When a current of electricity, produced in a galvanic battery, passes through a liquid having any salt in solution, the salt is decomposed, the acid accumulating round the positive, and the alkaline base round the negative pole. There is reason to believe that it acts in this way in the stomach, when it is made to supply the place of the nervous energy. It would seem from this that the nerves of the stomach act upon the liquids contained in the stomach, precisely as a galvanic current does; and probably by supplying a constant electrical current. By the nerves of the stomach, the common salt held in solution by the liquids in the stomach is decomposed, and its muriatic acid set at liberty. The acid thus disengaged, acts upon the food and converts it into chyme. How the soda, the other ingredient in common salt, is disposed of, is not so clear. But as the blood, the bile, and indeed almost all the liquid secretions of the body, except the urine, contain free soda, we can have little doubt about the way that it is finally disposed of.

"Thus the first step of digestion appears to be the decomposition of common salt by the nerves of the stomach, and the setting muriatic acid free in a dilute state. This dilute acid acts as a solvent to the food, and converts it into chyme. The food, thus converted into chyme, is thrown into the duodenum.

It would appear that after the solution of the food is once effected, the presence of muriatic acid is no longer useful for the subsequent steps of the digestive process; for, in the duodenum, the acid is neutralized by the agency of the bile, which contains a little uncombined soda, but is chiefly characterized by the *picromel*, which has the property of forming an insoluble compound with the muriatic acid, and of neutralizing it. The great use of the bile seems to be to neutralize the muriatic acid, which is so essential in converting the food into chyme.

"Such is the short view of the theory of digestion, which I venture to propose to physiologists, as resting on stronger evidence than the common theory of the gastric juice. It would be easy to point out the many important practical results which naturally flow from this theory, and the improvements in the mode of treating dyspeptic and bilious diseases, which naturally suggest themselves. But it would be hazardous to indulge in any such practical speculations, till the theory itself has undergone a rigid examination."

CHILD BORN WITH THE PARTS OF A FŒTUS IN ITS BRAIN.

WITHIN the last few days, a preparation has been sent to the museum of the London University, which has attached to it a very curious history. We shall give our readers such particulars as have come to our knowledge, trusting that those who were more immediately concerned in the events to be described will fill up the details necessary for their complete elucidation.

The preparation above alluded to consists of a fœtus, arrived at its full period, and affected by hydrocephalus; and of a morbid mass, or tumor, which, as we are led to believe, was once contained within the cranium of that fœtus. On examination of this mass, or tumor, it was found to contain two lower extremities, apparently belonging to a fœtus about two months and a half old. The forms of the bones of the legs, of the feet, the toes, and tendons, were all so distinctly marked, that there could exist no doubt as to their being lower extremities. The substance to which they were attached was of a soft texture, and of an irregular shape, as if broken down through violence. Its structure approached the nearest to placenta of any natural growth, but there were innumerable little vesicles, like hydatids, attached by stalks to it; and around it were portions of what appeared, from its colour and consistence, to be fœtal brain. On feeling it with the finger, little rough and hard points could be perceived here and there, as if there were portions of bone contained in it. There were clots of blood interspersed in it. Over a considerable part of this mass there was spread a loose membrane, which had the exact appearance of chorion. In short there could be no doubt that this was a diseased ovum, containing an imperfect fœtus.

The head of the fœtus, out of which this diseased mass is described as having rolled, is unusually large. There is a rent in the posterior part of the integuments and membranes of considerable extent. The cranium, when examined, was found to contain only very small remains of what might have been brain. The nerves were perfect; but instead of a complete brain a portion of soft substance only was found connected with the base and the spinal cord. It had a lacerated appearance; and in its texture it bore a considerable resemblance to that mass which contained the fœtus. It had a more shreddy and less pulpy character than true fœtal brain, which seemed to prove that the mass which dropped out of the skull had been torn and separated from it.

Although disposed to give full credit to the account which we have heard relative to this morbid mass having slipped out of the skull after delivery, we must suggest the propriety of a detailed narrative, authenticating the facts, and proving that it was not a false conception, retained above and delivered on the bursting of the head of a hydrocephalic child. We have observed, with much gratification, the very great activity which is displayed in the department of the museum of the London University, and the order and elegance of the preparations contained in it. We remarked one, which, in connexion with that now described, is extremely interesting. There is a fœtus, arrived at the full period, in which a part of the bones of the cranium is wanting. The integuments, and the membranes of the skull, are continued into the membranes of the ovum.

Anatomical Description of the Foot of a Chinese Female. By Bransby Blake Cooper, Esq.

The foot, of which an account is here given, was obtained from the dead body of a female found floating in the river at Canton, and had all the character of deformity consequent upon the prevailing habit of early bandaging, for the purpose of checking its natural growth. To an unpractised eye, it has more the appearance of a congenital malformation than of being the effect of art, however long continued; and appears, at first sight, like a club-foot, or an unreduced dislocation. From the heel to the great-toe, the length of the foot measures only four inches; the great-toe is bent abruptly backwards, and its extremity pointed directly upwards, while the phalanges of the other toes are doubled in beneath the sole of the foot, having scarcely any breadth across the foot where it is naturally broadest. The heel, instead of projecting backwards, descends in a straight line from the bones of the leg, and imparts a singular appearance to the foot, as if it was kept in a state of permanent extension. From the doubling-in of the toes into the sole of the foot, the external edge of the foot is formed, in a great measure, by the extremities of the metatarsal bones; and a deep cleft, or hollow, appears in the sole, across its whole breadth. The author gives a minute anatomical description of all these parts, pointing out the deviations from the natural conformation. He remarks, that from the diminutive size of the foot, the height of the instep, the deficiency of breadth, and the density of the cellular texture, all attempts to walk with so deformed a foot must be extremely awkward; and that, in order to preserve an equilibrium in an erect position, the body must necessarily be bent forwards with a painful effort, and with a very considerable exertion of muscular powers.

An Experimental Inquiry into the Physiological Effects of Oxygen Gas upon the Animal System. By S. D. Broughton, Esq. F.G.S.

Although it has long been known that the respiration of pure oxygen gas is destructive to life, some differences of opinion have existed with respect to the physiological conditions of the animals subjected to its influence; and also with regard to the quantity of oxygen consumed under these circumstances, compared with that consumed by the respiration of atmospheric air. With a view to elucidate some of these points, the author confined rabbits, guinea-pigs, and sparrows, in glass jars, inverted over water containing oxygen gas, obtained from black oxide of manganese by a red heat. The animals at first appeared to suffer no inconvenience from the respiration of the gas; but after some time (generally in about an hour), their breathing became hurried, and their circulation accelerated. This state of excitement was followed by an opposite one of debility; the respirations became feeble, and were more slowly performed; loss of sensibility and of the power of voluntary motion gradually supervened, till the only remaining visible action was a slight one of the diaphragm, occurring at distant intervals. On opening the body under these circumstances, and also after the entire cessation of the movements of the diaphragm, the breast was found to be still in vigorous action; the blood in every part of the vascular system, both venous and arterial, was of a bright scarlet hue; it was remarkably thin, and rapidly coagulated; and the temperature of the body continued undiminished. If, before the diaphragm has ceased to act, the animal is removed from the vessel to the open air, it generally either recovers spontaneously, or its animation may be restored by artificially inflating the lungs with atmospheric air. The author found that the gas in which animals had thus been confined till they died, retains its power of rekindling a blown-out taper, and of sustaining for a time the life of another animal introduced into it; and he hence deduces the inference that it does not contain so great an excess of carbonic acid as the gas left when animals have perished by confinement in atmospheric air. He considers the train of symptoms induced by the respiration of pure oxygen gas as analogous to those which follow the absorption of certain poisons into the system.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Dr. Burrows on the Terminations of Insanity—Relapses and Recurrences of Insanity—Incurability—Mortality in different Institutions—Prognosis—being Part III. and IV. of his Commentaries on Insanity.

ALTHOUGH we have dedicated several articles in our preceding numbers to the consideration of Dr. Burrows' work, there still remains much important matter in it to occupy our attention.

COMMENTARY I.

Recovery.—Few popular errors have been more prejudicial, either to the interests of science or humanity, than that insanity is commonly incurable, and, consequently, that all remedies are useless. The ancients were not of this opinion, and the experience of the present day shews that it is groundless, and that a large proportion of the insane recover the use of their understanding. Recovery may take place spontaneously, but this rarely occurs in comparison with the number who recover under proper treatment. When the recovery is sudden, we must infer that the functions only of the brain have been deranged—that lesion of the organ itself has not been sustained. " Many causes have tended to encourage the opinion that recovery from mental derangements was a singular occurrence; and none more so than the veil of secrecy which is always endeavoured to be thrown over it. The patient is generally withdrawn from the circle of his acquaintance before his insanity is known: hence it frequently happens that such persons having recovered in a short time, return into society without a suspicion being entertained of the reason of their absence." Hence it is that the most successful examples of the cure of insanity rarely obtain publicity — no *eclat* attends them—the physician by whose skill they are accomplished is never even alluded to—the darker side of the picture only is presented to the public, and, consequently, the impression that insanity is generally incurable is strengthened. Dr. Burrows feels confident that it would be found that, *cæteris paribus*, more persons recover from insanity than from most maladies, if it were possible to obtain an exact comparison of the mortality of other diseases with that of insanity. To form an accurate estimate of the proportion which the recoveries bear to the number afflicted with insanity, and whether the ratio be progressive or retrogressive, Dr. B. collated the registers of different lunatic institutions, at distinct and distant periods, and published in 1820 the result, in the form of a comparative table of cures*. Since the publication of this table in 1820, the accuracy of it has not been questioned. It is given, therefore, in the present volume, and is a very interesting record of the comparative results in the public asylums of this and foreign countries. By contrasting the proportions of cures, a much greater degree of success appears to have attended the curative process in the British than either in the French or German institutions; and judging from the few returns from English private lunatic houses, a still higher proportion of cures obtains in them than in the public asylums. An abstract is given from the register of Dr. Burrows' house, the Clapham Retreat for Lunatics. This very satisfactory document was presented to the Select Committee of the House of Peers in 1828, and must have tended very much to increase the confidence of the public in the management of insane persons in well-regulated private asylums.

In insanity, as well as in all other maladies, the success of our treatment will, of course, depend upon its early application. Unfortunately, however, the approaches of insanity are very generally neglected, and are suffered to proceed till some terrible exacerbation of delirious fury or despondency ensues. " The difference of the result between recent and old cases, and the superior success of early and active medical treatment, is indeed astonishing, and fully confirms the Celsean axiom, *quò vetustior est longus autem, quò recentior eò facilius curatur.*"

Dr. Burrows declares his belief that the utmost success hitherto recorded falls short of that which is attainable. In his former publication† he stated,

* Inquiry, &c. p. 20. † Inquiry, p. 48.

that on the aggregate of all the cases he had had under his care, including patients in a state of fatuity, idiocy, and epilepsy, the proportion of recoveries was 81 in 100; of recent cases, 91 in 100; of old cases, 35 in 100.

Commentary II.

Relapses and Recurrences of Insanity.—Some organs are more disposed than others to take on the diseased action which they have once sustained, and the brain seems peculiarly so disposed. "Many have argued that it is useless attempting the cure of insanity, because relapses are so common, and therefore have declined medical aid. If every *recurrence* of this disease be considered a *relapse*, it will certainly be found to happen very frequently; but if we assign to each phrase its real meaning, and look to what occurs in other diseases, we shall conclude that comparatively a relapse is more rare than has been imagined. A relapse, then, is only when a malady returns from the effect of which a patient has scarcely or very recently recovered." It is worthy of remark, that in no diseases are we more frequently flattered by favourable signs, and find them recede, than in insanity. The danger of relapse will always be governed by circumstances. "If imprudent measures be adopted before convalescence has ripened into sound health, a relapse is almost inevitable. As soon as convalescence commences, the vigilance of the physician and attendants must be redoubled." In fact, the *greatest* caution both in the moral and medical management of insane patients is demanded, just at the period when it is commonly considered that all care may be laid aside. "The first duty is to separate the patient, if in an establishment, from his late associates; but absolute and immediate removal from the situation he is in, whether a private lodging or an asylum, is scarcely ever prudent, however much it may be urged; for the aptitude to relapse is so great, that the very exposure to new scenes and circumstances may prove too agitating or exciting for the brain, enfeebled by a great and long continued conflict, to bear." We are aware that such directions are required rather by the public than by medical practitioners. Nothing is more common than to remove an insane patient from every thing that is adapted to perfect his recovery, upon the slightest appearance of improvement, and even again to subject him to the irritating influence which originally laid the foundation for his malady. Two distressing cases of this sort have recently occurred to us. In each, the physician strongly urged the necessity of the most careful tranquillity, and avoidance of every mental or bodily excitement. The friends of the patients, however, influenced by the improvement which had taken place, insisted upon their return to their domestic circles, and here they were again annoyed by the presence of those of whom the most unjust and fanciful suspicions had been previously entertained. The morbid train of reflection again returned, and a violent and long-continued attack of mania was the consequence of the imprudent step which had been taken. "The instability of the recovery so often deplored, is commonly to be attributed to a too hasty removal, or a too early communication with objects of strong affection or interest."

The danger of a relapse or recurrence is announced by a train of nearly the same corporeal symptoms as preceded the first access of insanity, only perhaps in a less degree. From the result of his investigations, and from his own observation, Dr. Burrows is led to conclude, "that real relapses occur only in the first three months after recovery, and that all cases and re-admissions into asylums after that period are positive recurrences of insanity, from the effect of fresh exciting causes." We are inclined to believe that exceptions to this general axiom not unfrequently occur.

Commentary III.

Incurability.—Under the best possible management, too many cases of insanity pass from an active and curable to a chronic and incurable state of mental derangement, or incapacity. Georget conceives that, in the three terminations of incurable insanity, according to his anatomical researches, the brain is affected by—1. general atony; 2. acute or chronic paralysis; 3. chronic irritation. "It is highly probable that the brain, in every form of fatuity, as in every form of active insanity, is differently affected, or such distinct effects would not be produced." Upon this subject we may observe, that our knowledge is no more than *probable*. No

pathological investigations have yet enabled us to lay down, with any thing like certainty, the precise nature of the cerebral affection which is productive of, or attended by, a given train of symptoms. For instance, nothing is more common than to find, upon dissection, all or several of the appearances in the brain which are usually considered to be the accompaniments of paralytic disease, when the patient never exhibited any symptom of such a malady; and, on the contrary, paralysis in its most perfect form frequently exists without any appreciable lesion existing in the brain. Precisely the same argument will apply to the various species of insanity.

"Incurable lunatics have been thus divided:—1. Lunatics sunk into a complete state of fatuity, so as to be incapable of any intellectual operation, upon which state paralysis is often consequent or combined with 2. Lunatics whose fatuity is less advanced, and whose intellectual powers are still capable of some exercise. 3. Lunatics restored to a certain degree of reason, but whose judgment being deteriorated, can only be trusted to a limited extent. 4. Lunatics whose delirium intermits, and who, during the interval, think and act rationally. 5. Lunatics, the character of whose delirium, whether furious, melancholic, or monomaniac, has continued undiminished and unchanged till death closes their wretched existence."

In some instances those who have been considered incurable recover; but such recoveries must rather be attributed to the spontaneous operations of nature than to the effects of art. It appears that from 1751 to 1826, 5068 out of 14,050 *selected curable* patients, admitted into St. Luke's, had been discharged *uncured*. But let it be remembered, and we hope it may be remedied also, that a regulation exists both in Bethlem and St. Luke's Hospital, by which a patient is discharged after a year's trial. They are then consigned to institutions of an inferior description, where, if they are well treated in other respects, no further attempt is made at recovery. "The number thus allotted to permanent lunacy must be very great, but cannot be ascertained." "Judging from the number who actually recover, both in foreign and British asylums, *after* the first year, we may form some calculation of the number plunged into irremediable insanity by a regulation which expels every patient at the expiration of a year's trial." It is notorious that many pauper lunatics imported from parish workhouses, &c. where, for years, they had been neglected, and treated as dangerous and incurable, have, in the course of the first year's residence in a good asylum, been discharged *well*, and returned to their friends.

Commentary IV.

Mortality. — Many have imagined that insanity is not only not mortal of itself, but that it conduces to longevity. The first part of this proposition, Dr. Burrows is inclined to question; the latter he deems an egregious mistake. But the fact, we believe, is, that such opinions have been entertained only by those who have been pleased to bewilder themselves, as well as those who have confided in their doctrines, by refusing to consider insanity as a corporeal disease. "If insanity imply only a disorder of the ideas, then it may be true that no one ever died of it; but taken with reference, as it should be, to a disorder of the functions of a most important organ—the brain, then I contend that, *per se*, it is a frequent cause of death." Insane persons may be said to die of sheer lunacy when they exhibit no marks of bodily disease; but, in such cases, death may be the simple effect of exhaustion, the patient being worn out by mere mental excitement, raving, and violence. Mania sometimes ends suddenly in death, but it is not near so fatal as melancholia. The knowledge of these facts is very important, for they must convince us that we should be as guarded in our prognosis concerning life as recovery, in many cases of insanity. Much pains has been taken to ascertain the exact proportion of deaths of insane persons to the number of cases. In different institutions the mortality must widely differ, in consequence of their locality, the number of patients, the accommodations, regulations, &c. Dr. Burrows selects for comparison the county pauper lunatic asylums of Lancaster and Wakefield. They are the largest in Great Britain; admit exactly the same classes of patients—viz. the maniacal, melancholic, fatuous, paralytic, epileptic, and idiotic; all of whom may remain

till they recover, are withdrawn, or die. In the Wakefield asylum, since it was opened in 1819, the proportion of deaths to the admissions, in males, is 28 in 100; in females, 19½ in 100. Proportion of deaths, of both sexes, 24 in 100. Lancaster asylum: proportion of deaths to the admissions, in males, 25 in 100; in females, 23 in 100. Proportion of deaths of both sexes, 24½ in 100. In the French hospitals, the mortality of both sexes is 22 in 100. In the Senavra, at Milan, the proportion is as great as 42½ in 100: this institution is, nevertheless, very admirably conducted. The cause of the great mortality is fully explained in the description of patients admitted.

Dr. Burrows holds every insane person, or one liable to a recurrence of insanity, to be a doubly hazardous life. "Even those with an hereditary predisposition are, for the same reason, insecure lives."

PART IV.

Commentary I.

Prognostic.—It is not possible to pronounce when the symptoms of either form of insanity will subside. "The more furious the first paroxysm, the shorter generally, but not always, is the duration of mania; and when a remission of violence is attended by an amelioration of other symptoms, it is a favourable sign; but when the malady has continued several weeks, and the whole system is evidently suffering, we may expect an obstinate attack."

Hydropic depositions in any part, in chronic insanity, denote want of tone, and are always the harbinger of approaching dissolution. There are numerous signs which mark both a favourable and unfavourable prognosis in cases of insanity: the more prominent of them are described in the course of the work, and have been noticed in our previous analysis. Dr. Burrows concludes this Commentary with several judicious rules, which the practitioner will find very useful references upon the momentous and very responsible question of prognosis.

In a succeeding Number we shall terminate our notice of this very valuable work, by an account of the medical and moral treatment of insanity recommended by the author.

MEDICAL GAZETTE.

Saturday, May 16, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

MR. WARBURTON'S BILL.

We have received the following communication from a correspondent, relative to the bill which now occupies so much of the attention of the medical public. Without pledging ourselves to support any of the views which he adopts, we may safely venture to call the attention of our readers to it. In an early Number we shall resume the subject, and state fully *our own opinions*.

To the Editor of the London Medical Gazette.

Sir,

Mr. Warburton's Bill for the Regulation of Anatomical Studies is pregnant with important consequences to the profession in this country; and I shall most anxiously watch its progress through the two Houses of Parliament. Though not professing to have examined it in all its bearings, nor with all the strictness which is desirable, I may nevertheless venture a few criticisms on some of its leading provisions, and suggest such modifications as seem indispensable, ere it pass into a law.

1. It will, doubtless, have been perceived with surprise, that the expected object of the bill—legalizing the dissection of unclaimed bodies—is almost lost sight of in the *unexpected* object of licensing Anatomical Teachers. In the proposed bill, the first of these principles is secured by attaching a heavy penalty to the *receiving* of any body procured by disinterment. This will do the business much more effectually than imprisoning the resurrection man; but in the further consideration of the bill it must be borne in mind, that all pos-

sibility of procuring bodies by any other than the legal mode, is thus prevented.

2. With regard to the second great principle recognized by the bill, I would express my conviction of its propriety. After the display of the enormities of the Burking system, the public have a right to demand, and the government of the country to enforce, a strict surveillance over the Schools of Dissection, and in no way can this object be so well obtained as by compelling every anatomical teacher to take out a license, and to submit his premises to the inspection of visitors. Whether the *mode* of license recommended by the bill be the best that could be framed, is a matter for future consideration. It does seem doubtful whether a board of seven persons, meeting in London, is of all others the best fitted for deciding whether Mr. A B should teach anatomy at Aberdeen. This, however, does not affect the principle of the bill, which meets with my hearty concurrence.

3. I now approach the thorny part of this subject. Parliament having effectually prevented the usual supplies to anatomical teachers, ought, assuredly, to have gone as far as possible in securing to them a better mode of obtaining subjects. All that is done as yet, however, is to *permit* the Governors of Prisons and Hospitals to deliver up unclaimed bodies for dissection. They may refuse to do so altogether, and in this case much inconvenience will be sustained, and the study of anatomy be any thing but encouraged; or they may refuse to do so, except on payment of a sum commensurate to the expense which the hospital may have been put to on account of the deceased; nor do I think this could well be objected to if the bill as now proposed should pass into a law. Yet after all, what is this but legalizing the traffic in human flesh? We might then see realized the witty suggestions of a late journalist: — "Prime lean subjects, 3l. to 4l.; do. dropsical, (fit for showing the absorbents,) 5l. to 6l.; do. not having undergone post-mortem examination, 6l. to 7l." Under the provisions of the present bill, this result can hardly be avoided; or, if it is, a system of *favouritism* is substituted, which will lead to endless bickerings. The unclaimed bodies at Bartholomew's will naturally go to Mr. Stanley, and the Borough Dissecting-rooms will be amply supplied from the dead-houses of St. Thomas's and Guy's.

I see the evil distinctly, but am at a loss how to apply a remedy. Parties licensed under this bill might, perhaps, be allowed to *claim* (as of right) the bodies of friendless persons dying in hospitals; and the taking of money for such bodies might, *perhaps*, be declared a misdemeanor, and punishable accordingly. I do not recommend these suggestions as the result of mature deliberation, but feel sure that something ought to be done to meet the exigencies that, under the existing provisions of the bill, will certainly arise.

4. I beg leave, next, to call the attention of your readers to a circumstance which appears to me well worthy of consideration. If a friendless person dies in a prison or hospital, the bill permits his body to be given up for dissection. But if a man dies out of an hospital, and his friends or relatives are desirous of saving themselves the expense of a funeral, the proposed law does not allow them to do so, unless the deceased, during his lifetime, had executed *in writing* a deed, witnessed by at least two persons, bequeathing his body to the anatomists. Surely, the next of kin might be permitted to give up a body for dissection without this qualifying clause. I have heard of many instances in which this would have been done, had the law permitted it. The certificate which is required, according to Mr. Warburton's act, to be delivered with every body received for dissection, the required notice to overseers, and the occasional inspections of the Commissioners, would prevent any abuse of this privilege.

5. In reading the clauses of the bill, my attention was forcibly drawn to that part which enjoins that the anatomical teacher is, at his own proper cost, to bury each body separately, with the rites of Christian burial, under a penalty, within twenty-one days after the receipt of such body. The inconveniences to which this clause (if enforced) will lead, may easily be imagined. No skeletons can, of course, be made; and, in the confusion of a large dissecting-room, how is the teacher to recognize the arms and legs of individual subjects? Nevertheless, if he omits to register the name, age, and *abode* of the person so dissected and buried, he subjects himself to a penalty not ex-

ceeding 50l.; and the first pupil whom he may have offended in thought, word, or deed, may cite him before two justices of the peace, to take his trial for the offence. And yet this is the bill for the encouragement of anatomical science! I venture to suggest, that no one should be allowed to sue for the penalties and forfeitures to be granted by this act except the Commissioners, in the name of their clerk. A security would thus be afforded that the good intention of parliament would not be twisted to the gratification of private malice, or envy.

6. The next point to which I propose to call the attention of your readers, is the subject of *special licenses*. Under the proposed bill, no surgeon can receive a body into his house, for the purposes of study, except he obtain a special license, for which the Commissioners may, if they please, charge 2l. Nor can he obtain this license at all times, for the licensing Commissioners only hold their sittings four times a year, and two months' notice must be given. These clauses seem to require great modification. The power of receiving a *single* subject for the purposes of private study, might surely be conceded to every acknowledged member of the three corporate bodies. What would be the exact legal construction of the act as now worded, I do not pretend to determine, but am strongly tempted to think that a surgeon without a license, who should receive into his house *part* of a human body (such as a leg, or a brain), for the purposes of anatomical study, or of making a preparation, would in like manner subject himself to the penalty of fifty pounds. If so, some explanatory clause should undoubtedly be added, as the legislature never could contemplate throwing difficulties in the way of morbid anatomy. Examinations post mortem are, indeed, permitted at the place where the person died, but I question very much, under the act as now worded, whether the removal of morbid parts is sanctioned.

7. The only other topic to which I shall advert at present, is the privilege given to *relatives* to prevent the delivering up of bodies who may die in hospitals. I can see the propriety of delivering up bodies to those who will *bonâ fide* undertake to bury them, but question the justice of allowing *relatives* of any degree to put a *veto* upon the delivery of bodies for dissection. That this permission might and ought to be accorded to parents in respect of children, and to children in respect of parents, or of each other, I can understand, even though such relatives are not in circumstances to bury the body at their own expense; but the general extension of this privilege to relatives *in any degree*, seems unnecessary, and calculated to defeat, in a great degree, the principal object of the bill.

I am, Sir,
Your obedient and very
humble servant,
ZETA.

London, May 12, 1829.

KING'S COLLEGE.

The site of this building is finally determined: the edifice will stand on the eastern wing of Somerset-House, with entrances from the quadrangle and from the Strand. To acquire the latter, the committee have already purchased the three houses in that street adjoining to Strand-Lane; and Mr. Smirke is diligently occupied in completing the designs for the accommodation of both the collegians and scholars.—*Annals of Chem. Philos.*

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

CASE OF CONGENITAL OCCLUSION OF THE MEATUS AUDITORIUS EXTERNUS, WHERE NATURE EFFECTED A CURE.

By CHARLES LOUDON, M.D.

IN this case, when the child was three months old, a very small aperture appeared in the spot where the foramen auditorium is usually situated, first on the right side, and in two months afterwards on the left. These apertures became gradually dilated, and it is now two years since the foramina were considered as large as they are naturally.—*Glasg. Jour.*

NERVOUS TOOTH-ACHE LINIMENT*.

Aromatic spirit of ammonia, 2 ounces; gum opium, 1 drachm. Dissolve the opium in the spirit by maceration. The affected tooth, as well as those in the upper and lower maxilla, to be well rubbed with the liniment every two or three hours during the paroxysms.

Or,—

Camphor, 2 drachms, dissolved in spirits of terebinth, 1 ounce; to be applied as the former liniment.

Or,—

Camphor, 1 drachm, dissolved in spirit of wine; rectified æther, 1 ounce; oil of cajeput, 2 drachms. Mix to make a liniment; to be applied as directed above.

TOOTH-ACHE WITH CARIES AND EXPOSURE OF THE NERVE.

Powder of gum arabic, half a drachm; tincture of myrrh; compound tincture of benzoin; of each half an ounce; oil of cinnamon, five drops; wine of opium, three drachms. Mix to make a liniment, to be introduced into the cavity of the affected tooth.

The resinous gums of this composition being separated, form a complete coating to the exposed surface, which protects it in a great degree from the irritation produced by extraneous substances. This liniment should likewise be extensively and freely applied to all the teeth and gums.

RHEUMATIC TOOTH-ACHE UNCONNECTED WITH CARIES.

Powdered leaves of pyrethrum, 1 drachm; mucilage of gum arabic, a sufficient quantity to make a paste. Divide it into twelve portions. Take one into the mouth occasionally, and let it remain till dissolved. To be used in conjunction with the liniment, and an aperient dose with colchicum.

Liniment.—Camphorated spirit of wine, 3 drachms; liquor of ammonia, 10 drops; wine of opium, 1 drachm. Mix to form a liniment, to be rubbed on the outside of the cheek of the affected side three or four times daily.

INFLAMMATORY TOOTH ACHE, WITH CARIES.

Hydrocyanic acid, 1 drop; to be placed in the carious excavation after lancing the gum freely.

* Provincial Medical Gazette.

The following remedy has obtained great repute on the Continent:—

Extract of henbane, 1 drachm; gum opium, half a drachm; extract of belladonna, and camphor, of each 6 grains; oil of cajeput, and tincture of cantharides, of each 8 drops. To be mixed into a paste, with which the decayed tooth is to be filled.

RUSPINI'S TINCTURE.

Florentine iris root, 8 ounces; powdered cloves, 1 ounce; ambergris, 1 scruple; spirits of wine, 2 pints. Macerate for fourteen days, and strain for use.

This application we have used with great relief where the teeth have evinced tenderness on inhaling atmospheric air, or on the application of cold liquids, such as occasionally takes place after the operation of scaling.

CHEVALIER'S UNGUENT FOR CANCER.

Flowers of digitalis, one sixth part; fresh butter, five parts; to be prepared by boiling until the leaves are crisp, and then strain. Mr. Chevalier has found this application very efficacious in diminishing the activity of cancerous ulceration.

CHEVALIER'S UNGUENT FOR ACUTE RHEUMATIC INFLAMMATION.

Extract of belladonna, from an eighth to a fourth; oil of lavender, six drops; lard, two ounces; mix; the parts affected to be rubbed with this ointment *only* until the pain begins to abate, and left upon it afterwards *only* while the pain continues to be present.

SIR HENRY HALFORD'S OINTMENT FOR HÆMORRHOIDS.

Ointment of nitrate of mercury, almond oil, of each equal parts; mix in a porcelain mortar; to be applied to the parts two or three times daily.

SIR GILBERT BLANE'S MIXTURE FOR RED GRAVEL.

Cinnamon water, two ounces; mucilage of gum arabic, two ounces; clarified honey, one ounce and a half; solution of potash, three drachms; wine of opium, forty drops; to which may be occasionally added two drachms of the compound spirit of juniper; take two large spoonsful three times a day in a cup of barley water. Sir G. Blane

has prescribed this, we understand, with great advantage, for a high personage.

SIR WILLIAM KNIGHTON'S PILLS FOR RED GRAVEL.

Dried carbonate of soda, hard soap, of each a drachm; extract of uva ursi, one scruple; mix to make thirty pills; two to be taken three times a day.

VANCE'S (LATE OF HASLAR HOSPITAL) STOMACHIC MIXTURE FOR DYSPEPSIA.

Sulphate of quinine, twelve grains; diluted sulphuric acid, two drachms; tincture of orange peel, one ounce and a half; tincture of hops, half an ounce; mix; a dessert spoonful to be taken in a glass of tepid water half an hour before breakfast and dinner daily. It is an elegant and grateful preparation, and very beneficial when a sense of distention and flatulence is experienced after eating.

DR. MIDDLETON'S (LATE OF SOUTHAMPTON) APERIENT FOR CHILDREN.

Take of senna leaves, one drachm and fifteen grains; manna, one ounce; supertartrate of potash, forty-five grains; boiling water, eight ounces; macerate for two hours, and strain. This mixture in the dose of three or four spoonsful is moderately aperient, and, from its being extremely palatable, it may be conveniently administered to children where there is difficulty in getting them to take medicine that may be somewhat nauseous.

DISINFECTING LIQUOR.

The solution of the chloruret of lime has been very industriously advertised for the purpose of destroying the unpleasant odour arrising from the basins, &c. of water closets and chamber utensils. The following composition has been highly recommended by Dr. Reece as being more *economical* and equally *efficacious* as either the chloruret of lime or soda.

Take of oxymuriate of acid, three ounces; nitric acid, half an ounce; water, a quart. The surface of the utensil should be well washed by means of a brush with the liquor.

PROCEEDINGS OF SOCIETIES.

ROYAL DUBLIN SOCIETY.

Preserving Qualities of Peat.

Feb. 12.—The following letter was read from Ambrose O'Kelley, Esq. of Tycooly House, Castle Blakeney, on the subject of a human body found about seven years since near his residence:—

"Tycooly House, Feb. 10, 1829.

"Sir,

"I trust that the curious nature of the intelligence which I have to communicate will be a sufficient excuse for my troubling you with this letter. A tenant of my father's, about seven years ago, discovered in a bog immediately near this, a human body, which, from the circumstances I shall just relate, I take to be of an extraordinary antiquity, and which affords a remarkable instance of the preserving qualities of peat, as it is as entire and perfect as I believe any Egyptian mummy can possibly be. The poor man cutting turf one day on a bog near his house, found the implement he worked with impeded by some hard substance, which, on examination, he found to be a human limb. Conceiving it must be the remains of some person recently murdered, he immediately ran to acquaint the family; but on the first view it was evident it must have lain there considerably above a century—perhaps many, many centuries. The bog in which it was found is a small detached spot, surrounded by pasture land, and which the oldest men residing near the place say they have always heard had been time immemorial thoroughly drained and used for cutting turf on. I mention this as, coupled with the fact which I myself witnessed, of its being nine or ten feet from the surface, I think it puts its antiquity beyond all possibility of doubt. Though I believe bog grows or swells, it must, under any circumstances, be at a very slow rate: this bog could not have grown for upwards of a century, as it is, and, in the memory of the oldest men in this neighbourhood, always has been, completely intersected with drains. Yet it must have grown many feet since this body was interred; for two oak posts or

poles, somewhat thicker than a man's arm, about six feet long, pointed apparently with a hatchet, and placed, standing obliquely, one at each foot, by way of monument, were overgrown by the bog four feet at least. It was plain that the place must have been formerly a wood, as we could discern the nuts and copse quite perfect in the turf, but of course completely rotten: one of the posts was also rotten, but the other perfectly sound. But the most extraordinary thing of all was his dress, which could not have been in use but in the most savage times of Ireland: it consisted of a cow-hide (I think dressed) formed in the shape of a tunic, with the hair towards the skin, and tied by a band of twisted sally rods round his neck. This hide I have yet; but though, when first taken up, it was perfect, from the dampness of the grave in which he was placed a second time, and where he has now been seven years, it is almost in shreds; however, I think it might be sewed together. He appeared, when stretched at full length, to be of gigantic size; but on being measured, proved about six feet. He is of a robust make, and apparently about 30 years of age; his teeth are all perfect, as are his hair (which is of a dark red colour), his lips, tongue, ears, fingers, &c.; his skin and flesh are perfectly hard and dry, like tanned leather; his beard is quite observable, and seems about a fortnight's growth. It is only a fortnight or three weeks since I had him taken up last: from the damp and mooriness of the place about him, his skin has become dingy and discoloured; the hair, too, is loosened from his *head*, and the features somewhat defaced; but in every other respect he is as before; and even the most fleshy parts, and those which would be expected soonest to waste, are perfectly sound and firm.

"Should the members of the Dublin Society, who take an interest in these matters, and to whom I beg you will mention these particulars, be of opinion that he is worthy a place in their museum, I shall feel happy in giving him for that purpose."

The thanks of the Society were returned to Mr. O'Kelley for the above interesting communication and gift. The latter is to be placed in the museum.

COLICA PICTONUM.

M. Jacobi is physician to a manufactory of white lead at Strasbourg, and has thus had excellent opportunities of becoming acquainted with the different forms of colic arising from lead; and the following cases will illustrate the variations in his practice, adapted to the modifications of the symptoms.

Case I.—*Saturnine Colic with derangement of the Stomach, treated with Tartar Emetic and Supertartrate of Potass.*

A man named Mogling, aged 34, and of good constitution, was attacked with colic in July 1827, the attack having been preceded for ten days by the following symptoms:—Head-ache, general lassitude, loss of appetite, bitter taste in the mouth, bilious covering of the tongue, nausea, constipation, dyspnœa, pains in the loins and joints, particularly the wrists; lastly, a regular colic. During this period several doses of castor oil were administered at the manufactory, after which the affection of the stomach became more severe.

All at once violent pain came on in the belly; the nausea became more constant, and was accompanied by vomiting of greenish matter. The tormina were so severe, that the patient rolled about on his bed; and a handkerchief which he placed between his teeth was soon bitten to pieces. Strong pressure on the belly gave him some relief. The retraction of the abdomen was not constant, but could be excited by placing the hand lightly upon the umbilical region. The pulse was hard, but regular; the tint yellow; the constipation very obstinate, resisting the common purgative clysters. There was neither thirst nor fever, nor redness of the tongue, nor tenderness on pressure in the precordial region. These last circumstances induced M. Jacobi to prescribe tartarized antimony with cream of tartar, with a view of acting on the whole of the alimentary canal. These medicines were followed by abundant vomiting and numerous stools, which gave great relief at the time; but next day the nausea and colic returned with the same severity as before. The same medicines as before were prescribed—six grains of tartar emetic being united to two ounces of cream of tartar, which was taken at two doses, an hour being interposed. The evacuations thus produced relieved the symptoms, and purgative clysters, with opium, emollients, and low diet, completed the cure in two days.

Case II.—*Saturnine Colic with Retention of Urine, treated with Calomel and Opium.*

George Strohl, aged 32, of strong constitution, was seized with saturnine colic in May 1826. He experienced for some time

pains in the loins and joints, nausea, a metallic taste, constipation, and lastly very violent colic. The umbilicus was so much retracted, that the vertebral column could be felt; the pulse was hard, and like a cord. There was retention of urine; the face was pale, and expressive of suffering. An attempt was made to introduce the catheter, but the spasm of the urethra prevented it from entering above three or four inches. Opium and calomel were administered in large doses, namely, one grain of the former, and ten of the latter, every two hours. These medicines having produced some evacuations after the third dose, the retention of urine simultaneously ceased. Although the colic was considerably relieved, the treatment was nevertheless continued until its entire cessation, which took place the following evening.

Case III.—*Saturnine Colic in a pregnant woman, treated by Opium combined with Calomel.*

A woman named Steinbach, aged 28, of good constitution, and two months advanced in pregnancy, after having experienced for some days the premonitory symptoms of saturnine colic, and having taken several doses of castor oil, was affected (June 15, 1827) with violent colic and constipation; the abdomen, a little retracted, was not sensible to pressure; the pulse hard and slow; pain in the mammæ; dyspnœa, and difficult deglutition. This patient was treated with calomel and opium, in the doses and in the manner above described, and was cured by the end of the second day. She had a healthy child at the full period, which is still living.

Case IV.—*Case treated with Opium and Croton Oil.*

Antoine Schime, aged 44, of good constitution, had been ill of painters' colic for two days before he applied for assistance. He had already suffered from an attack the year before. After experiencing for some days constipation, pains in the loins and joints, he was seized with colic 27th August, 1827. On the 29th, when seen by M. Jacobi, the pain forced him to cry out; his voice was interrupted, and his countenance changed. The pulse was hard and slow; the belly retracted, and pressure on the part gave him some relief. He had dyspnœa; the secretion of the kidneys was sometimes regular, at others interrupted. The tongue was natural, and there was neither nausea nor vomiting. Croton oil was given in the dose of a drop, but without producing active purging. In three hours two drops were administered, without better effect. In the evening he had a clyster, to which two drops of the croton oil were added, and this was followed by the evacuation of some hard globular masses. Next day recourse was again had to croton, but it was now united with opium, in which form it speedily produced evacuations, which were assisted by a clyster, into which an equal quantity of the croton oil was introduced. A good night followed, but next day the colic returned; this was removed by three injections, each containing two drops of the oil and a grain of opium, in four ounces of mucilage of gum arabic. The same remedies were repeated next day, after which the colic permanently ceased.

Case V.—*Saturnine Colic treated with Calomel and Opium.—Ptyalism.*

B. Rosenthehl, aged 18, of good constitution, was seized with saturnine colic in August 1826. The pain and retraction of the belly were very great; he had nausea, constipation, and tenesmus. The face was pale, the tongue white, and the patient had the idea of always breathing the vapour of the lead diffused through the manufactory. The pulse was slow and hard, the urine white and scanty, the heat natural. Opium and calomel administered as above every two hours, did not move the bowels till after the seventh dose—that is to say, till the patient had taken seventy-two grains of the former, and seven of the latter. Some stools then followed, and he was relieved; but having refused to continue his medicines, the symptoms returned next evening as bad as before. The remedies were repeated as before, and the colic cured in fourteen hours. Two days after his gums became affected to a slight extent; but this disappeared in a few days, and he had no more colic.

Case VI.—*Colic treated on the Method of M. Ranque.*

George Stahl, aged 39, of a feeble constitution, was seized for the second time with saturnine colic, May 8th, 1828. During several weeks his bowels had been rather confined, in spite of some castor oil. In proportion as the constipation increased, the patient suffered from more severe pains in the regions of the loins and in the upper and lower extremities. At last the colic made its appearance on the day above-mentioned, and was accompanied by a sense of constriction in the course of the great intestine. There was occasional nausea, with vomiting; the tongue was moist and yellowish, the mouth clammy, the pulse hard and regular, the belly of its natural size, the urine occasionally voided with difficulty. The patient complained of difficulty of swallowing. He had some thirst, but no fever. The abdo-

men was sensible to pressure. An epithem was applied to the abdomen, consisting of

Diachylon
Treacle, aa. ℥ss.
Plaister of hemlock.
Powdered Camphor, ʒi.
Sulphur in powder, ʒss.

Make an amalgam by heating over a very gentle fire, and spread upon a piece of linen the size of the abdomen, and sprinkle the surface with a powder consisting of camphor and tartar emetic, of each ʒiss.; sulphur, ʒss.

The epithem ought to be removed from the abdomen as soon as pustules begin to form, and it ought to be replaced by another, if the pains be not removed in two days. The epithem on the loins may be left five or six days. M. Ranque employs at the same time, a liniment composed of sulphuric æther, extract of belladonna, cherry-laurel water, rubbed upon different parts—chiefly the legs and thighs. He also administers clysters, containing ætherial tincture of belladonna.

In the above case, M. Jacobi gave two grains of opium daily, and some purgative clysters.

Case VII.—*Saturnine Colic, with Paralysis of the Limbs, treated with Calomel and Opium.*

—— Schworen, aged 47, of sanguine temperament, experienced in the summer of 1827, during several weeks, pain in the back, loins, and joints of the limbs. After a time, a feeling of weakness and weight was added to the pain, and at length incomplete palsy took place. Fifteen days after, symptoms of saturnine colic came on. The patient was put on the use of calomel and opium, which dissipated the colic on the third day, but the weakness of the limbs continued. It was treated by means of a tepid bath and purgatives every day, and in twelve days entirely disappeared.

Case VIII.—*Femoro-Popliteal Neuralgia from Lead, cured by Calomel and Opium.*

—— Dillard, aged 48, of good constitution, was seized with saturnine colic in Oct. 1826. In August, 1827, he again had some threatenings of the same complaint, but they disappeared after some days, and were succeeded by very acute pain extending from the sacrum to the foot, following the peroneal edge of the leg. This pain had but slight remissions; it was more severe at night than during the day, and was aggravated by movement. The affected limb had a tetanic rigidity; the pulse was slow and hard: the alvine evacuations, which had at first been suppressed, returned after the pain of the limbs came on. Before having recourse to medical aid, the patient had, by the advice of various persons, applied cupping and leeches to the seat of the pain, frictions with oil of turpentine, and a blister. M. Jacobi ordered calomel and opium, in the doses above-mentioned, every two hours, and the symptoms of neuralgia ceased on the second day. The patient had a numbness of the leg and foot for eight days after.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Fractures of bones extending into joints are accidents certainly of a formidable kind, from the severe constitutional disturbance which is frequently established, and the pain, stiffness, and anchylosis occasionally produced; yet sometimes simple fractures of this description do extremely well. Three successful instances have recently occurred of fracture into the knee joint, all of which were in elderly persons.

James Glover, ætat. 50, admitted February 23, under the care of Mr. Hawkins, having fallen from a ladder upon the knee, by which the tibia had been fractured; about half the head of the bone on the fore part having been broken off obliquely, the lower margin of the fracture being about three inches down the bone, the outer edge being just at the joint of the fibula, and the inner edge probably extending under the tendons of the sartorius and gracilis, though its extent could scarcely be distinguished in consequence of swelling.

The separated portion of the bone was drawn up by the extensor muscles, in such a position, when Mr. Hawkins first saw it, as to rest on the outer condyle, the femur having sunk backwards, so as to give the joint an appearance of dislocation. The synovial membrane was much swelled with fluid, and painful, and tender. The limb was placed on an inclined plane, which raised the foot, and consequently relaxed the muscles acting on the broken portion of bone. A pad was placed in the ham, which raised the femur to a proper level, and splints were applied at the sides, leaving the joint free from bandage. An opiate was administered, and cold lotion applied, after twenty leeches had been used. In the evening twelve more leeches were applied.

24.—Some fever, and the joint quite as much swollen, though not more painful.

℞ Hydr. Submur. Pulv. Antim. aa. gr. iv. Extr. Coloc. Comp. gr. x. ℳ ft. pil. iv. h.s.

℞ Haust. Salin. c. Liq. Ant. Tart. ℳ xx. 6tis horis.

25.—Swelling rather less. Hirud. viii.

The inflammation subsided from this date, and he had no further constitutional derangement.

March 14.—Soap straps applied, and passive motion employed every day.

April 1.—Union seemed to have been perfectly effected; and he possessed complete power over the joint, no stiffness remaining. He remained in the hospital, however, some time, in consequence of a slough upon the heel.

John Larkin, ætat. 64, admitted March 22, under Mr. Hawkins, with an oblique fracture of the head of the tibia, somewhat similar to the last, but without much displacement. The limb was placed in a junk, and cold lotion applied.

23.—Considerable swelling of the joint from effusion into the synovial membrane, with pain, but no fever. Hirud. x.

24.—Hirud. xi.

25.—Less swelling and tension of the knee joint; but the leg and ankle are much swelled from œdema, accompanied with a good deal of pain, but still no constitutional disturbance; and this œdematous swelling subsided in a few days, without the use of medicines. The union then proceeded undisturbed. In three weeks' time from the receipt of the injury, the limb was enveloped in soap plaister, and passive motion was employed, as in the former case; and he was able to use the joint as perfectly, and in almost as short a time, as could have been expected in a younger man.

Ann Woodward, aged 47, admitted April 20, under the care of Mr. Hawkins, having had her knee crushed by a heavy barrel from a water-cart falling on it. There was a comminuted fracture of the tibia into the knee joint, and a fracture of the femur between the condyles, the patella having escaped uninjured; a small wound of the skin, three inches above the patella, from which some bleeding had occurred, and the skin around was bruised and grazed slightly; a great quantity of blood extravasated beneath the fascia of the thigh, so as to form a fluctuating tumor, reaching from the wound in the thigh nearly to the ilium. On her admission the pulse was small and feeble, and the skin cold.

She seemed to be of a feeble constitution, looking nearly ten years older than her real age.

The limb was placed on an inclined plane, which kept the knee straight, and raised the foot higher than the upper part of the leg, which was the most comfortable position in which it could be placed, probably by diminishing the action of the extensor muscles upon the upper part of the tibia, which had been broken into so many portions at the insertion of the ligament of the patella.

Cold lotion was used, and some laudanum administered the first night.

23.—She has had scarcely any irritation from such a complicated accident; she has not the least anxiety of countenance, and feels herself better. The pulse a little quicker than yesterday. She slept last night without any laudanum. The outer part of the thigh, beneath the extravasated blood, rather red, but not tender.

℞ Haust. Salin. ℥iss. Tr. Opii ♏ iii. 6tis horis.

℞ Ol. Ricin. ℥iss. primo mane sumend.

24.—She has passed a good night, and the pulse is quiet; she has no pain in the knee or thigh, but there is much soreness when the thigh is touched. A small slough is forming in the skin round the wound, from which a thin watery fluid escapes, mixed with globules of air; and the skin round the wound has more appearance of ecchymosis. The middle and upper part of the thigh is not discoloured, in consequence of the depth at which the blood is confined beneath the fascia. A large solid tumor is felt on the outside of the thigh, near the trochanter, from the partial coagulation of the blood.

25.—She was very restless in the early part of the night; but since then has not suffered much pain, except on the outside of the thigh, where a portion of skin of some size, which had been bruised, is going to slough: pulse 116, weak; skin slightly yellow. The wound was now enlarged, and a considerable quantity of brown fluid evacuated, mixed with oil and coagulated blood. She was put on a more generous diet: four oz. of wine were allowed, and a little tincture of bark with laudanum given, and a more powerful opiate at night; and a poultice was now applied to the thigh.

27.—The opening was enlarged, so as to make it full eight inches long; and another incision was made in the back part of the thigh, through the skin and fascia, so as to allow of more ready discharge of the blood, and the sloughs of fascia and cellular membrane which have formed. The skin is red and inflamed, and crepitates on pressure; but the sloughing of the skin is confined to the bruised parts. The countenance is, to-day, rather more yellow, and the tongue furred; but the pulse is rather stronger. The wine was increased to half a pint daily.

28.—The sloughs separating, and the appearance of the discharge improved, and she does not suffer from pain; the tongue less furred, and moist, and the skin less yellow; the pulse, also, is improved.

Ordered a pint of porter in addition to her wine.

30.—Health much improved, the sloughs nearly separated, and the surface of the vastus externus, and rectus, which are exposed, is getting more healthy. Dressed with Tinct. Benz. c. Ordered the following draught instead of her tincture of bark:—

℞ Haust. Cinch. ℥iss.
Conf. Aromat. ℈j.
Tr. Cinchonæ ʒj. ℿ ter. die sumend.

May 5.--Going on well. The poultices have been omitted for the last three days, and the wound dressed with Bates's camphorated wash, and some pressure made on the thigh with soap straps and the tailed bandage. Tongue quite clean and moist; pulse good; she sleeps well, and enjoys her food. The wine and porter continued with her bark.

The little irritation which was excited in this case, from the numerous fragments into which the tibia and femur were broken; the extensive separation of the skin and fascia from the muscles; the sloughing of the cellular texture; and the large wounds in the thigh, was very remarkable, and illustrates the power which the constitution is occasionally able to exert, contrary to all expectation. On her admission, discussion arose as to the propriety of amputating the limb; but Mr. Hawkins supposed, that, from her debilitated constitution, and the extensive cavity containing extravasated blood, there would be much difficulty in saving her after amputation; and consequently that, balancing the chance of irritation from the fracture, with probable suppuration in the thigh, against the shock of a severe operation, and the certainty of a large suppurating wound, she would have at least as good a chance if the operation was not performed; the wound in the thigh being the result of direct injury, and not of protrusion of bone, making the case very different from a compound fracture, as the ends of the bone would probably still be surrounded by the extensor muscles uninjured: a fortunate determination for the patient certainly, as there is every probability of her now recovering and possessing a useful limb, even if anchylosis occurs, which is probable, from the comminuted state of the bone; though there has been so little inflammation in the joint itself that it is not impossible that some degree of motion may remain.

ST. THOMAS'S HOSPITAL.

Fracture of the Cranium.—Laceration of the Brain.

Injuries of the contents of the cranium are so interesting, from the difficulty of their diagnosis, and the important results which may follow them, that no apology is necessary for frequently recurring to them.

The following exhibits the phenomena of an irrecoverable injury done to the cranium, which is not immediately fatal.

A man, aged about 60, was brought to the hospital at 10 A.M. April 23d. He had been found the night before lying on the ground in a state of insensibility; and on the supposition of his being drunk, was carried into the watchouse, where he lay unnoticed until the morning. The constable of the night having then discovered that his insensibility still continued, and that a quantity of blood had flowed from his left ear and nose, began to suspect that he was labouring under something more than the effects of drunkenness, and therefore brought him to the hospital.

It was afterwards ascertained that he had been drinking during the whole of the previous day; and that in the evening, having been very riotous in a public house, he had been forcibly ejected, and in the scuffle had either fallen or been thrown backwards.

His state, when he was first seen at the hospital, was very curious, and cannot be understood without a particular description. It very much resembled that produced by intoxicating liquors, or by a powerful narcotic. He was able to stand, and even to walk if supported, for he walked from the watch-house to the hospital. But he appeared to obey the external impulse, which ever way it led him, mechanically, and did not appear to be at all conscious where he was; nor did he seem to understand questions addressed to him, answering "yes" to them all. If allowed to remain at rest for a few minutes, he relapsed into a state of complete stupor, and then he did not appear to feel when his extremities were pinched. The eyes were half open; the pupils much contracted; the face pale; and the extremities cold. The pulse was about 90, soft, and labouring. He had vomited several times in the night. After he had been placed in bed he became almost completely comatose, no external impression appearing to produce any sensation; his pulse also intermitted about once in every seven beats; and his breathing, which had before been sonorous, now became very loud. It was not, however, stertorous breathing, arising from relaxation of the velum pendulum palati, but plainly depended on a peculiar action, or perhaps want of action, in the succinator muscles, which caused the cheeks at each expiration to swell out like those of a person blowing a trumpet; while during the inspiration they were drawn deeply in. At the same time the lips were pressed together, so that the air passed through the nose; and the sound thus produced was very like that made in breathing by a person who is swimming, with the lips sometimes above and sometimes below water.

The man's head was shaved, and carefully examined for some indication of fracture of the cranium, which there was strong reason to suspect, as blood, or rather a clear serum tinged with blood, continued to flow from the left ear. There was puffiness over

the left half of the occiput; and at a point about half way between the mastoid process, and the tubercle of the occiput, was a part more elevated than the rest of the scalp, and, where pressure being made, the patient exhibited signs of great uneasiness. No inequality, or depression of the cranium, could be felt. As the surface was still cold, hot bottles were applied to the feet, and some warm milk was given.

Mr. Green saw him at 3 P.M. The pulse was then smaller and harder than when he was admitted, in number it was about the same, and it still intermitted, although in the interval between admission and Mr. Green's visit it had been once or twice quite regular. The surface had become warm; and sensibility to external impressions applied to the sense of touch had returned completely; as, on being pinched in any part of the surface, he gave as strong signs of feeling pain as a man in health would. There appeared to be rather more consciousness; but he could give no account of his feelings, and answered only "yes" or "no" to every question. The breathing was more natural; but the puffing out of the left cheek still continued; while the right side of the mouth was drawn in, and upwards. Mr. Green ordered—

Hyd. Submur. gr. v. M. s. c. V. S.

Eighteen ounces of blood were taken away, with the effect of lowering the pulse, but without at all lessening the stupor.

He became a little more sensible during the afternoon, and moaned much, as if in pain; frequently saying, though very inarticulately, "Oh! my brain." The bowels were well opened; there was no more vomiting. The pulse again became hard; and during the night it was small, hard, 80 in the minute, and intermitting about every six beats. He was very uneasy, and appeared to be in great pain.

24th, 9 A.M.—Very little increase of consciousness; apparently in pain. Very unwilling to be disturbed, and especially to be uncovered, pulling up the clothes when they are removed from his neck and shoulders, and turning his face to the wall. He appears to be quite unable to understand questions which are put to him, and it is doubtful whether he hears them. Pulse intermitting, small, and hard. Pupils contracted; surface warm; tongue furred.

V. S. ad ℥xij.

1 P.M.—Pulse weaker, still intermitting, and bowels have not acted to-day.

Pulv. Scammon. c. Hyd. gr. xv.

10 P.M.—Rather more sensible.

25th.—Decidedly more sensible. Is able to give some account of his feelings. Complains of pain in the head, and thinks that it is all over with him. Pulse intermits as before. In the afternoon he became more comatose; had three paroxysms of convulsions of the whole body, and in the third of these he died, at 11 P.M.

Examination.—There was extensive extravasation under the tendon of the occipito frontalis. A fracture commencing in the posterior superior angle of the right parietal bone, ran some distance in the course of the left half of the lumbdoidal suture, and then turning forwards passed just above the fossa which contains the left lateral sinus into the mastoid portion of the temporal bone; it then entered the petrous portion of that bone, through the body of which it ran obliquely inwards, so as to pass through the labyrinth, and terminated near the carotid canal. On the right hemisphere of the cerebrum there was very extensive extravasation of blood under the arachnoid. At the posterior part of the left hemisphere, there was a mass of coagulated blood, and the arachnoid and pia mater appeared to be torn. This was immediately under the fracture. The base of the brain presented the most extensive injury, and that which probably caused the patient's death. The inferior surface of the middle and posterior left lobes of the cerebrum were very deeply lacerated, and several ounces of coagulated blood were found lying between the cerebral mass and the cranium. No further examination of the body was made, the above being quite enough to account for the symptoms.

Dislocation of the Femur into the Ischiatic Notch—reduced on the 23d day.

A dislocation of this description was admitted on May 3, having occurred 22 days previously. On the following day Mr. Tyrrell proceeded to reduce by means of the pullies, and a towel passed under the upper part of the limb, while the pelvis was fixed by a belt attached to a staple in the wall. These were not employed precisely in the way in which they have usually been used here, for the extension, instead of being made in a line, passing across the lower part of the sound thigh, was made almost at right angles with the body, so as to draw the limb across the upper part of the uninjured thigh. The reduction was very difficult, extension being made ineffectually more than an hour; and it was not until Mr. Tyrrell placed his foot on the crista ilii, and, with a towel passed over his shoulders (extension being still continued), forcibly raised the head of the bone towards the acetabulum, that reduction was complete. The patient has since done very well.

In this reduction the apparatus invented by Mr. S. W. Mousley, and described at page 538, for affixing the straps to which the pullies are attached, was employed for the

first time, and it fully answered the expectations which had been formed respecting it, not having slipped in the least; while every other contrivance which we have seen employed has given way during the extension. It appeared, however, to want a nut placed on the end of the screw, and which it would be advisable for any person procuring it to have attached to it. G.

GLASGOW ROYAL INFIRMARY.

Catarrho-Rheumatic Iritis.

I.—George Dawson, aged 21, was admitted by Mr. Cowan on the 18th of Feb. Right eye is much inflamed. The redness is chiefly of a pink colour, and most marked around the cornea and the vessels proceeding in straight lines to the edge of this membrane. Several of the reticular vessels of the conjunctiva are loaded with blood, and they partly obscure the pink coloured straight vessels which run beneath them. Vision is very dim; the pupil hazy, contracted, slightly angular, and its motions sluggish. The iris is of a greenish colour, and the dark coloured border of the pupillus minor seems enlarged. Has constant circumorbital pain, so much aggravated at night as to disturb sleep. Has also a slight feeling of sand in the eyes, and considerable intolerance of light, with epiphora. Appetite impaired; tongue white; bowels open; pulse 84.

Fourteen days ago was affected with slight dimness of vision, followed by present symptoms. For last five weeks has had slight rheumatic pains in elbows. Present affection of eye came on two days after exposure to cold. Previous treatment, 5 leeches, and cold bread and water poultices.

Had twelve leeches to right temple. Solution of Salts with Tartar Emetic. Belladonna around the eyebrow.

19th.—Much relieved by leeching; vomiting from salts, &c. Conjunctival redness much diminished. Pupil not dilated by the belladonna.

To take daily three pills, each containing gr. j. of Calomel, with one-third of a grain of Opium. A blister to the nape of the neck.

20th.—Leeches repeated.

21st.—Rheumatic pain in knee. Right eye improves. Left eye is slightly inflamed. Pain in temple is nearly gone.

22d.—Pupil now beginning to dilate under belladonna, but still irregular. Mouth affected by calomel. Has diarrhœa.

To have gr. xij. of Dover's Powder, and to take the pills only twice a-day.

27th.—Both eyes are well, the inflammatory symptoms being entirely gone, and vision natural. The pupil of right eye dilates by belladonna nearly as much as that of the other.

II.—Jonas Cherry, weaver, æt. 20, admitted March 21st, under the care of Mr. Cowan. The vessels of left eye-ball are partly reticular, but chiefly run in straight lines towards the cornea, around the edge of which they are distributed like a zone. The cornea is hazy, the iris of a greenish colour, and the pupil irregular. Has pain around the orbit and in the eye, and a feeling of sand in the eye, with intolerance of light. Vision dim; sleeps ill; pulse 86; no thirst. Attributes his complaint to cold twelve days ago, when vision of eye became dim, and soon afterwards the inflammatory symptoms commenced.

Twelve leeches to left temple, and an active dose of Salts and Tartar Emetic. Belladonna over eyebrow. He had a grain of Calomel, with half a grain of Opium, three times a-day, and a blister to the nape of the neck.

The calomel and opium, and the antiphlogistic treatment, were persevered in till the 2d of April, with occasional alleviation, but without decided improvement; the inflammatory symptoms constantly recurring, and a slight effusion of lymph having taken place into the anterior chamber. On the 2d of April it is reported that the pain has increased for the last two days, commencing about six in the evening and preventing sleep. He was ordered gr. vi. of the sulphate of Quina, in two doses, and the mercury was omitted. This appears to have afforded immediate relief, for, on the 3d, it was entered that the pain did not recur till 2 this morning, and remitted at the usual time, 8 A.M. Eye less inflamed and vision more distinct.

Sumat tertia quaque horâ Sulph. Quinæ, gr. ij.

On the 4th, the pain not having recurred, the quina was omitted, and the belladonna alone continued; and in a week he was nearly quite well.

Compound Fractures—Amputation.

I.—Agnes Grant, æt. 22, was admitted by Dr. John Couper on the 28th of Feb. A few hours previously her left hand had been crushed between two wooden rollers, where it had remained five minutes before the machinery could be stopped in order to extricate her hand. The integuments were extensively lacerated, the tendons of the flexors being exposed, and several of the bones fractured. Amputation was immediately performed at the wrist joint, a flap being taken from the palm.

This operation has not been before performed here, at least not for many years. The stump was a remarkably neat one, and healed easily by the first intention.

II.—James Colquhoun, a healthy-looking tradesman, aged about 50, was admitted on the morning of March 23, having met with

the following accident:—While employed about machinery driven by steam, he accidentally fell forwards, and his left arm became entangled in a wheel. Immediately above the wrist joint, the integuments and muscles were extensively lacerated, the radial and ulnar arteries torn across, both bones of the fore-arm shattered into a number of fragments, and the wrist-joint completely laid open. The hand felt quite cold—no considerable bleeding had taken place. The first phalanges of three fingers of the right hand were also fractured, two of them comminuted. The integuments were much lacerated, and the back of the hand a good deal bruised. He complained of cold; the pulse was intermitting

An hour and a half after admission, Dr. Couper amputated the left arm, a little below the elbow, by the circular incision. The first and third fingers were amputated at the same time.

On the 28th the stumps were dressed for the first time. They all looked well, and appeared to have nearly united.

On the 1st of April the stump of the arm looked sloughy. Sulphate of quina and wine were ordered.

The following day the whole portion of integuments which had been dissected back, in order to form the flap, sloughed away, leaving healthy granulations.

The hand did well from the first, and both are now nearly whole. He has all along enjoyed excellent health in every other respect, and is remarkable for his contented temper of mind, which doubtless has had some influence in facilitating the cure.

HOTEL DIEU.

Hernia of the Lungs from tight stays.

A GIRL, sixteen years of age, who had menstruated regularly, lately presented herself to Mr. Breschet, at the Hôtel Dieu, requesting his advice with regard to a tumor in the region of the neck. This tumor, the dimensions of which varied, equalled when at its maximum the size of the fist. It occupied the right side of the neck; extending from the clavicle, behind which it arose as high as the thyroid cartilage; it was larger beneath than above; the skin which covered it was unchanged. On examination of the tumor it was found to be of soft consistence and elastic; it disappeared entirely when pressed from above downwards, and without inwards; it reappeared when the pressure was removed. It was also found on inquiry that it became particulary prominent when the young woman wore *tight stays*. It was perfectly indolent, and no beating was felt in it. What was the nature of the tumor? The limbs of the thyroid gland were perfectly distinct; it had neither the character of a phlegmon nor of an abscess, nor of an aneurism. The stethoscope became of much assistance in this case, for on applying the instrument to the tumor the respiratory murmur was distinctly heard. No doubt therefore existed of its being formed by the upper part of the lungs forced out of the cavity of the chest. What is to be considered as the cause of this pulmonary hernia? Doubtless it depended on the habit which this patient participated with many young persons of wearing very tight stays, which prevent the lungs from dilating, except at the upper part.

M. Breschet directed the girl to leave off wearing stays, and intended to apply pressure over the tumor.—*La Clinique.*

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

Muscæ Volitantes.

MR. GUTHRIE said muscæ volitantes were of two kinds; one, unaccompanied by defective vision, the other attended by very impaired sight. The first kind were very common. The patient complains "of a variety of appearances moving before the eye, such as small threads or filaments, assuming the form of worms, zigzags, or spots of greater or less dimensions, but generally small; little globules or webs, or luminous spots sometimes surrounded by a halo, which always move before the eye, and are never fixed.

"These are most readily seen on raising the eye quickly from the ground towards the sky, when they appear to ascend whilst the eye is in motion, and to descend on its becoming fixed steadily upwards, as if they had been disturbed from, and were returning to their original situation below the axis of vision. Of the different kinds of muscæ volitantes, the filamentous particles, turning and twisting in various directions, are the most common; two or three of which are generally more conspicuous than the rest, although accompanied by an infinity of others less distinguishable, intermingled with small globules, which fall like a fine mist when the eye has been gently raised and fixed on a white wall, or on the sky on a clear day. The filamentous particles, being apparently the lightest, descend the last, assuming the appearance of twisted semi-transparent tubes, or worms, spotted in different places.

"In the evening, or by candle-light, these spots are scarcely to be observed; they are not very perceptible in a room which is rather dark; are but imperfectly seen when looking at the flame

of a candle, and but feebly marked when the eyes are raised to the sky, with the lids shut, on a fine clear day. They appear much more brilliant on a clear or bright day, when the lids are half closed; they are also very distinct on a misty day, or when attention is paid to them in light reflected from water or snow. These spots always appear to sink below the axis of vision by their own weight, when the eye is simply turned upwards; and this opinion seems to obtain great support from their falling and collecting, as it were, into a focus in the axis of vision, when this point is made the most dependent by bending the head forward and looking on a white sandy soil. In this way the patient can readily examine them; or by lying down in the open air and looking at the sky, with the head and eyes turned back, they will be found to ascend and lodge themselves in what is the upper, but, in that position, the most dependent part of the eye. The principal diagnostic mark of these appearances is their mobility, which distinguishes them in a very decided manner from the fixed spots often perceived in the eye, and which depend on opacity of the lens, or a defective state of the retina.

"Muscæ volitantes are incurable; seldom pass a certain point; and when the patient is assured of their not proceeding further, appear to be lost sight of, and to give no inconvenience, unless when the attention is directed to them. They are very rarely followed by cataract or amaurosis, and it is a great consolation to the patient to be assured that they are not dangerous."

Of the second kind Mr. Guthrie said, a well-marked case had been related in the March number of the Medico-Chirurgical Review, as extracted from the Revue Médicale. "The patient complained of defective sight, and on examining the eye a number of small bodies were perceived floating about in the posterior chamber of the eye, glittering with a kind of phosphoric brilliancy." He had seen two cases of the kind—one of a poor man at the hospital, some years ago, who came but once. The sight was very defective, and on dilating the pupil with the belladonna, a number of shining spots were seen floating about, as the eye moved, evidently deeply seated in the vitreous humor, yet connected with each other. The second case is that of a distinguished General Officer, in whose right eye, for three years past, a similar appearance was observable, until the last few months, when cataract supervened. He has had very defective sight with that eye for years, so as only to be able to distinguish a person without ascertaining his features at the usual distance at which he distinctly recognized him with the other. On dilating the pupil, a fine membrane or web was seen floating deep in the posterior part of the eye, rising or falling with its motion. The whole of the web could be distinguished, looking like a fine veil, spotted in places with shining spots, and which did not alter their appearance in whatever light they were examined. In describing them to the patient, Mr. Guthrie said, he had compared them to the stars in the American flag, when floating in the wind. The supervention of cataract has prevented their being seen, whilst it distinctly marks their situation, and has induced him to form an unfavourable prognosis, indeed to decline recommending an operation on that eye. The patient, however, Mr. Guthrie said, had received a more favourable opinion on this point, and if he submitted to an operation, as he was recommended to do, he would not fail to make known the result, in order that a correct opinion might be formed in these cases for the future. The distinction between the two kinds of disease he considered to be, that in the first, the liquor Mergagni was its seat; in the second, the hyaloid membrane lining the septa of the vitreous humor was detached and floating in it.

Medico-Chirurgical Review.

ERRATA.

Page 733, line 5, *for* "olicranalis," *read* "olecranalis;" line 8, *for* "olicranon," *read* "olecranon;" line 23, *for* "tires," *read* "teres," line 29, *for* "right condyle," *read* "external condyle."

If Mr. Gulliver, in whose communication the above errors occurred, had cast his eye upon the notice at the end of our last Number, he would not, we are sure, have complained of their being "most *pertinaciously printed.*"

NOTICE.

Correspondents, and Books received, in our next.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MAY 23, 1829.

ON THE

STRUCTURE AND PATHOLOGY OF THE OVARIA, WITH THE TREATMENT OF THEIR DISEASES.

Being the Substance of the Gulstonian Lectures, delivered before the College of Physicians, May 1829.

By Edward Seymour, M D.
Physician to St. George's Hospital.

[Continued from page 768.]

LECTURE II.

Having in a preceding lecture sketched out the structure, and endeavoured to describe the functions of the ovaria, we shall proceed to-day to consider the diseases of this organ. These may be divided into three kinds—

1. Those which arise from inflammation of the structures of which the ovarium is composed.

2. Those which arise from foreign growths or additions of new structure formed by disease, and these will include true schirrus and fungoid growths, some of the latter of which, from their progress being very rapid and so fatal as scarcely to admit of palliation by treatment, have received the appellation of malignant growths.

3. Those deviations from natural structure which arise from perverted conception, and those which are probably congenital.

The ovaria, like every part of the body, are liable to inflammation. When the uterus has become inflamed after difficult parturition, or on the application of causes arising from profligacy of life, the ovaria are not excluded from participation in the general evil. It does not appear, however, that inflammation of the peritoneal covering takes place without general inflammation of that portion of the membrane which covers the fundus of the uterus; and if it does, is not discoverable by any known or definite symptoms—no particular sensibility is increased—no particular sympathy, with distant parts, excited; nor can the remedies, therefore, be distinct from those which apply to inflammation of the uterus generally.

Inflammation of an acute form attacks the substance of the ovarium, which has been found in a state of suppuration after acute inflammation of the womb and its appendages, in women who have died in child-bed. This likewise does not appear to be marked by any peculiar symptom: the suppuration in such cases has been of the diffuse kind.

The substance of the ovarium is likewise subject to inflammation of a chronic form, which may certainly exist independently of inflammation of the substance of the uterus or its coverings. Abscess of the ovarium does, indeed, appear to be a rare disease, but it nevertheless occurs; and, indeed, in reasoning on the subject, it would not be easy to see why inflammation should not take place, and its result, suppuration, be found in the close cellular texture of this organ.

The following case of this disease will best describe the symptoms and progress of it, and illustrate the post-mortem appearances:—

A young woman, aged 17, of the lowest and most unfortunate class of females, was a patient of Guy's Hospital, under the care of Dr. Bright, in the autumn of 1823.

She was greatly emaciated, had a very quick and feeble pulse, a shining red tongue, and constant watchfulness.

She complained of constant and irrepressible diarrhœa, and for many successive days vomited both food and medicine. The catamenia were absent. The case made a considerable impression on my mind, from the extreme emaciation and colliquative diarrhœa without any evident symptoms of internal local disease. After having been in the hospital about two months, she suddenly complained of most acute pain over the abdomen, and in a few hours expired.

On opening the body, death appeared to have been produced by the effusion of a large quantity of pus into the abdomen, which escaped from an abscess in the right ovarium; which abscess appeared to arise from suppuration in the substance of the viscus, similar in every respect to phlegmonous abscess in any part of the body, and not connected with any cyst or alteration of structure otherwise than the result of inflammation.

Inflammation of the substance of the ovarium terminates likewise, as in other viscera of the body, by thickening and enlargement of the part. Such cases, after the commencement of the disease, will often remain stationary, and without any inconvenience, for many years. Of this kind of disease the following is an example:—

A lady, now about 50 years of age, was confined in India 25 years ago with her second child, and soon after delivery was attacked with inflammation of the womb. After her recovery from this severe illness, a tumor was perceived in the left iliac region, which, from its pressure on neighbouring parts, occasionally produced much pain. The patient came to England, and consulted several medical men of the first eminence. The inconvenience arising from pressure and tenderness in the part was relieved by repeated applications of leeches, fomentations, and laxatives; and mercurial plaisters were applied in succession over the tumor for several months.

At the present time the tumor is about the size of an orange, perfectly unyielding, may be grasped by the hand through the integuments, and falls over to the side on which the patient lies; occasionally, on rapid motion or fatigue, a dragging sensation is perceived, extending low into the hypogastric region, and to this succeeds great irritability of the bowels, without any constitutional affection. All these symptoms entirely subside by rest. This lady, however, never conceived again; but has enjoyed excellent health for more than twenty years.

Whether the Graafian vesicles are ever affected by inflammation, except when in common with the substance of the ovarium, it would be impossible to determine except by long-continued and very accurate examination after death. We meet, indeed, in authors, with accounts of the ovarium which has been inflamed having purulent matter of a healthy character contained in cysts; but no allusion is made to whether this arises from inflammation or suppuration of the vesicles, or is circumscribed abscess in the cellular structure. It is still more difficult to ascertain whether inflammation attacks the corpora lutea: these parts are very vascular. We have seen that they form in some cases after rupture of the vesicle independent of impregnation, and that such rupture is occasioned by excited feelings connected with the generative system; hence it is reasonable to expect that any morbid affection of the ovaria dependant on such excited feelings would have its seat in the corpora lutea. But authors who have hitherto written on this subject have been contented to describe vaguely the appearances, without reference to peculiarity of structure; and in the numerous cases on record in which the ovaria were altered in structure, in conjunction with the terrible disease termed furor uterinus, no further information is to be gained than that purulent matter or puriform fluid was found on cutting into the ovarium.

The fluid which constitutes the ovum appears to be liable to disease when unimpregnated. The following appears to me to be an example:—

A woman, æt. 31 years, was admitted into St. George's Hospital in Nov. last for anasarca and ascites, depending on enlarged heart subsequent to repeated attacks of rheumatic inflammation. By moderate blood-letting and ordinary diuretic medicines, combined with mercury, her dropsy entirely disappeared; and feeling no further inconvenience, she was dismissed at her own request—warned, however, that the smallest imprudence would bring back her disease. She remained at home a month, during which period she cohabited with her husband: the symptoms returned, she

was re-admitted, again relieved, but died suddenly six weeks from her re-admission; a death explained by the enormous dilatation of the heart, and an aneurism of the substance of the left ventricle.

In this case a very curious appearance was found in the right ovary—a collection of serous fluid, contained in a delicate membrane, of an elongated form, was found arising from the coats of the ovarium, at its origin having a communication with the internal structure, and appearing exactly as if it had been discharged from thence; to the other end the fimbriated extremity of the fallopian tube adhered.

It appeared to me that a vesicle in a morbid state had burst; that not having freed itself entirely from the coats of the ovarium, it could not pass into the fallopian tube, but remained embraced by that organ, and underwent the partial development of which a diseased and unimpregnated ovum may be supposed capable.

This may appear purely hypothetical: I submit the preparation to the consideration of the College, in order that, having related the facts, the truth of the inference may be estimated by the judgment of my hearers.

The peritoneal coat of the ovary is subject, like other serous membranes, to thickening and tuberculation. This causes it to assume a remarkable appearance, which has been fancifully compared to the arrangement of the fruit of the mulberry.

In a specimen on the table this change has proceeded in a considerable degree, and has extended to the peritoneal covering of the fundus uteri.

The ovarium is often found hardened in advanced age, by deposition of bone in its structure; and we read in authors that its whole substance is occasionally converted into bone. These latter cases have not presented themselves to my observation, neither do I see any preparations of such cases in the various museums of morbid anatomy in this city. It would appear that such an entire change is very rare.

It is impossible to conceive any thing more vague than the sense in which the term schirrus is employed when applied to diseases of the ovarium. If taken in the comprehensive meaning in which many authors have employed it, it represents equally the degeneration of the ovarium by age, and the enlargement of the ovarium by the deposition of any solid structure; and is often applied to that most common form of ovarian disease in which a portion of the tumor is solid, and a portion made up of cysts filled with secretions of various consistence.

In speaking here of schirrus of the ovarium, it will be restricted to that form of disease which falls under the description of Dr. Baillie, which is by far the most accurate which has appeared in writings of authors on this subject.

"The ovarium (says Dr. Baillie) is much enlarged in size, and consists of a very solid substance, intersected by membranes, which run in various directions. It resembles exactly in its texture the tumors which grow from the outside of the uterus, and I believe has very little tendency to inflame or suppurate.

"The ovaria are seldom affected by the disease."

The following case of this disease, with the symptoms during life, is communicated to me by my friend Dr. Robt. Lee:—

August 9th, 1828.—At Blandford Mews I opened the body of a woman, upwards of 70 years of age, who had died after long suffering from a tumor in the hypogastrium, with ascites. An induration was first perceived in the abdomen, between the navel and right ilium, nine years ago, after she had suffered considerably for some months from sense of weight and dull pain in this situation. The size of the tumor gradually increased, and about eight years ago (the belly being greatly distended with fluid) the operation of paracentesis abdominis was performed by Mr. Blagden, and several pints of water were drawn off. In the course of the succeeding years the operation was frequently repeated; but the quantity of fluid evacuated gradually diminished, while the large indurated moveable mass came to occupy the whole of the lower part of the abdomen. She sunk gradually from the interruption to the circulation caused by the tumor.

Dissection.—On opening the abdomen there was found attached to the fundus uteri, on the right side, an ovarian tumor, weighing 7lbs. of a dense and fibrous structure. Several large cysts, containing a fluid varying in colour and consistence, adhered to the upper surface of the tumor. The peritoneum, in

contact with its anterior surface, was converted into a cartilaginous substance, about a quarter of an inch in thickness. In the proper tissue of the uterus, at its fundus, was observed a fibro-cartilaginous tumor, about the size of a large orange. In other respects the uterus was healthy.

We meet occasionally, in foreign writers, with descriptions of cancerous ulceration of the ovaria; but it would be difficult to attach any definite idea to an alteration, the description of which applies as well to encysted dropsy, or any soft fungoid alteration of structure, as to ulcerated schirrus. In the museum of the College, however, is a preparation, which has received the sanction of Dr. Baillie as a specimen of this rare disease: it is a section of a schirrous ovarium, which was in various parts beginning to soften, the substance breaking down into soft brown fœtid fluid. This ovarium was taken from a patient who died of cancer of the stomach; and Dr. Baillie says, in his catalogue, is the same disease. It does not appear whether any distinguishing symptoms, either of the locality of the disease or its peculiar nature, existed during life.

Scrofulous disease is found occasionally affecting the ovaria in young girls—the uterus and fallopian tubes are occasionally found much disorganised by this disease. It occurred to me to see, in the case of a young girl, 14 years of age, who died in consequence of phthisis pulmonalis, and was likewise affected with scrofulous disease of the knee joint, the fallopian tubes completely stuffed with curdy matter, and a scrofulous abscess was seen excavating the inner part of the fundus uteri. Unhealthy matter, mixed with portions like cheese, is found likewise in the ovarium; and such persons, in the few cases which have occurred to my observation, have never borne children. It may, however, only attack one ovarium, when barrenness would clearly not be the result.

In one case, where this disease existed in the right ovary and tube, the patient had during life been affected with intense pain in the sacrum, and inability of walking. Cupping and the warm bath, with injections with conium, relieved the pain; but the patient never entirely recovered, and died with a very aggravated and acute form of phthisis pulmonalis.

By far the most frequent disease of the ovarium, and of course that which occurs to our observation in practice, is the conversion of this organ into numerous cysts, of various sizes, or the production of similar cysts, having their origin in some part of the ovarium; and when either the whole, or some of these cysts contain fluid, the disease has received the name of ovarian or encysted dropsy.

Under the name ovarian dropsy have also been included simple serous cysts, formed in the broad ligament and fallopian tubes. All these, confounded together under the name of hydatids, are distinguishable from these latter by being nourished by vessels supplying them from the parts in which they are formed; vesicles, to which the name hydatid is attached, being nourished by their own blood-vessels, or in other words, having an independent life. Occasionally, one or both ovaria are converted into simple cysts, the whole of the cellular structure and vesicles disappearing; and that which was the fibrous coat of the ovarium becoming the fibrous coat of the cyst.

It will be my endeavour to proceed to describe some of the complicated forms of this disease; which require, however, for their perfect elucidation, the combined efforts of thought, labour, opportunities, which are crowned with success only after a long period of time. For the imperfection of this part, of which I am conscious the indulgence of the College must be extended to me, I shall have occasion, when I come to notice malignant tumors of the ovaria, to offer a few remarks on the labors of modern writers, in explanation of some at least of the phenomena of this disease. It strikes me, on reflection, that it is erroneous to apply any general law to explain all the enlargements or encysted formations in this organ. It is liable to inflammation, suppuration, hardening, scrofulous disease, and, probably, malignant disease, or fungus hæmotodes, in common with any other structure of the body; but it must strike every observer, that encysted disease, of a peculiar character, is more common to the ovaria than to any other part of the body. On what does this depend? The answer appears to be simple—on their peculiar structure. They have vesicles imbedded in their substance of a nature different to others, placed there to undergo peculiar

changes, and of course liable to alteration or impediment to such changes; in fact, liable to disease.

The first form I shall notice is from disease, or alteration of the corpora Graafiana; secondly, cysts formed by alteration of the fibrous coat of the ovary; thirdly, the malignant form of the disease, fungus hæmotodes, still probably influenced by the peculiar structure of the part, but only modified by such structure obeying general laws.

At an advanced period of life, on cutting into the ovarium, one or more of the Graafian vesicles are found enlarged; and these bodies, generally the size of a millet seed, become as large as an almond, are filled with limpid fluid, and their internal membrane becomes very vascular. Such is a very ordinary appearance; but occasionally they enlarge to a greater degree, and always on the side nearest the proper coat, which becomes distended often to an enormous size. In this way it appears to me that a large single cyst, with a fibrous covering, may be formed; and this is the simplest form of ovarian dropsy, the internal membrane secreting a prodigious quantity of fluid.

A married woman, æt. about 60, was admitted into St. George's hospital, in Sept. last, in order to undergo the operation of tapping, for the third time in five years, which was rendered necessary in consequence of the suffering she experienced from the pressure of the tumor. About sixteen pints of ropy albuminous fluid, of a chocolate colour, from admixture of blood, was drawn off. The patient, whose health was much broken, did not rally after the operation; and she died, as is often the case, not from inflammation occurring after the operation, but with symptoms of exhaustion, a week from its performance.

On opening the body, a large fibrous cyst was visible, pushing forward the broad ligament as far as the fundus uteri; and on the other expanding into a sac, which nearly reached as high as the epigastrium, and contained several pints of coffee-ground fluid. At the inferior portion of this sac were the remains of the ovarium, very much shrivelled and imperfect on the surface internal to the cyst. It appears to me that this is a specimen of the cyst which I have endeavoured to describe; an enlarged vesicle, such as we so often see in its earlier stage pushing forward and gradually dilating the fibrous coat of the ovarium, the remainder of the ovarium remaining attached to the inferior portion of the cyst.

Another form of single cyst is where the internal structure entirely disappears in the ovarium; and the fibrous coat, much dilated, is filled with albuminous secretion. At another time the enlarged coats of the ovaria are completely filled with a substance which resembles the disease to which melanosis has been applied.

A woman, æt. 55, was admitted into the Asylum for the Recovery of Health, in order to undergo the operation of amputation for a malignant growth; probably taking its origin, as it afterwards appeared, in the medullary membrane of the tibia. The disease extended too far to render this only chance of recovery available. The patient died. On inspecting the body, both ovaries were found enlarged; on the right nothing remaining of its original structure except the proper coat, and this was filled with a thick fatty secretion, of a deep black colour, from the presence of carbonaceous matter. This woman had never borne children.

In other instances the proper coats of the ovary undergo chronic disease. There is a specimen on the table, from the museum of Dr. Locock, in which the coats had undergone a very remarkable change, being converted into a cartilaginous texture, and greatly increased in size. In one of these, likewise, bone is thickly deposited. Each of these cartilaginous cysts were filled with albuminous secretion; in the smaller much resembling the yolk of an egg, but which disappeared on immersing it in water.

[To be continued.]

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

Sir,

The body of Mrs. Moulden, the woman from whom the uterus was removed by the scalpel, having been inspected with great care by Dr. Hodgkin, of Guy's Hospital, I beg leave to transmit verbatim the account which this gentleman has given of the dissection. Dr. Hodgkin's talents and great accuracy in morbid dissection are, I believe, well known to the medical world; and I presume that, to those who know how to

appreciate them, it will be a subject of general satisfaction that the investigation has fallen into such impartial and able hands. The case now stands before the profession complete in all its essential parts. I am, Sir,

Your humble servant,

JAMES BLUNDELL.

Great George-Street, Westminster.

Feb. 9, 1829.—*Examination of the Body of Mrs. Moulden, aged about* 50 *Years.*

She had been admitted into Guy's Hospital, labouring under obstinate constipation. Very nearly a year before her death, she underwent the operation of extirpation of the uterus, which operation was performed by Dr. Blundell, for the cure of carcinoma of that organ*. Before the operation, she wore the cachectic aspect which generally accompanies that disease, and was much reduced in flesh. The operation was performed with great dexterity. The patient recovered from the effects of it remarkably well, gained flesh very considerably, and felt so much relieved that she styled the day on which the operation was performed her "second birth-day." The ovaries of this woman were not removed with the uterus, and it is worthy of notice that strong sexual desire remained. She had an occasional sanguinolent vaginal discharge. For a very few weeks before her death her bowels became irregular, inclining to constipation. This symptom became more marked about five or six days before her death, the constipation being complete. Injections, however, might still be thrown up, and no stricture of the intestine could be discovered within the reach of the finger. The abdomen became much distended, but during the whole or far greater part of the time there was no attendant pain. The pulse was very little affected. For further particulars see the hospital record by Dr. Bright.

The inspection was made at 9 o'clock in the morning, about thirty hours after death.

External Appearances.—The body was plentifully supplied with fat, even rather to excess. The breasts were large, presenting full-sized glands supported by abundance of fat. They were perfectly healthy, presenting not the slightest indication of carcinoma. The areolæ were remarkably pale for a female who had been a mother. The marks of parturition were evident on the abdomen, which, as during life, was much distended. On examining the external genitals, a dirty-brown secretion was observed in the vagina, and some irregularity seen at the mouth of this canal, which suggested the idea that there existed some ulceration at that part, but this was by no means the case. The vagina, which was of about the length of one's finger, was closed above by a soft but irregular surface.

Head.—The head was not opened.

Chest.—There were strong and pretty general old adhesions of both pleuræ. The lungs were crepitant and not particularly loaded with blood. The heart was healthy and rather small, and there was some discoloured fluid in the pericardium.

Abdomen.—There were three small fatty tumors on the median line above the umbilicus, protruding as herniæ through small openings in the fascia, but not communicating with the abdominal cavity.

There was some fluid effusion (rather more than a pint) in the peritoneum; it was of a deep and dingy brown or chesnut colour, but not very turbid; it contained a few very small shreds of coagulable lymph. The cæcum and its appendix, and more particularly the colon, were much distended. A considerable part of the small intestine was likewise much distended, but the upper portion was of its natural size. The peritoneum was generally minutely injected with blood, of a dull brown or venous colour; this might have been ascribed to congestion, had it not been most decided and conspicuous along the angles formed by contiguous convolutions, precisely where coagulable lymph is apt to be most abundant, when peritonitis is accompanied by plastic effusion.

The omentum and appendices epiploicæ were loaded with fat. On raising the omentum and convolutions of intestine, to gain a view of the pelvis, the lower or true pelvis, or that situated inferiorly to the brim, appeared completely full, being covered by a floor of peritoneum, in which the following points might be observed.

Immediately behind the ossa pubis was a pretty even surface of about two or three square inches, formed by the bladder. This was bounded posteriorly

* See the Medical Gazette and Lancet.

and to the right by a slightly elevated ridge, which extended from a little to the right of the median line to near the spot where the os pubis joins the ilium: it proved to be the remains of the right round ligament. On the left lay the very much distended termination of the sigmoid flexure of the colon. Immediately behind that part of the ridge formed by the right round ligament which is nearest to the median line, there was a slightly elevated roundish projection, nearly as large as a moderate-sized walnut. Behind this, and rather to the right, there was a blind opening, in the form of a cul de sac, capable of receiving the last joint of one's finger. A broad fold of peritoneum extended from this projection, in the direction of the sacro-iliac symphisis. It appeared like a trace of the broad ligament, but probably it was only an adventitious fold of the puckered peritoneum. Posteriorly, towards the prominence of the sacrum, there was a smooth surface covered by peritoneum, in size about equal to the space formed at the anterior part by the peritoneal surface of the bladder. The left side, as has been before stated, was almost wholly occupied by the distended colon. Some short bands and bridles of adhesion were observable on this floor of the pelvis, especially at the back part of the nodulous projection before mentioned, and between the colon and the internal extremity of the right round ligament. No trace of either ovary could be detected at this part of the examination. A few small flattened scirrhous tubercles were observed immediately under the peritoneum, near to the spot from whence the uterus had been removed; the most considerable of those was of about the size of a sixpence, and was formed under the peritoneal coat of the bladder. The finger again introduced into the vagina, approached the nearest to the internal surface just before the anterior margin of the before-mentioned nodulous projection. The contents of the pelvis were next removed, consisting of the bladder, vagina, rectum, and the last part of the colon, and the remains of the uterine appendages. Uterus, of course, there was none. The bladder was divided through the median line; it appeared to be quite healthy, with the exception of the scirrhous tubercles under its peritoneal coat. The vagina, laid open at its anterior part, appeared perfectly healthy, except quite at the upper end, where it was uneven, partially ulcerated, and partially of bright red, from increased vascularity, connected with a mass of soft cerebriform matter. It was this mass, of about the size of a walnut, which formed the nodulous projection seen on the inner side of the abdomen. There were some piles at the verge of the anus, above which, for about four inches, the intestine appeared to be healthy, but it suddenly became much more contracted, and in one part scarcely allowed the passage of the enterotome. Its coats were greatly thickened, the muscular assuming that appearance which has been described as hypertrophy. The mucous membrane was rather reddened, and in some parts was uneven, and was more firmly adherent than is quite natural to the subjacent coat. A few tubercles, consisting of softened cerebriform matter, having the consistency of paper-hanger's paste, were situated beneath the mucous membrane at this part. The intestine was not only thus altered in texture, but also took an unnaturally tortuous course near to the part which is continuous with the colon. It appeared that this position of the gut contributed, scarcely less than its contraction, to produce the constipation under which the patient had laboured. The left round ligament was discovered beneath that portion of the colon which was bound down as before related. It was traced almost as far as the internal extremity of its fellow. The remains of the ovaries were not found without considerable difficulty, but it appeared that they were brought into near approximation to each other almost immediately behind the internal or divided extremities of the round ligaments, where they appeared to have concurred in closing the aperture formed by the removal of the uterus. The structure of both was considerably altered, in consequence of their being throughout affected with fungoid disease.

The fat within the pelvis, and surrounding the parts already described, was remarkably firm: it was interspersed with a few small schirrous or fungoid tubercles. There was likewise a mass, of considerable size, presenting the texture and firmness of true schirrus, extending on the left side, from the parts before mentioned, as far as the iliac vessels, which were implicated in it. Two or three small rounded calculi

were found within the pelvic veins. Neither the inguinal nor lumbar glands could be said to be much, if at all, enlarged; though one or two in both of these situations contained a small quantity of softened cerebriform matter. The distended intestines contained dark-coloured unhealthy pultaceous fæces. The appendix cæci was nearly filled with the same material, but also contained a little air. The mucous membrane of the alimentary canal appeared pretty healthy.

The liver was also tolerably healthy.

The spleen was remarkably small, scarcely weighing one ounce and a quarter: it was deeply fissured, but its structure was natural.

The right kidney was of the ordinary size, and healthy. The left, which was almost lost in its large tunica adiposa, was scarcely bigger than an almond; but its corresponding renal capsule was of at least the ordinary size.

Remarks subjoined by the communicator.

1. The continuance of the sexual desires, although the ovaries were so much changed in feature, and reduced to a mere vestige, is very remarkable—the fact, however, was ascertained beyond all doubt.

2. The good condition of the whole habit deserves remark; and the rather, because the left kidney was no larger than an almond, and the spleen was of small size, scarcely weighing one ounce and a quarter.

3. It deserves remark, too, that the parts which lay contiguous to the original seat of the uterus were become affected with organic disease; these parts being the head of the vagina, the back part of the bladder, the ovaries, the lumbar glands, and the upper part of the rectum.

4. It should be observed further, that the general state of the contiguous parts was more healthy than we might have expected; that the state of the disease in these parts, with the exception of that found in the head of the vagina, did not wear a very formidable aspect; that the general condition of the health had not been much influenced by the disease which remained in the pelvis, or which had been produced afresh during the twelve months after the operation; and that it may be fairly doubted whether, subsequently to the extirpation of the uterus, the disorganizing changes (still, however, with the exception of those at the head of the vagina) had been increasing, stationary, or on the decline; though I think it more probable that they had been increasing.

5. After performing operations on the abdomen of the rabbit, I have on examining the parts a few months afterwards, repeatedly observed there large balls or cysts as big as a moderate-sized orange, filled with a matter like custard, and this although, previously to the operation, the animals were perfectly healthy. I presume that there is no essential resemblance between the abdominal formations in these animals, and the cerebriform material formed in this case in the substance of one or two glands, and at the head of the vagina; but there is a sort of remote analogy, which merits notice.

6. When the operation was performed on Mrs. Moulden, I purposely left behind the indurated portion of the vagina discovered there on this dissection; for though it seemed an evil to do so, I deemed it, under all circumstances, a greater evil to remove it—for there would have been a risk lest she should have died upon the bed, which would most probably have ruined the character of the operation at once.

7. After inspecting the parts, my own opinion is, that if the woman had lived, the malignant disease would have been renewed; but on this point, of course, the reflective will judge for themselves. Whether the apparently malignant disease at the head of the vagina would have been renewed at all, if no part of the indurated structure had been left behind, may be doubted; and it may be doubted too, whether, this part being left behind, the disease would have been reproduced with that degree of rapidity which might have speedily brought her life or health into danger.

8. It may be satisfactory to some to know, that this account of the dissection proves that the womb was entirely taken away; the appearances on dissection, too, seem to confirm the opinion originally given respecting the malignant nature of the disease. Hence the case, as it now stands, demonstrates that a patient may recover after the extirpation of the entire uterus, and this, too, though its structure has previously undergone a malignant change.

9. The patient seems clearly, in this case, to have died from constipation, produced mechanically from constric-

tion and altered position of the bowel. When the disease first made its attack, her pulse was sound, soft, and under 90 in the minute, for two or three days together; and she had no inflammatory tenderness, though there was much spasmodic pain.

10. Under all circumstances, may it not be said that the case does not enable us to decide whether, after extirpation of the uterus, the cure may in general be expected to prove permanent? so far, however, as the whole case enables us to draw any conclusion, it seems to shew that there is a risk of a return; but I conceive more light is wanted to enable us to decide. It must not be forgotten that in this case an indurated portion of the vagina was left behind; and that, from a single case, no general inference can be drawn. That the glandular system was so little affected is perhaps an auspicious circumstance.

11. The death of Mrs. Moulden has occurred about twelve months after the operation—the womb was removed on the 19th of Feb. 1828, and she died in Guy's Hospital on the 7th of Feb. 1829. A week or two before her last illness I saw her in high health and spirits, and it was then that she spontaneously used the expressive remark, that the 19th of Feb. was her second birth-day.

NERVOUS SYSTEM.

To the Editor of the London Medical Gazette.

Sir,

Allow me to make some observations on the letters addressed to you by Mr. Broughton and Mr. Mayo in the two last numbers of the Gazette. These letters contain statements respecting Mr. Charles Bell's discoveries in the nervous system which require the fullest and most decided contradiction. Both gentlemen have attributed to Mr. Bell opinions which are not to be found expressed in any of his published papers. Mr. Broughton, instead of referring to Mr. Bell's own writings to ascertain what his views are, has relied on the reports of them by Mr. Mayo. He has quoted the "Outlines of Physiology" by that gentleman as the source of his information. Finding that Mr. Broughton takes this book as an authority, it shall be my business to show that the opinions of Mr. Bell are there misrepresented with a boldness which must create astonishment; things are stated in it, with the greatest ease and confidence, for which there is not the smallest foundation.

1. In speaking of the fifth nerve, Mr. Mayo has asserted, and Mr. Broughton has found no reason to doubt it, that Mr. Bell called it the "nerve of voluntary motion and sensation to the face." Mr. Bell's words, on the contrary,** are that it is the "nerve of mastication and sensation*." This is not a mistake of a word; but it is a statement that goes to overthrow an entire system.

2. Mr. Mayo has said that Mr. Bell considered that the fifth nerve controlled the voluntary motions of the eye-lids and eye-brows. This statement is as unfounded as the former. Mr. Broughton bestows praises on Mr. Mayo for correcting this false opinion. But what is the fact? Mr. Bell is the only one among all the experimenters, either at home or abroad, who has demonstrated by experiments, (performed too upon the human subject), that it is the portio dura alone which controls these motions of the eye-lids and eye-brows†; and that the fifth pair has no influence whatever over these movements. I ask Mr. Broughton whether Mr. Mayo has related even a single experiment to prove whether the opinion which he took the liberty of attributing to Mr. Bell was correct or not. But this is not the only instance in which Mr. Mayo has asserted Mr. Bell to be wrong, and has afterwards availed himself of Mr. Bell's very words and experiments in order to appropriate to himself his opinions.

3. I may give another example of this, connected still with the fifth nerve. It is well known that Mr. Bell, in his first paper to the Royal Society, classed the fifth with the spinal nerves. He pointed out that it had two roots; that it had a ganglion at its root; and that some filaments passed on without entering into the ganglion. He said that it was, in fact, the spinal nerve of the head. It was his object to prove, by his experiments, that this nerve, like the spinal nerves, was a muscular nerve, and also a nerve of sensation. He concluded, from the muscles which he conceived were controlled by it, and from

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* Phil. Trans. July 1821, p. 22.

† Ibid, p. 23.

its remaining office, that it was the "nerve of mastication and sensation." His experiments proved satisfactorily that it was the nerve of sensation; but he was not successful, by experiment, in shewing that it was a muscular nerve. This circumstance confirms what Mr. Bell has often stated, that it was not from mere experiments that he derived his opinions, but from prosecuting the anatomy of the fifth nerve, directed by the analogy of the spinal nerves. It was M. Magendie who proved that his experiments were defective on this particular point. Immediately after the original paper appeared in the Philosophical Transactions, M. Magendie repeated the experiments contained it; and they were attended with this difference: the infraorbitary branch of the fifth, which Mr. Bell had experimented on, believing it to be compound, like the internal branches of the same nerve, was shewn not to possess any direct influence upon mastication*. Some eight months afterwards, Mr. Mayo repeated the same experiments, and he announced the same results with regard to this branch; but he neglected to take any notice of M. Magendie having formerly pointed them out. It was thus clearly proved that the only experiment which was intended to confirm the opinion drawn from the anatomy, that the fifth was a muscular nerve, assumed too much. It could only be granted, as far as experiments went, that Mr. Bell had proved that it was the nerve of sensation.

But it was not many days after the publication of the last of these experiments, that my late brother, Mr. John Shaw, made other experiments on the fifth, (in which I assisted,) and they removed all doubts from the subject, and proved that the opinion entertained by Mr. Bell was correct, notwithstanding all that had been done. When the trunk of the inferior maxillary division of the nerve was irritated, near its exit from the skull, the jaws snapped together with violence; when it was divided across, the jaws fell relaxed: thus confirming the important truth that the fifth pair was a nerve of motion as well as of sensation. Mr. Bell had been incorrect only in experimenting on a cutaneous branch instead of upon the trunk. The result of these experiments by Mr. John Shaw was published in two different papers before either Magendie or Mayo had written any thing more on the subject*. Will it be believed that Mr. Mayo, about a twelvemonth afterwards, declared that it was *he* who discovered that the fifth pair was a motor nerve as well as a nerve of sensation! and, to crown all, that it was he who proved it was the nerve of mastication! It was to be expected that he would make some experiments to corroborate "*his discovery;*" but the truth is, that he has never made a single experiment which does not directly prove the very reverse of what he calls his discovery. His experiments have implied, that so far from the fifth pair being a nerve of motion, it is nothing more than a nerve of sensation. Mr. Mayo has depended altogether, therefore, on the assertions of Mr. Bell, and on the experiments of Mr. John Shaw, which are the only ones on record that prove any part of the fifth to be a nerve of motion. Yet in his anxiety to bring forward the claims of foreigners to share in these discoveries, he has avoided, in his paper, mentioning either Mr. Bell's name or Mr. Shaw's†.

4. Next as to the functions of the portio dura. Mr. Mayo has declared that Mr. Bell termed it "the nerve of instinctive motion." I have searched carefully through the whole of Mr. Bell's original paper, and also through his latest work on the Nervous System, and I cannot find the smallest pretext for this assertion—the word *instinctive* is not once used by him: he has never designated the portio dura by any other term than "respiratory:" he has shown that it controls all the actions of the muscles of the face except those which are connected with mastication—these last, he said, were influenced by the fifth nerve; but in forming a distinction between the fifth nerve and the portio dura, he has never even touched upon the subject of *instinct:* he has avoided altogether expressing his opinion whether the actions of chewing and masticating, or of speaking and laughing, were instinctive or not. How can Mr. Mayo, then, justify himself for taking such a liberty with Mr. Bell's opinions?

It seems Mr. Mayo has taken great credit to himself for holding the opinion

* See Journal de Physiologie, Oct. 1821.

* See Med. and Phys. Journ. Oct. & Dec. 1822.

† See Mayo's Commentaries, No. II. 1823.

in 1822, that the portio dura was a voluntary nerve; and Mr. Broughton says, with an air of triumph, that Mr. Mayo was the first to prove this. We cannot, however, admit that the fact is clearly proved at all. Mr. Bell, in his original paper, has refrained from characterising this nerve either as a voluntary or an involuntary nerve: he has chosen another term for it, that has no reference to these questions. It is obvious, however, from the examples which Mr. Bell has given, that he considered it to be an involuntary nerve as much as a voluntary one; that it was not, in truth, restricted to either. Thus the examples of apoplexy and sleep prove that this nerve influences the muscles in breathing, independently of volition; while, on the other hand, those of speaking, singing, whistling, &c. prove that it can bring the muscles under the direct control of the will. We are not aware that any experiments have yet been made which controvert these facts.

5. If Mr. Broughton shall come, in the next place, to speak of the spinal nerves, he will find that similar misrepresentations of Mr. Bell's views are thrown in his way by the author whom he quotes. It is asserted by Mr. Mayo, that Mr. Bell supposed *both sensation and motion depended on the anterior roots*; and that the posterior roots were *unconscious nerves, which might control the growth and sympathies of parts* *. Look to the very extract which Mr. Mayo has given from Mr. Bell's own writings, and see how flatly it contradicts every word of what is asserted. Mr. Mayo has added no less than three different functions which Mr. Bell has not even spoken of. Never were there such unfounded assertions so boldly ventured on before. It will be observed that Mr. Mayo makes Mr. Bell ascribe sensation and motion conjointly to the anterior roots. I ask, where does he find any pretext for this? Yet it is for this reason, Mr. Mayo informs us, that he has preferred M. Magendie's experiments on the spinal nerves, as being more correct. It is remarkable enough, that although Mr. Bell never committed such a gross blunder, M. Magendie has. In the last paper, in the first volume of his "Journal de Physiologie," it will be found that he has given both of these properties, sensation and motion, to the anterior roots *.

These are sufficiently numerous instances to prove that Mr. Broughton has been misled in the observations he has made; and I trust that, in justice, he will correct those inaccuracies which he has inadvertently fallen into, in representing Mr. Bell's views. It is only necessary for those who are desirous to comprehend Mr. Bell's opinions properly, to go to the direct source, where there will be none of that confusion which Mr. Broughton deplores. The obscurity which has been complained of results from the persons who have followed Mr. Bell forgetting altogether the essential and leading facts of his discoveries, in detailing their own particular experiments, and striving to represent them as entirely new, and quite independent of Mr. Bell's.

Mr. Broughton has agitated the question with great zeal,—whether the portio dura and the par vagum are endowed with sensibility or no: and he has decided with Mr. Bell that they are not. But he has forgotten to mention what are the anatomical grounds on which Mr. Bell has stated this opinion. It is true that when either of these nerves was divided, the integuments retained their sensibility as before; and this, one would think, was sufficient to prove that they were not the nerves of sensation. But Mr. Bell has also stated that all those nerves which bestow sensation in the body, are characterized by having a ganglion of a particular kind at their root. Now it was this which originally led Mr. Mayo to assert, that the par vagum was a nerve of sensation. In his endeavours to destroy the arrangement of the nerves, proposed by Mr. Bell, he stated that the par vagum resembled the spinal nerves, and the reasons which he gave were these, "it had many roots, and a ganglion near its root." His experiments also shewed

* Outlines of Physiology, p. 326.

* When the first paper by Mr. Bell was freshest in Mr. Mayo's memory, that was in 1822, and before M. Magendie made any claims for himself, Mr. Mayo did not think that Mr. Bell attributed *four* functions to the roots of the spinal nerves, as he has chosen to assert in his "Outlines," but only *two*. He exposed this when attempting to shew that Mr. Bell's classification of the fifth with the spinal nerves was imperfect. He was desirous of proving that the *par vagum*, as well as the fifth, was like the spinal nerves; now, to establish this resemblance, he thought it sufficient to shew that it possessed only two functions; viz. voluntary motion and sensation!

that it had sensation and voluntary motion, like the spinal nerves. Mr. Broughton ought not to allow Mr. Mayo to swerve from this discovery, since we see it is confirmed both by anatomy and experiment. But I appeal to all good anatomists whether there be really any grounds for this resemblance, or whether the swelling that is found upon the par vagum in the neck has any likeness whatever to the ganglion which is found on the posterior roots of all the spinal nerves, and on the fifth pair in the head.

In conclusion I may be allowed to remark, (recurring to the letter of Mr. Adams, of Banchorie,) that Mr. Bell has been very little beholden to any of those experimentalists with whom he is classed. Mr. Bell's first paper was intended to show, that the nerves have different functions according as they arise from distinct tracts or columns of nervous matter. Thus the fifth pair and all the spinal nerves arise from different columns, and therefore he concluded that they had two separate functions: the portio dura, on the other hand, arises from a different column, and therefore he concluded that it had distinct functions. But the experiments of M. Magendie were in danger of overturning this principle altogether: he showed that the fifth nerve, although it had two roots, was only a nerve of sensation. As for the experiments of Mr. Mayo, he has absolutely made none which are new; but he commenced his connexion with this subject by attempting to overthrow, at their very first announcement, the whole of these discoveries, which have given so much new interest to physiology. He had the singular assurance to affirm, in reviewing Mr. Bell's first paper, that the only correct inference in it regarded the infraorbitary branch of the fifth, and that he had taken this from a Dr. Blair. It is at least curious that this is the only point in which Mr. Bell acknowledges M. Magendie to have corrected him. Having failed to arrest the progress of these discoveries, he has, after the lapse of eight years, with the most unparalleled confidence in our credulity, asserted that Mr. Bell held opinions which are not to be found in any of Mr. Bell's writings.

I am, your obedient servant,

ALEX. SHAW.

3, Torrington-Street, Russel-Square,
May 16, 1829.

DR. HODGKIN *v.* DR. BARON.

To the Editor of the London Medical Gazette.

SIR,

I AM so averse to enter into controversy, that I have felt strongly inclined to allow the letter inserted in the medical Gazette of the 25th ult. to pass unnoticed, as I did that which appeared in it in the autumn of last year; trusting that when my paper on certain adventitious structures shall have been published entire* in the transactions of the Medical and Chirurgical Society, the impartial judgment of my professional brethren will form my most satisfactory acquittal from the charges contained in the letters in question. Yet as months may elapse before this publication takes place, I am unwilling that my silence in the interim should offer an apparent confirmation to imputations as unjust as they are ungenerous. However satisfactory to myself the consciousness of the fact may be, I will not lay greater stress than it merits on the circumstance that my views, derived solely from my own personal observations, under peculiar advantages, had been formed and explained to others before I had seen the works of Dr. Baron. My most unanswerable defence will be found to be that, whilst the views which I entertain, and which I have explained in my paper, are not contained in the writings of Dr. Baron, those which he has adopted are so far from being borrowed by me that I have absolutely rejected them. I have not mentioned the name of Dr. Baron, as I had no "obligations in the way of instruction to acknowledge."

Amongst the variety of perfectly distinct affections of which the Doctor has given examples, collected either from his own practice, or from the writings of others, there may be some which belong to the class which forms the subject of my essay; but it will be remembered that the question does not relate to the discovery of these affections, since they have been more or less known from time immemorial.

I have merely attempted to explain the process of their formation, and the

* We understand that a third part of Dr. Hodgkin's paper remains to be read; our analyses having only extended through parts 1 and 2, which do not, as we supposed, complete the subject.—ED. GAZ.

characters of the structures which they constitute. In doing so I have referred to an origin differing essentially from that which it is manifest that Dr. Baron had in view. For, waiving the question of the propriety of employing the same term for objects essentially distinct, a reference to the examples cited by the Doctor leaves no room to doubt the form of cyst to which he alludes. It is quite evident from these cases that he had in view the hydatids since designated by the term vesicular worms, and more particularly the acephalocystis. These were the cysts, or hydatids, described by Dr. John Hunter; and Dr. Baron considers that that author left his work imperfect by not pointing out their connexion with tubercular formations. It is of comparatively little importance whether he believes them to be animalcular or not. There must in either case be a strong line of demarcation drawn between them and the adventitious serous cysts which I have described, since they are essentially different from each other. Pulmonary tubercles do not belong to the subject of my essay.

Trusting that I have already said enough to clear me in the eyes of my professional brethren from the insinuations of an anonymous critic, I hasten to conclude by subscribing myself, very respectfully,

THOMAS HODGKIN.

New Broad Street,
May 12, 1829.

UNION OF TEETH.

To the Editor of the London Medical Gazette.

SIR,

IN returning you herewith the under-jaw, containing an example of union of the two incisors of both sides, I beg to acknowledge my obligation for your attention. It is, indeed, a beautiful specimen of such *lusus naturæ*.

Since the publication of my principles of dental surgery, I have seen one instance of this irregularity of formation, in the possession of a mechanical dentist and dealer in teeth; and it has been my intention, since that time, to state the fact in the next edition of my book. I should, however, be more happy in your permitting me this opportunity of publicly stating my intention through the medium of your excellent Journal.

It is hardly necessary to add, that these *lusus naturæ* are certainly more interesting as matters of curiosity, from their rare occurrence, than calculated to form materials for the foundation of any rational principles of practice. Such irregularities of formation are as rare as other monstrosities of the human frame, and it would be as consistent to make the union of teeth the precepts of either negative or positive practice in dental surgery, as in the obstetric art to found practical principles on the rare phenomenon of the union of fœtal twins, who form a monster of two heads, four arms, four legs, &c.

I deem it quite unnecessary to take any further notice of the remarks of Mr. Robertson, implying disrespectful mention of Hunter and Fox on my part: they are similar to those contained in an illiberal review of my work which appeared two years ago in the Quarterly Medical Journal, and which, I trust, have been amply refuted in my "Reply to the Additional Strictures in the first number of the Quarterly Medical Review, on the Principles of Dental Surgery," &c. pages 5 & 6.

Without doubting Mr. R.'s assertion of his having witnessed "again and again," and "repeatedly" met with this malformation of the teeth at Birmingham, we must either suppose that the osseous union of teeth is of more frequent occurrence there than in other places, or that he has had other extensive opportunities of ascertaining the point. For my own part, my inquiries have always been more particularly directed to those parts which I deemed objects of practical utility, rather than those which must be considered as objects of curiosity and speculation. Still my experience for nearly 20 years in America and Europe, and the inspection of a considerable number of living and dead teeth, sufficiently warrants my assertion of the great rarity of the occurrence of such phenomena.

I remain, Sir,
Your most obedient servant,

L. KOECKER.

26, Old Burlington Street,
May 15th, 1829.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Dr. Burrows on the Medical and Moral Treatment of Insanity—being the 5th Part of his Commentaries on Insanity.

DR. BURROWS professes no knowledge of an antimaniacal remedy. His practice has been directed by those pathological views of the causes, nature, forms, and complications of insanity, which are so well described in the previous pages of the work. Every case of insanity must be considered as an insulated one, and so it must be treated. Remedies must vary with the constitution and peculiar features of each case; and therefore Dr. B. holds that no fixed rules or formulæ can be given, or if prescribed, be adhered to. They who have never read the ancient authors, especially Aretæus, Celsus, Cælius, Galen, &c. and the Greek and Arabian writers of the middle ages, will be astonished to find that the remedial plan of treatment which they recommend, although founded on a different pathology, yet is in most points well adapted to the pathology founded on the anatomical discoveries of modern investigations. Dr. Burrows does not attempt to defraud the moderns of what is due to them in developing the causes, or improving the treatment of insanity, but he considers the practice pursued by the ancients to have been generally judicious; and he feels more indebted to them than the moderns for any success that may have attended his efforts.

Dr. Burrows' guiding principle of treatment is, " that no mental disorder can originate except through corporeal disorder; and that the only remedies for a mind deranged are those which apply to the corporeal derangement that influences mental derangement. The physic for the mind is moral discipline."

COMMENTARY II.

Medical Treatment.

When consulted in any case of intellectual disorder, we are first to ascertain the moral and physical causes, the nature, and the duration of the attack. The peculiarities of the patient's constitution, his circumstances, &c. are also to be attended to. " We must also attentively consider the character of the delirium, whether it be idiopathic, originating in cerebral or meningeal inflammation; symptomatic, and simply indicative of mental derangement; or sympathetic, from a remote organ or texture morbidly affected. If the history of the case be unsatisfactory, as it too often is, especially in hospital practice, and no symptom threaten serious consequences, it is always better to wait three or four days, keeping the patient separate and quiet, and having regard only to the due performance of the natural functions. By this simple precaution, a furious vociferous patient, in an apparent state of high excitation, often becomes calm and compliant. By pursuing a contrary course, and prescribing on the first view remedies which his condition appears to demand are given which subsequent observation proves to be improper, and much injury is perhaps inflicted."

It has been well remarked by Celsus that all maladies are easy of cure in proportion to their duration. This axiom strictly applies to mental derangement. It is incumbent, therefore, upon those who have the charge of insane persons to procure medical assistance upon the first invasion of the disease.

In describing the characters of insanity, the author has particularly adverted to that afflicting condition when the sexual feelings appear to be influenced by the morbid action of the intellectual organ; constituting, in the male *satyriasis*, in the female, *nymphomania*. Dr. B. conceives that, although this condition is sometimes evidently a sympathetic affection, with cerebral disturbance, that it is more frequently a local affection, arising from irritation; and that it rarely emanates from moral feeling or genuine physical passion. Dr. B. believes in the experiments and reasoning of M. Desmoulins, which shew that there is no foundation for the opinion promulgated by Gall and others, that the development of the cerebellum bears a relation to the generative faculty, and that it is the source of sexual desire. " As the functions of the vascular or nervous system in all cases of insanity are disturbed, our skill should be directed, while a prospect of cure is entertained, to diminish the ac-

tion of either system which may preponderate, so as to restore the lost balance. When the cause evidently exists in a structural or functional lesion of some remote organ affecting the brain by sympathy, it is obvious that attention must be first directed to the organ so affected."

In respect to mania and melancholia, the most common forms of insanity, it has been the practice to treat them as distinct affections; but in the incipient stage of both the medical treatment can differ but little. The declining or convalescent stage, though requiring great experience and tact, belongs more strictly to moral treatment. The several stages which insanity pursues in its course, testify that the brain, the organ of the mind, assumes different morbid conditions; first, functional, and then structural; functional in the first three stages, structural or organic in the last. This pathological view must be our guide in prescribing.

In the incipient stage we have great vascular excitation and cerebral irritation. Here are indicated topical bleedings; shaving the head and refrigeration so long as the scalp is too hot; *cautious* general blood-letting even in the plethoric and robust; purging; vomiting, when the vessels of the head are unloaded, and the bowels evacuated; nauseating doses of tartarized antimony; digitalis, in gradually augmenting doses; saline draughts and moderate diet. Dr. Burrows now proceeds to comment on the various remedies which are recommended in insanity, interspersing practical remarks on their application and effects.

Commentary III.

Abstractions of Blood.

Experience has convinced the author, that, except in a very restricted sense, the practice too commonly employed of abstracting large quantities of blood in cases of insanity, is generally fraught with mischief. "Following example rather than experience, I tried depletion by blood-letting for several years, but discovering my error I became more cautious, and I believe that I have scarcely ordered venesection in six cases of simple mania, or melancholia, in as many years. My conclusion is, that since I changed my practice, more have recovered, and certainly the cases have been less tedious and intractable." In the young, or the gross and plethoric, apoplexy may be threatened. Here prompt and copious general depletion may save the patient's life. It may also, by producing syncope, or mere exhaustion, procure quiescence, but it will not cure mania. If any urgent necessity impels copious abstraction of blood in mania, or melancholia, the more prudent practice is to effect the object with the greatest celerity. When it is necessary to bleed, "arteriotomy is often the readiest and best course, and to divide either branch of the external carotid, passing before or behind the ear, is more advantageous than dividing that of the temple." Bleeding from the jugular vein is less efficacious, and often not practicable from the violence, or perhaps the obesity of the patient. If syncope be desired, the sooner it follows the less will be the deduction of blood and of the *vis vitæ*, two very desirable objects in the treatment of insanity. "It is only," says the author, "where a real state of plethora exists, or apoplexy is pending, that general blood-letting in mental derangement can in my opinion be justified." Simple determination of blood by too great momentum, producing that state of congestion of the brain which originates cerebral irritation, and perhaps the maniacal action, is not relieved by venesection. In all cases of insanity, as in other diseases, the force of the heart's action and the quantity of the circulating fluid is apt to be judged by the pulse at the radial artery. Yet experienced practitioners are fully aware of the uncertainty of this index in most complaints; but in no malady that affects the human body is the fallibility of this criterion so conspicuous as in insanity. Drs. Cox, Parry, Mayo, and others, attest the disproportion between the stroke of the carotid and radial pulse in cases of insanity. The former may be strong and vibrating, while the latter is frequent, small, and oppressed. This is a most important observation, and should be impressed upon the mind of the practitioner. By some, the practice of bleeding is justified by the belief that febrile or inflammatory action is always evident in furious manner. But mania is a state *sine febre*, and anatomical investigation instructs us not to confide in the hypothesis that cerebral inflammation is pre-

sent. Dr. Burrows regrets the sweeping condemnation both of the lancet and cupping in mental derangement, which Dr. F. Willis inculcates; because it is possible that the one may be required, and he is sure that the other, or leeching, can seldom be dispensed with in a recent case. Ferriar and others have remarked how suddenly the strength of lunatics gives way on general bleeding. The experience of the author confirms this fact. "Unhappily, mere raving madness, which always requires support and nourishment, is often mistaken for the delirium of physical excitation, which admits of depletion; hence frequently the sudden prostration in lunatics after general bleeding." In long-standing insanity, bleeding is never admissible, except a *temporary* attack has come on, with symptoms of active cerebral excitement.

Topical Bleeding.—The sudden diminution of vital energy frequently attendant on depletion of blood from the general system, can never be experienced in topical bleeding except from gross negligence. In every case of recent insanity which the author has seen, and he does not recollect an exception, local abstraction of blood from the head itself, or contiguous, as the nape of the neck, or between the shoulders, has been indicated. Cupping or leeches have been employed. Shaving the scalp is generally to be premised in all recent attacks. It should be remembered that "local determination and congestion of the brain in mania, with other symptoms of excitation, may take place without flushing of the face. On the contrary, in mania as well as sometimes in the apoplectic diathesis, a singular pallor exists." The author is of opinion that the practice so frequent on the continent, of applying leeches to the anus, is founded on the obsolete doctrine of revulsion, and as a general principle should be declined. But where insanity may be reasonably suspected to arise from sympathy with some abdominal viscus morbidly affected, the loss of blood from that part may do good; and more especially if the patient has been accustomed to hæmorrhoidal flux, and that has been suppressed.

Dry Cupping is very desirable and useful in cases of insanity and transient delirium where there is cerebral congestion, but when the patient is in such a state of emaciation and debility as to forbid the loss of the smallest quantity of blood, friction on the pericranium after dry cupping and pediluvium greatly tend to determine the blood from the head to the general circulation.

Refrigeration.—The utility of refrigeration, where there exists a preternatural heat of the head, is confessed in all cases of cerebral disorder. The abstraction of heat is much more rapid and complete by evaporation than by cold applications—such as ice, or any of the frigorific mixtures. But when cold is applied to the scalp in cases of insanity, with symptoms of great cerebral excitation, though the feeling of it may be agreeable, yet the effect is neither so complete nor so permanent as when topical bleeding and purging have preceded. We find the soporific effect of cold to the head illustrated by ancient customs. The natives of a part of India have two curious and probably primitive modes of lulling young children to sleep. The first is by the operation of a constant stream of cold water pouring on the crown of their heads: the parents wrap up the bodies and feet of the children warm in a blanket, and place them horizontally in trays; they then expose the vertex of the head only to the cooling influence of a running stream, and thus certainly induce repose*. "The application of intense cold to the head in a chronic state of insanity, when the patient is noisy and violent, never induces quiescence and sleep: on the contrary, the brain being in a state of atony, cold then always becomes a source of irritation." One caution is necessary—cold applications to the head should be continued no longer than the preternatural heat of the scalp lasts. Dr. Burrows usually prescribes, for the purpose of refrigeration, a lotion of one-fourth alcohol and three-fourths camphorated mixture or spirits, vinegar and water of equal parts, or with liq. ammon. acet. instead of vinegar. Ice pounded and applied in a bladder is good; or even a clay cap, often renewed. Of the douche, or descent of a column of water from a height on the head, the author knows nothing from personal experience.

Gyration and Swinging.—Nume-

* Frazer's Tour in the Himalaya Mountains, p. 105.

rous authorities might be quoted in favour of the good effects of either gyration or swinging, in insanity." "In the intermitting form of insanity, gyration has been found of particular benefit in checking the approaching paroxysm. When a great prostration of strength suddenly succeeds to the full motion of the swing, most advantage is expected. Its effect in lowering the circulation and temperature of the body is so immediate, that alarm for the consequences is generally created in those not accustomed to the use of it." Gyration may be considered a moral as well as a medical agent. It has freqnently much improved the manners and behaviour of unruly lunatics. The rotatory machine is met with now in most British public asylums. Its results are differently reported. Some speak favourably of it, others dubiously, and others again have abandoned its use.

Sleep.—Most practitioners consider sleep almost a specific in insanity, and therefore are anxious at all hazards to procure it. When obtained, however, it often disappoints their expectations. "Too much sleep disposes to all the disorders of a slow circulation, and to weakness and cachexy. In affections of the head generally, sleep does not alleviate; and it is possible that an abridgment of it in those afflicted with cerebral affections might even prove beneficial." Dr. Burrows is decidedly of opinion that there is commonly by far too great a solicitude to procure sleep in mental derangement. "A maniac awoke from sleep artificially obtained, is a giant refreshed;" but whatever diminishes the too great excitement and activity of the intellectual organ, will induce composure and sleep as a consequence. Hence bleeding from the vessels of the head—refrigeration and gyration, which promote the equalisation of the circulation, produce that effect; and when sleep is the result of any of these means, it is comparatively a calm and desirable slumber, from which much good is usually derived. "Even if sleep do not follow, previous cupping and intestinal evacuations prepare the system for the safe and beneficial exhibition of a narcotic, which, if these operations had not preceded, would probably have the very opposite effect to composing."

Narcotics.—The greatest difference of opinion exists as to the efficacy of this class of remedies in insanity. We have no doubt, however, that the cause of this discrepancy is satisfactorily explained by Dr. Burrows in the following passage:—

"These contradictions, I apprehend, arise chiefly from ignorance of the distinct stages which insanity assumes, or from not noting the exact state of the patient when the narcotic was given." Maniacs will generally bear large quantities of opium, and other sedatives, better than they will support remedies which weaken the vital powers. "But opium, when the excitation is great, in a full and strong habit, aggravates; when the excitation is moderated by previous depletion, or the habit is reduced by long continued mania, stimulants, like opium, wine, porter, &c. tranquillize and prove soporifics." The system, therefore, must be emptied, and somewhat lowered before opiates are given. When Dr. B. deems an anodyne admissible, he begins with three grains of purified opium, and repeats one every two or three hours. Battley's liq. opii. sedat. constipates less than opium, and affects the head much less.

Hyoscyamus is used chiefly in those cases of nervous irritation which accompanies great despondency. It neither stupifies nor constipates. "To obtain a decided soporific effect the extract must be given at bed-time, to the extent of from fifteen to thirty grains, or ten or fifteen grains every six hours." It is apt to produce a very dry mouth, and a blackish appearance of the tongue. The same rule obtains in the exhibition of all narcotics: they are not admissible during great vascular action or congestion of the brain, or a constipated state of the bowels.

Blistering.—Where blistering is proper at all, it is in the more advanced stage of insanity, when vascular excitement is diminished, and the nervous system requires stimulating.

Setons and Issues.—Dr. B. has rarely met with a case where he was satisfied that convalescence was the result of either of these applications. He observes that "long-established setons and issues hastily dried up have caused many cerebral affections, and insanity among them."

Artificial Eruptions.—The application of tartar emetic ointment affords all the benefit of vesication by cantharides, and is in many respects prefera-

ble. There are few cases, however, in which Dr. Burrows would venture to use it for weeks together, as recommended by Dr. Jenner, for it sometimes occasions very deep sloughs, which are not lightly to be treated in some cases of insanity.

Bathing.—The good effect of the bath in the treatment of insanity has been fully appreciated in all ages. Bathing in sea-water, which by many has been thought almost a specific in insanity, has no superior advantages.

Purging.—In tracing the exhibition of purgatives in maniacal affections, we arrive at the first rudiments of the healing art. The prescribing of hellebore for the cure of insanity is the first instance of purging in the treatment of a human disease. Dr. Burrows has tried the black and white hellebore in the form of extract. He has found their operation uncertain, and their effect not different from that of other purgatives or emetics. "Keeping the bowels in free action is indispensable in all cases of insanity, but absolute purging in the incipient and active stages, is especially necessary. The secretions at these periods of the disease are almost always bad." If the system is much exhausted, diastic purges are out of the question. Clysters are then to be used.

Vomiting.—Dr. B. has occasionally recourse to emetics, but only as he would in other diseases, to free the stomach from troublesome ingesta, accumulated phlegm, or morbid bile; and sometimes to rouse the general system.

Nausea.—In mania furibunda nausea is an excellent auxiliary, not only because it subdues violence, but because of its controlling power over the circulation. In melancholia, nausea never ought to be excited intentionally as a remedy, as the vital powers are apt suddenly and unaccountably to give way.

Salivation.—Mercury has been administered almost indiscriminately in maniacal cases. Dr. Burrows considers its success doubtful. From some cases he mentions he is convinced that there are certain maniacal conditions in which the efficacy of mercury is indisputable, but what those conditions are, we do not precisely know. In several cases he has produced ptyalism, but in only one has he ever succeeded in restoring the mental functions by it.

Digitalis.—The testimony of British practitioners is at present much in favor of this remedy. Although Dr. Burrows has had no "surprising success" from the use of it, he has much confidence in its powers. From prussic acid he never derived any permanent benefit.

Camphor, in combination with henbane, has proved beneficial.

Spirit of Turpentine has been highly recommended in maniacal epilepsy. Dr. Burrows has tried it in three cases, and it produced no good effect.

Tonics, of all kinds, are admirable adjutants in the cure of insanity; but if given in recent cases, before vascular action and excitation are abated, they may be decidedly injurious.

Tobacco.—Dr. Burrows doubts whether tobacco is ever serviceable, except as a means of keeping some patients more tranquil.

In Commentary IV. the subject of moral treatment is considered. The various modes of restraining the violence of lunatics are described in the next commentary. Some interesting observations are made respecting the exercise, occupation, and amusement of the insane. Near the end of the volume our author notices Dr. Gooch's Essay on Puerperal Insanity, published in the last volume of the Transactions of the College of Physicians, and regrets that a case in it, which recovered by admitting her husband to the patient, was ever published; regarding Dr. G. as an enemy to the general practice of separation: but immediately after this case, we observe, in the original, a passage distinctly guarding against such a conclusion. The inference which Dr. G. draws from this case is, not that violent mania is to be cured by converse with relations, but that there is a stage of the malady in which the bodily disease is losing its hold over the mental faculties, and that the latter may be drawn out of the former by judicious mental management. To shew that the case is not accidental and unique, we may quote the following passage from M. Georget (article "Folie," Dict. de Medicine). Speaking of one form of mania, he says, "the patients are habitually tranquil, and present that mixture of reason and delirium which has been called reasoning insanity. The mind, left to itself, falls into complete disorder; if, on the contrary, its attention is fixed by objects which interest, by a conversation, a book, the composition of a letter—such patients often

recover both their reason and their intellectual capacity."

In such cases, patients want a crutch to support their poor tottering understandings, and are not likely to get it from the short and occasional visit of the physician, or from the more constant attention of the keeper.

That we have formed a very high opinion of the merits of Dr. Burrows' work must at once be evident from the trouble we have taken to present our readers with so full an analysis of its contents. Many even of the most acute writers on insanity have thought it necessary to plunge deep into metaphysics for the purpose of elucidating the various questions connected with the subject of mental derangement; and in following this course it must be granted that they have sometimes afforded us proofs of their ingenuity. Dr. Burrows, however, pursues a much more rational and useful plan. Leaving out of the question the digressive, if not fanciful speculations of psychology, he views the subject of insanity as a practical, not as a metaphysical question; and the manner in which he has treated every part of it, reflects the highest credit upon his professional ability.

ANALYSES OF BRITISH MEDICAL JOURNALS.

GLASGOW MEDICAL JOURNAL.

May, 1829.

I. *On Digestion.* By Thomas Thomson, M.D. F.R.S. &c. &c.

This paper will be found in a condensed form, at page 772 of our last number.

II. *An Essay on Iritis.* By the late George C. Monteath, M.D.

In a former essay (see Gazette, p. 418) the author treated of *Traumatic, Rheumatic,* and *Syphilitic* Iritis; and in the paper before us, he proceeds to describe certain other forms of the disease.

"*Arthritic or Gouty Iritis.*—Gout attacks the eye in various forms; two of them are seated in the external tunics, viz. the blepharophthalmia arthritica, and the ophthalmo-blennorrhœa arthritica, or gouty purulent inflammation of the eye-ball; and two are internal, viz. the iritis arthritica, which I am now to consider, and the ophthalmitis arthritica, seated in the deep and posterior structures, namely, the lenticular, optic, and ciliary systems, with the choroid membrane. In addition to certain peculiar symptoms, the iritis arthritica possesses, with the species already considered, the four diagnostic marks of the genus iritis—namely, 1st, the zone of sclerotic inflammation, immediately behind the border of the cornea; 2d, the impaired state of vision, from lymphatic effusion, giving the pupil a turbid appearance; 3d, change of colour of the iris, and of the shape, size, or mobility of its aperture, the pupil; and, 4th, more or less orbital, circum-orbital, but especially supra-orbital pain, chiefly nocturnal. Arthritic inflammation may attack the iris as a *primary* disease, but most commonly it supervenes upon some other ophthalmia, especially the catarrho-rheumatic, rheumatic, or traumatic, whatever the injury done to the eye may have been. I need hardly advert to the frequency of this conversion of disease in the eye. Cases of catarrhal and traumatic ophthalmiæ are every day observed to end in the strumous ophthalmia, which will prove more or less obstinate according to the degree of scrofulous dyscrasia existing in the individual at the time. So in gout: if the patient be actually labouring under a fit, or if the predisposition to an attack be in active operation, and inflammation of the eye be excited by any other cause, arthritic inflammation will gradually establish itself, and master and displace the former; and the stronger the diathesis, the sooner will the change be effected.

"The prognosis in this species is so unfavourable, and irrecoverable mischief is sometimes so rapidly produced in the pupil, that it is of much consequence to the patient, as well as to the character of the medical attendant, that its true nature be early detected and pointed out. Besides the general marks of iritis already enumerated, the following become diagnostic as soon as the disease is fairly established:—

"1st, As to the blood-vessels: the zone of inflammation becomes of a peculiarly deep red colour, and is seated both in the sclerotica and conjunctiva. A bluish white ring (a pathognomonic symptom), little broader than a hair, separates the vascular zone from the cornea, so that the vessels proceeding from behind forwards stop abruptly at this white ring, situated at the border of the cornea. This peculiar appear-

ance sometimes does not occur, particularly at the commencement, all around the cornea, but is confined to its temporal and nasal sides. It is difficult to give any explanation of this phenomenon. As soon as the gouty pains are fairly established in the eye, the vessels become *varicose*, and assume a bluish colour. The posterior part of the sclerotica, when not covered with red vessels, acquires *a yellowish-violet colour*, which appearance, as well as the varicosity, increases with the duration of the attack. The eye-lids are not inflamed, but a white foam, composed of most minute globules, is frequently observed along their edges. The blue colour and varicose state of the blood-vessels seem to indicate a great tendency to atony in gouty inflammation, and may account for this variety of inflammation being much less amenable to antiphlogistic treatment than most others.

" 2d, As to the periodic pains: they are described to be of a boring, tearing nature, and at all events are more excruciating and obstinate, both in their duration and returns, than any other species. A few attacks may ruin the eye. During each attack of the pain there is a great flow of tears, which does not generally attend the other species; there is also fever, the degree and duration of which depend on the severity of the pains. The duration of the fits, and the frequency of their returns, augment with the continuance of the attack, and seldom leave the eye entirely till the disease is cured, or the vision destroyed by closure of the pupil. The palliation and removal of these violent periodic pains form the leading object of attention in the treatment, for the return of a few severe paroxysms is sufficient to induce blindness; hence the importance of distinguishing and properly treating the disease at its commencement.

" 3d, There are several points in regard to the colour of the iris, the size of the pupil, and the state of effusion into it and into the anterior and posterior chambers, which are peculiar in arthritic iritis. The changes of colour so often mentioned in my first essay, are not here so evident. The pupil is generally contracted and immoveable, but remains in its natural situation, and is not drawn towards the root of the nose as in the venereal iritis. The effusions into the pupil and chambers are less abundant; and abscess of the iris or hypopion never forms, unless as the result of improper treatment. In the second and third stages of the other species, the cornea, or at least its conjunctival covering, becomes misty, as if covered with a fine halitus, or may even suppurate; whereas in arthritic iritis, the cornea and aqueous humour almost always remain clear, and permit a distinct examination of the state of the iris and pupil. Ulcerations of the cornea are also rare in all the gouty inflammations of the eye, and when they are present the case has partaken more or less of a scrofulous or rheumatic taint."

The German surgeons have paid much attention to this subject, and Dr. Monteath seems to have borrowed liberally from them, especially Beer. The indications of cure are, first, to subdue the pain; secondly, to remove the inflammation; and, thirdly, to prevent relapse. For the first purpose, narcotics are to be applied locally. " Half an ounce of ung. hydr. may be rubbed up with a scruple of pulvis opii, and the same quantity of extract of hyoscyamus or of belladonna, the size of a pea, is to be rubbed in every two hours, till the paroxysm of pain is subdued, which generally happens after three or four such applications. It may then be discontinued, till another paroxysm return."

The peculiar nature of the inflammation prevents us from being able to treat it by the same antiphlogistic means as in other cases. Venesection is seldom admissible, and even local bleeding must be had recourse to with caution. Purgatives are to be used so as to clear out the bowels effectually; and if, after their operation, the tongue still continues foul, " a dose of ipecacuanha, with a small proportion of tartar emetic, may be of infinite service." Dry warmth, applied by means of several folds of linen, heated and hung over the eye, is the only external application that can be employed with safety.

In preventing relapses, two sets of remedies are recommended: the first purely local, and the second constitutional. The former consists of stimuli, particularly aromatic herbs, suspended from the brow over the eye in a linen bag: for this purpose, bruised camomile flowers, sage, rosemary, and mother of thyme, are mentioned; and to these may be added a little powdered

camphor. Of the constitutional means little need be said, as they consist merely in attention to diet and regimen, and are comprehended in open bowels, temperance, and exercise.

The author next proceeds to speak of *iritis scrofulosa*, and *iritis from cutaneous affections:* but in neither of these divisions of the subject is there any thing of sufficient interest for extraction.

III. *Case of Congenital Occlusion of the Meatus Auditorius Externus, where Nature effected a Cure.* Communicated by Charles Loudon, M.D.

A very short paper, of which an account will be found in our preceding number, at page 781.

IV. *Report of some of the more interesting Cases treated in the Surgical Wards of the Glasgow Royal Infirmary during the Summer and Autumn of* 1828. By W. Auchincloss, M.D.

The most important of these cases we shall place among our Hospital Reports.

V. *Observations on Spasm or Cramp of the Stomach: with Cases and Dissections.* By John Macfarlane, M.D.

Spasm of the stomach, although often sudden in its attack, urgent in its symptoms, and alarming in its appearance, has been either altogether overlooked by the majority of authors, or noticed only in the most cursory manner, as an occasional attendant on dyspepsia. It is, however, an important, frequently-occurring, dangerous, and sometimes fatal variety of stomachic disease. Its symptoms are in general well-marked and diagnostic. The treatment requires to be prompt, powerful, and peculiar; and although in several cases it may be connected with a previously existing derangement in the functions of the affected organ, yet in others, and these by no means rare, it originates suddenly from distant irritation, or without any previous morbid indication.

When spasm affects the stomach there is the most acute pain, with a feeling of rigid contraction, violent twisting or tearing in the epigastrium, soon followed by painful and interrupted breathing, difficult articulation, pallid countenance, small, hurried, and contracted pulse, and occasionally with coldness of the extremities, and rigid contraction of the recti abdominis and gastrocnemii muscles.

In severe forms of the disease, the patient usually complains of a sensation of rigid contraction or drawing together in the epigastric region, occasioned by the inordinate contraction of the muscular coat of the stomach, and occasionally producing a hard circumscribed tumor perceptible to touch. When, however, the abdominal muscles participate in the spasm, the tension and inequality of surface produced by the morbid contraction of the recti abdominis effectually prevent the discovery of this tumor. The diaphragm, it is presumed, very soon sympathizes with this state of the stomach, and becomes also spasmodically affected, as the short, interrupted, and highly-distressed respiration, and the difficult articulation, evidently show. Indeed, every person who has seen a violent attack of this complaint must have observed the change in the respiration which takes place at the height of the paroxysm; the difficulty, and often the impossibility, of performing inspiration and exspiration in an unobstructed manner, and the half-suppressed cries or moans which the patient utters, apparently occasioned by the rigidly contracted diaphragm, remaining as an almost immoveable partition between the thorax and abdomen. If the hand is applied either to the thorax or epigastrium we can seldom discover the alternate elevations and depressions of these parts indicative of a natural state of breathing.

With respect to the causes of the disease, the author has seen several instances where it was produced by great mental anxiety. In some cases, where a strong disgust or antipathy exists to certain dietetic articles, any attempt to eat them, or even simply naming them to the patient, has been followed by severe spasmodic affections of the stomach. But the cases are, however, far more numerous in which the disease is produced, not through the influence of the imagination, but from the introduction into the stomach of some substance, which, from peculiar idiosyncrasy, acts on this organ as a morbid irritant. In addition to these exciting causes may be ranked, sudden exposure to cold, drinking cold liquids while the body is heated, coldness of the lower extremities, intemperance, &c.

"Females are more subject to this disease than males, in the proportion of 2½ to 1. Accordingly, of 36 cases which I have seen, 26 occurred in females, and 10 in males; and in 12 of these, no affection of the stomach, or other predisposing cause, could be discovered....Irritation in the uterus is also said to be a frequent cause of spasm of the stomach. Cullen says, that 'the ordinary flow of the menstrual discharge retarded, or totally suppressed, affects the stomach, and disposes it to be affected more readily with spasm.'"

When long continued, spasm of the stomach is apt to induce inflammation of this organ. The occurence of violent hæmatemesis during a paroxysm of spasm of the stomach, probably occasioned by a partial laceration of the internal coat of that viscus, is illustrated by a case,—in which the patient recovered.

An interesting case is related where death took place in little more than an hour from the commencement of the spasm, and where, although the body was not allowed to be examined, the author thinks the fatal event was produced by laceration of the stomach from the violence of the spasms.

In another instance, where the symptoms were well marked, and the history of which is given, a lacerated opening was found in the stomach on dissection, without the slightest vestige of organic disease, of gangrene, erosion, or ulceration.

The disease may prove fatal without inducing any lesion of the stomach, and an instance of this kind is detailed where, on dissection, the only morbid appearance that could be discovered by the most accurate investigation, was general softening of the cerebellum, with vascular turgescence in the base of the brain.

In the treatment of spasm of the stomach, where we find it occurring in individuals whose general health has been impaired by confinement or sedentary employments, or who have suffered from anxiety, fatigue, or exhaustion, and who are free from stomachic ailments, the author has found the paroxysms frequently subdued by a drachm of sulphuric æther with 50 drops of laudanum, its good effects being sometimes instantaneous; while in other cases the dose required to be repeated two, three, or even four times, before relaxation of the spasm was effected. In a few other cases the same decisive results were obtained, although the medicine was speedily rejected by vomiting. "On one occasion, (says the author) when I was about to operate on a woman for strangulated hernia, the husband, a stout robust man, on account of anxiety for his wife, was suddenly seized with nausea and slight vomiting, followed by excruciating pain in the region of the stomach, and the other symptoms of violent spasm. A bladder containing pounded ice, which had been applied to the hernia, was laid over the epigastrium, and with the happiest effects, for in less than five minutes the pain was removed. This application is much recommended by M. Barras in neuralgia of the stomach; but I have had no other opportunity of trying its efficacy." When the attack is produced by the introduction into the stomach of some morbid irritant, the speediest relief will be obtained by the exhibition of an emetic.

"I have in two cases seen the most marked advantage from venesection; and that when, from the aspect of the patients, the cold clammy state of the skin, and the feebleness of the pulse, the reverse of this treatment seemed to be indicated."

When the recurrence of this disease is connected with functional derangement of the stomach, much benefit is found from small doses of quina, but especially from the use of the subnitrate of bismuth. When the attack is excited by depraved intestinal secretions, or by constipation, which frequently happens, more benefit is to be derived from mild laxatives, and alteratives, than from strong or drastic purges. The diet should, of course, be strictly attended to, and such articles selected as are light and of easy digestion, for when the stomach is much stimulated, either by the quantity or quality of the food, spasmodic excitement, more or less powerful, is not unfrequently produced.

VI. *Intestinal Worms.*

A review of Mr. Rhind's publication, with some interesting remarks.

VII. *Lectures on the Eye, delivered to the students attending the Glasgow Eye Infirmary.* By W. Mackenzie, Lecturer on the Eye in the University of Glasgow, and One of the Surgeons of the Eye Infirmary.

LECTURE II. *On Periostitis, Ostitis, Caries, and Necrosis of the Orbit.*

Inflammation of the bones and periosteum (*ostitis* and *periostitis*) of the orbit may be the result of syphilis, scrofula, and other internal diseases, of a constitutional nature, acting locally; of injuries, perhaps attended with fracture; and, of the spreading of inflammation from the neighbouring parts, and especially from the soft parts contained within the orbit. We should call the first two examples *primary*, and the last *secondary* inflammation of the orbit. The last is by far the most common. Inflammation of the bones of the orbit may terminate by resolution, by an increased deposition of osseous matter being left in the inflamed part, *(hyperostosis)*; it may terminate in the formation of pus, and ulcerative absorption of the substance of the bone, *(caries,)* or in the death of the inflamed piece of bone, *(necrosis)*.

The most frequent cause of secondary inflammation of the bones of the orbit, is inflammation of the orbital cellular substance, or of the lachrymal gland, going on to suppuration, and the abscess from misapprehension or neglect not evacuated.

These diseases, as well as inflammation of the eyeball spreading to the cellular membrane, periosteum, and bones of the orbit, will be taken up separately hereafter.

When the bones of the orbit inflame from syphilis, after pain in the seat of the disease, not in general acute, there forms a tumor of the eyelids, slightly red at first, and but little painful to the touch, but which slowly advances in redness, pain, and size, till it is felt to fluctuate, and either bursts of itself or is opened with the lancet. It is but rarely that we have an opportunity of watching the invasion and progress of such a case. Much more frequently the patient applies for aid, only after the abscess has burst and discharged matter for a length of time.

The local appearances which may lead us to suspect caries or necrosis of the orbit are, a fistulous opening through one or other eyelid, more frequently through the upper, sometimes just under the centre of the superciliary arch, but generally nearer to the outer extremity of this arch; the opening of the fistula callous, or perhaps fungous; the skin around red, hard, depressed, and drawn back into the orbit; the eyelid shortened, so that the eyeball cannot be completely covered by the lids when the patient attempts to close them, a symptom called lagophthalmos; eversion of the lid through which the fistula passes, sometimes to a very great degeee; a discharge of ichorous matter from the fistula, the quantity discharged being too great in general to be furnished by the small opening which is visible.

It sometimes happens that several different portions of the orbit are affected at the same time, ending in the formation of a number of sinuses, passing through the eyelids in the direction of the diseased pieces of bone. Such a state is commonly the result of severe and general inflammation of the orbital cellular membrane, running on into suppuration. When the floor or the inner wall of the orbit is the seat of caries or necrosis, excited in this way, we almost always find that the whole thickness of the bone has, in a greater or less extent, been destroyed, permitting the matter to drain from the orbit into the nostril, or into the maxillary sinus.

Although caries of the orbit is generally attended by abscess of the soft parts in its neighbourhood (if it has not originated itself in such abscess), the skin of one or other eyelid inflaming, and at length giving way, and an external fistula forming; yet cases may occur in which the disease shall be situated very deep in the orbit, in the sphenoid bone, for example, where it gives passage to the optic, or other orbital nerves, so that amaurosis may be brought on, any suppuration of the soft parts which may lie long concealed, or even death be the result before any, or almost any, external marks of the disease be present.

It is impossible to decide from a mere examination of the diseased bone, what has been the nature of the inflammation in which the caries or necrosis has originated, whether syphilitic, or strumous, or scorbutic, or of what other kind. We must refer to the history of the case and the constitutional symptoms, in order to determine this point.

Children are not unfrequently the subjects of diseased bones of the orbit; strumous children, who have suffered inflammation of the lachrymal gland, and in whom the fossa lachrymalis of the frontal bone has become carious.

In other cases, the subject is adult and syphilitic; both orbits may be affected in such an individual.

The author has seen caries of the roof of the orbit, in an elderly man, free from any venereal disease, and who could give no account of the origin of his complaint.

In respect to the prognosis, the eye is in danger of being destroyed in cases of caries of the orbit, simply in consequence of the lagophthalmos, or incapability of closing the eye from shortening of the eyelid. In every case of caries of the orbit which the author has seen, there was either eversion or lagophthalmos, or both, and in consequence of the eyeball being but partially covered when the patients attempted to shut the eyes, there was always inflammation of the conjunctiva, sometimes inflammation and nebula of the cornea; and in one case, in which the lagophthalmos was to a great extent, the upper eyelid being permanently drawn by the sinus upwards and backwards into the orbit, so that a very considerable portion of the eyeball was continually exposed to the contact of the air and of foreign particles floating through it, there were pustule of the cornea and onyx.

In the local treatment, our object is, if the disease be caries, to arrest the ulcerative process going on in the bone; if necrosis, to promote the exfoliation of the portion which is deprived of life. We shall rarely be able to accomplish either of these, without dilating the fistulæ which communicate with the diseased bone. This is to be done partly with the knife, partly with tents. Various applications have been recommended in cases of caries and necrosis; but perhaps nothing is deserving of so much confidence as lunar caustic, either solid or in solution. Every second or third day, a strong solution of this substance may be injected along the fistula, taking precautions against the solution being allowed to touch the eye; or the caustic pencil may be conveyed into contact with the bone, and kept there for the space of about half a minute. In general, no cure takes place in such cases unless the diseased bone comes away; but the coming away of the bone is not always evident. It sometimes separates in minute scales, sticking to the dossil of lint, or washed out by the injection; while in other cases, a considerable portion is thrown off at once, is felt with the probe to be loose, and is to be extracted with the forceps. The exfoliation and healing up of diseased bone is throughout an organic process, and may unquestionably be assisted by whatever remedies tend to support or improve the general health. In syphilitic cases, mercury, sarsaparilla, and other anti-venereal remedies, are to be employed.

Unless when the separation of the diseased portion of bone and the healing up of the sinus have been more than commonly prompt, it is rarely the case that recovery takes place from caries or necrosis of the orbit, without a considerable degree of lagophthalmos, or eversion, or both. The lagophthalmos in such cases must be regarded as incurable; or if it be at all relievable, it is so not by art, but by a loosening of the retracted eyelid effected slowly by the natural action of the orbicularis palpebrarum.

VIII. *Case of Chorea; with Remarks.* By Robert Harrower, M.D.

This case was cured by the application of the tartar emetic ointment, so as to produce a coat of pustules on the scalp, and afterwards maintaining the discharge for a short time.

MEDICAL GAZETTE.

Saturday, May 23, 1829.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

ANATOMICAL BILL.

We presented our readers with a copy of the "Bill for preventing the unlawful disinterment of human bodies, and for regulating the Schools of Anatomy," in our No. for May 9th; by which early publication of this important document, medical men in every part of the kingdom were enabled, if desirous, to express their opinions to members of parliament before the measure actually passed into a law. On Tuesday night it was read before the Commons for the third time, and will speedily become part of the law of the land unless it receive some obstruction from the Lords.

On contemplating the bill, we cannot but look upon it as rather a clumsy piece of legislation—com-

plex in its machinery, and not so manifestly adapted to the intended object as could be wished. It may be regarded as consisting of two parts, one positive, the other negative. The positive prohibits, under certain pains and penalties, the reception of bodies from any but the legal sources; the other points out what those legal sources are; which, however, are opened to the anatomist, not as a matter of right, but only at the option of certain parties. Lastly, to secure the due fulfilment of these regulations, no one is to be allowed to practice dissection, whether in public or private, except under the license of commissioners, to be appointed by the Secretary of State for this express purpose.

The public are amply guarded against the real evils of exhumation, and the dangers, which to us appear imaginary, of *Burking*, by the dissecting rooms being placed under the surveillance of visitors; and by the severity of the penalty incurred if any body be found on the premises which has not been regularly come by. But whether, with the public eye fixed upon them, as is effectually done by the paraphernalia of the bill, the parties "having bodies in possession" will give them up for dissection, remains to be seen. That the chief schools in London will be supplied, we do not doubt; but we are not so well satisfied that this will be the case in the country. There is throughout the act much timidity shewn on the part of the legislature; and an extreme jealousy of medical men. We do not allude to the business being taken out of the hands of the College of Surgeons, for we do not see what any of the corporate bodies, individually, have to do with it; but we advert to the care taken that the majority of commissioners shall not be medical men; nay, it seems that even the treasurer and secretary are not to be of our profession. Now it is perfectly clear, that medical men must necessarily be better qualified to transact the business required of the commissioners than others unaccustomed to the subjects they will have to consider.

Some of the objections which we have heard against the bill appear to us unfounded. For example, the system of requiring teachers of anatomy to take out a license is much condemned by some; to us it appears perfectly reasonable; indeed, in our number for Feb. 21, we said "the example of France is constantly appealed to as the great object of imitation; and we are decidedly of opinion that it would be a very good thing if the jurisdiction exercised over those who profess to teach the healing art, was the first part of the system to be copied." It is true that in making these remarks we did not allude to commissioners of such a nature as are here provided; but still it is obvious, that if the Government takes the supply of subjects for dissection under their own superintendance, they have a right to require that every one who teaches anatomy shall be provided with their license.

With regard to another objection—namely, that no one who may wish to dissect a body can do so without a special license—we cannot look upon it as any hardship, because any one can at once get over the difficulty by becoming a pupil at the nearest dissecting room. It is much more decent and proper that dissection should be carried on in places openly and avowedly devoted to the purpose than in any private house, where the feelings of others are always liable to be outraged. We have seen a late member of our profession dissecting a child in his dining-room, and who had the body carried out on one tray while his dinner was brought in on another. This is an extreme case, it is true, but any thing approaching to it is calculated to excite disgust; and we are perfectly satisfied that dissection ought to be

limited to appropriate situations. One great object, however, is undoubtedly secured by the bill—viz. the abolition of body-snatching, and illegal sale of bodies from any quarter. And if the sources pointed out do not afford the necessary supply, it is to be hoped that, when the excitement of recent events has subsided, the minister will take a more liberal view of the subject, and apply the remedies with a bolder and firmer hand.

COLLEGE OF PHYSICIANS.

May 18th.

First Paper, on some extraordinary Cases of Metastasis of Asthma into Derangement. By Dr. Turner.

The first case was that of a gentleman, who, at the age of 50, began to suffer frequent attacks of asthma, which continued becoming worse till 70, when his breathing became suddenly easy, every symptom of dyspnœa vanishing; but he was seized with painful priapism and decided aberration of mind. These symptoms, however, observed, to a certain degree, the form and habitude of his asthma, appearing in paroxysms of from six to eight hours duration.

This state lasted for upwards of a month, when he gradually sunk, and, for the last twelve hours of his life, he became quite rational.

The next was the case of a lady, in whom, towards the close of her life, her asthmatic symptoms appeared to yield to an attack of mental delusion.

Dr. Turner then adverted to a case of similar metastasis related by Dr. Withering, in his Treatise on the Use of the Foxglove; and stated also, that the President of the College, Sir Henry Halford, had communicated to him that, during the epidemic influenza of 1802, he had attended a lady, with Dr. Baillie, who had been subject to attacks of asthma for many years, and who suffered so much at that time as to be for several days in the utmost danger. Sir Henry happening himself to be confined for a short time to his own house, was surprised, on going out again and inquiring after this patient, to find that she was labouring under derangement, but relieved of all her difficulty of breathing. The derangement continued six weeks, after which the asthmatic symptoms returned; and she lived four years afterwards, quite free from any mental delusion.

Dr. Turner thought that these cases strongly confirmed an opinion advanced by Dr. Heberden, in his Commentaries, that asthma must be considered "to be, in every instance, occasioned by a disturbance of those functions which are attributed to the nerves." He adverted particularly to the condition of sleep which brings on a fit of asthma, and is also known to be one of the most common exciting causes of other nervous disorders—as epilepsy, paralysis, &c.

Second Paper.—Suggestions for preventing the spreading of Contagion in Gibraltar. By Mr. Jeffery, the Engineer, whose plans for making Approaches to the New London Bridge have been adopted by Parliament.

Sir Henry Halford informed the meeting that he had hoped to have been able, by this time, to have laid before them the Report of the Board appointed to inquire into the late epidemic fever in that garrison, but it had not yet reached England.

The suggestions of Mr. Jeffery, who had been long resident in Gibraltar, consisted chiefly of plans for elevating a sufficient quantity of sea-water, by means of steam-engines, to cleanse out the sewers and wash the streets; and also of hints for cooling and ventilating the parched side of the rock upon which the town is built, by perforations through the rock from East to West.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

Mr. Ashwell related cases which showed the benefits resulting from simple warm enemata, exhibited every half hour, in rigidity of the os uteri.

Dr. Bright considered the case of affection of the heart, related at the last meeting, as curious, but not singular. It often, he said, happened that the early symptoms of disease were overlooked in the attention directed to those which supervene. He had met with three cases very analogous to that related by Mr. Callaway. A barrister was the subject of one of these cases. His heart appeared to be enlarged to double

its natural size, and the throbbing could be felt over the chest, yet he was able to pursue his professional duties. The second case was in a woman, a patient in the clinical ward of Guy's hospital. There had been rheumatism affecting the heart, but she became well, and was able to pursue her duties. At length she died of pneumonia; and a layer of false membrane, a quarter of an inch thick, was found upon the heart; and the heart was much enlarged. In the third case, the patient (a boy) had been under particular observation with, it was supposed, renal disease. After death his kidneys were found diseased; but it proved, on examination, that the heart was the organ in which the principal mischief was seated.

Dr Babington related an instance of chronic heart disease, from which, during ten years, but little inconvenience had resulted, chiefly in consequence of quietude.

Mr. Ashwell adverted to the circumstance of affections of the heart resulting from injuries in other parts; and particularized one instance. A gentleman had received a wound in the scalp, with injury of the pericranium. He was kept tranquil, and placed on suitable regimen, and appeared to be doing well. At twelve o'clock on the day preceding his death, he seemed comfortable, but in the evening Mr. Ashwell found him extremely ill. He had difficulty of breathing and perturbed pulse, and was under alarm. Twenty ounces of blood were taken from him, and he was afterwards cupped and leeched, but he died the next day. On examination, a blush of inflammation was observed on the pericardium. There was no appearance of injury of the brain.

Dr. Bright expressed his belief that more sudden deaths arose from affections of the heart and large vessels than from affections of the brain; and Dr. Babington and Dr. Conquest corroborated this opinion by cases.

The remainder of the evening was occupied by communications on the connexion between affections of the heart and maniacal attacks; and on puerperal mania, a case of which, in which there were exacerbations about every three hours, was related by Mr. Ashwell.

MANSLAUGHTER.

Mr. Edwin Martin Van Butchell has been committed to Newgate, on a charge of manslaughter. It appeared in evidence before the Coroner, that he had introduced an instrument into the rectum of a patient with a view of removing stricture; that the bowel was wounded during the operation, and that the unfortunate gentleman died in consequence!

HOSPITAL REPORTS.

HOSPITAL ST. LOUIS.

Hydrophobia.

Courbouloy, 28 years of age, by trade a tailor, was brought to this hospital on the 3d of July, 1828, at one o'clock in the morning, by two young persons who assisted him in walking. The man appeared to be of a sound constitution, and tolerably stout: he was in a state of great anxiety, and complained of a violent pain at the lower part of the sternum. When questioned as to the cause of his illness, he replied with great agitation, that on Monday the 30th of June he had eaten some fish which had a very strong odour, and since then he had felt uneasy, but had neither had pain in the belly nor vomited, and that his stools were natural; he pursued his usual avocations the day following, and had eaten some soup on the day after that, early in the morning; he, however, attributed his illness to the fish, and in the evening, without consulting any medical man, he applied leeches to the anus. The patient was placed in the ward of St. John, and presented the following symptoms:—extreme anxiety, convulsive breathings, spitting preceded by convulsive efforts, feeling of oppression at the syphoid cartilage, no nausea, no pain on pressing the abdomen, countenance pale, no head-ache, skin not hot, pulse very frequent and free.—(*Bleeding to four pallets; calming potion*)—No relief followed the bleeding.

Not being able to obtain any account of the cause of the symptoms, Dr. Cousture, in consultation with M. N. Pages and Vidal, recognized the same train of symptoms which they had observed in patients affected with hydrophobia: he had not, however, any horror of liquids, and had even bought some milk, which he drank with pleasure. The general convulsive state of the patient per-

sisted; there was no intermission; he continued to complain of an acute pain in the throat, and in the epigastric region; his countenance expressed great anxiety, and he complained that no relief was afforded him.—(*Twenty leeches to the epigastrium at ten o'clock in the morning; soothing drinks*)—This was not followed by the least relief: the same convulsions continued, the pupils were dilated, and he spat frequently; he drank, but his deglutition was convulsive, and he complained of pain in the throat; at noon he vomited some yellow matter, in which a little fish was observable; the patient retained his recollection throughout, but died at one o'clock P. M.

On the 3d of July, some hours after death, the Doctor was informed that from the beginning the patient had complained of an acute pain in the right arm, and that six weeks previously he had been bitten on the thumb of the same arm by a dog, whose state of health was not known; the cicatrix of this bite was 12 lines in length. During his residence at the hospital the man had never spoken of the pain in his arm, nor mentioned the scar of the bite, which was perfectly healed, without any tumefaction at the edges.

Necropsy, 21 hours after death.—The cicatrix was carefully examined, the subjacent cellular tissue was not injected, and the nerves, dissected from the spot up to the brachial plexus, presented their natural colour and consistence, as did the cellular tissue surrounding them: the veins and arteries of both upper extremities were equally filled with black fluid blood, but they were not discoloured internally, excepting the right axillary artery, which was red, and also contained fluid blood; the other blood-vessels of the body were healthy, excepting that the internal membrane of the thoracic aorta was red, deeper in colour in some places than in others.

The cellular tissue exterior to the dura mater was infiltrated with blood, the sinuses gorged with fluid blood, the arachnoid covering the spinal marrow was uniformly red, and raised by a layer of thickish serosity and some bubbles of air; the internal surface of the dura mater was not red; no other appearances in the brain worth recording. In the chest nothing particular was remarked, excepting a uniform redness of the internal mucous membrane of the trachea and its branches, which contained no mucous.

Throughout the whole extent of the internal surface of the pharynx the redness was uniform, and the cryptæ very much developed; no alteration of the mucous surface of the stomach or of the intestines, excepting a more than usual development of the mucous glands; the tissue of the liver was of a deep red colour, gorged with fluid blood, and easy to be penetrated with the finger, every other part sound, excepting that the internal surface of the bladder was more vascular than natural.—*Journal Hebdomidaire.*

HOTEL DIEU.

Inflammation of the Vena Portæ, Hepatitis, and Splenitis, &c.

Gabriel G. aged 38 years, a man of large size, dark complexion and skin, having suffered for several years a series of syphilitic symptoms, took in Sept. 1826, different violent remedies, which occasioned a painful diarrhœa. From that period to the beginning of February 1827, he became emaciated considerably, and could not work. On the 3d of February he was seized with a shivering, which lasted an hour, followed by violent fever, the paroxysms of which recurred daily, and lasted from ten to twelve hours; he had, together with these symptoms, a dry cough and dyspnœa, with a dry red tongue, constipation, loss of appetite, and could hardly crawl about. He was admitted into the Hôtel Dieu on the 24th February: 20 leeches were applied to the anus. It appeared that he had often voided both blood and pus by the anus, and the finger, when passed into the rectum, detected an extensive ulceration above the sphincter; the fæcal matters were liquid, and it was readily perceived that they were diluted with the urine, which passed by this fistulous opening. The scrotum and perinæum were natural. Each stool was accompanied by tenesmus, general sweating, and a tendency to syncope.

During the following week the patient was attentively watched: a violent shivering took place about two or three o'clock in the afternoon, and lasted till five or six o'clock, or even later; the hot fit lasted all night without sweating, and by the time of the morning visit, the apyrexia was complete; the countenance expressed pain, but the hypo-

gastrium alone was sensible upon pressure. At the end of this time M. Borie prescribed the sulphate of quinine, in the dose of 15 grains, with a simple julep, the infusion of polygala, and emollient clysters. This treatment was continued for a week, at the end of which the cold fit had diminished both in strength and frequency, but the patient's general condition had become worse, and he was tormented by sleeplessness. For this he took opium in large doses, and experienced great relief from it.

From the 18th of March the disease made rapid progress, the shivering reappeared, and the quinine was omitted, in consequence of the mouth and pharynx being so much inflamed as not to be able to bear it: it was attempted to be given in clysters, but was immediately rejected with dreadful pain. Sinapisms and blisters were applied to the thighs and feet, but the patient expired in the morning of the 23d, without exhibiting any fresh symptoms.

Necropsy, 30 hours after Death.—Nothing remarkable in the head; the lungs perfectly sound; the heart pale, soft, and rather distended throughout, filled with large fibrous clots of a palish colour. Nothing unnatural in the large vessels, either arterial or venous.

The stomach was contracted, the mucous coat injected, and the summits of the folds pulpy; the small intestines healthy, as well as the large, as far as the sigmoid flexure of the colon. From this point to the anus the mucous coat was black, thick, and eroded in many places; the rectum was thickened, hard, and scirrhous; the fistulous opening was as large as a franc, and communicated with a sinus leading to the membranous portion of the urethra; the bladder was small, thick, and wrinkled; the vesiculæ seminales were filled with a yellow matter, like pus, which had not the spermatic odour; the spleen was black exteriorly, was six inches long by four inches thick; its substance was soft, of a scarlet red, pulpy, and reduced by the slightest pressure.

The liver was large, filled with black blood, and less tenacious than usual. The trunk of the vena portæ, from the spot where it enters the liver to its most minute ramifications, was filled with white pus, concrete, and assuming the form of false membrane, glued to the parietes of the vessel. The hepatic veins and the cava were unchanged; the artery and the biliary canal were also healthy. Round the inflamed vein the colour of the liver was paler than common, as well as softer; and it might be said that there was a beginning of purulent infiltration. The gall-bladder was filled with bile, which was easily squeezed into the duodenum.

We have had occasion to read the history of many cases of phlebitis—we have collected many remarkable examples of the same disease, both following wounds and operations, as well as without any apparent cause—but we know no case analagous to this. The disease, confined to one part of the venous system, produced very remarkable symptoms, that is, if we ascribe to it the long-continued daily shiverings, which nothing could put a stop to.

The rectum only was diseased; and the affection of its parietes was the result of the presence of the urine; the stools were frequently purulent, that is to say, they contained a certain quantity of mucus coming from the bladder. There did not appear to be any connexion between the disease of the rectum and bladder and that of the liver. The mesenteric veins and the abdominal vena portæ were healthy: the pus was only found in that vessel when surrounded by the substance of the liver; it was not deposited there, but must be admitted to be the consequence of a local affection.

Many important questions arise from this case. The syphilitic disease should not be passed over in silence, nor the violent unknown remedies employed to cure it. The consequences of this empiricism appear to have been serious, and may be considered as the cause of the patient's death. It is hoped that this case may induce physicians to be more exact in making their examinations of the dead body. Many things escape us, because we do not look for them. Phlebitis of the viscera begins now to be studied, and every thing induces us to believe that this malady will often be discovered to exist in those cases that have hitherto been called *morbi sine materia.*—*La Clinique.*

LEEDS INFIRMARY.

Aneurism.—Ligature of the Carotid Artery.

May 7.—John Pratt, æt. 43, residing near Bradford, was admitted under Mr. H. on

the 13th of March, for an aneurism, the result of a wound inflicted on himself by a sharp-pointed shoemaker's knife.

The injury had been done ten weeks before his admission; lost at the time a large quantity of blood, which ceased to flow as soon as syncope supervened. He gradually rallied; and a pulsating tumor made its appearance, situated over the carotid artery, opposite the space between the os hyoides and thyroid cartilage. The tumor represents a cone, (e. g. the transverse section of a common egg), the base of which may be said to include the artery, and the apex to point outwards, on which is a small granulating wound filled with coagulum. Hæmorrhage, to an alarming extent, has taken place once every ten days or fortnight, but has always ceased on the occurrence of syncope.

The above account was given by his son, who accompanied him on his admission.

Countenance pale; makes little or no complaint; indeed, appears in other respects to ail nothing.

It was deemed necessary, on consultation, to secure the artery; which was done the following day, at 2 o'clock P.M. by Mr. H.

In the first place, the common carotid was cut down upon and tied with a strong double ligature in the usual manner, and without any difficulty whatever, the aneurismal tumor being situated so high above as not to interfere with the necessary incisions of the operation. No impediment arose from the jugular vein.

The next step was to open the sac, which Mr. H. did by cutting freely from below upwards, and removed the coagulum; the wounded artery being then exposed, a copious flow of blood took place. This, together with the circumstance of the vessel being deeply situated, and the risk there was of wounding contiguous parts, of an important nature, occasioned considerable difficulty and delay in securing the artery. In opening the upper part of the sac, the superior thyroid branch was divided, and immediately tied. Shortly after, the punctured wound of the carotid was discovered, around which a double ligature was carried, both above and below, by which means a stop was put to all further hæmorrhage. From the size of the vessel, (which was somewhat thickened by the adhesion and condensation of the cellular membrane, as well as from the situation of the puncture; viz. opposite the upper edge of the thyroid cartilage), it was judged to be the external carotid that had been wounded, about its origin. The integuments were brought in contact with adhesive plaister; a flannel roller applied, and the patient removed to bed.

6 P.M.—Complained of heat about his head, with pain and heaviness. Pulse moderate. Had a purgative enema, and a dose of infus. sennæ op. administered, and repeated every two hours, until free evacuations were produced. The spirit wash was kept applied to his head; and nothing, of course, but the mildest diluents allowed.

10 P.M.—Had an evacuation by stool, and felt the symptoms relieved. He now commenced taking the effervescing saline draught, with grs. 10 of the nitrate of potash; and by a continued application of cold to his head, and attention to his bowels, all urgent symptoms went off in a few days. On the fourth day from the operation, the ligature from the superior thyroid came away with the dressing; on the sixth, that from the external carotid in the same manner; and on the twenty-third, that from the common carotid separated of itself.

The dressings were renewed on the second day. Wound was quite free from inflammation, and had in a great measure united by the first intention. It was dressed daily afterwards with adhesive plaister. In the course of ten days the middle half was cicatrized, and little remained but the sore occasioned by the presence of the common carotid ligature. The discharge from first to last was very little, and inflammation not more than necessary for carrying on the adhesive process. The patient was discharged cured on the 16th of April, being five weeks after the operation.

HOSPITAL SHIP, GRAMPUS.

Stem of a Tobacco-pipe, four inches long, extracted from the Bladder and Urethra.

E. F. æt. 54, boatswain of His Majesty's storeship the Weymouth, was admitted on board the Grampus under the following circumstances. The night previously he had been intoxicated. When in this state he was seized with an urgent desire, without the power, to evacuate his urine. To this affection he had been subject for years, after exposure to cold, &c. The catheter, which he kept by him to pass on these occasions, could not be found; and in place of it he passed boldly into his bladder the stem of a common tobacco-pipe. The urine flowed freely; but on withdrawing the stem, it broke, leaving a portion in the urethra. There was much pain and swelling in perineo; and on placing the finger in the rectum the extremity of the stem was felt projecting into the bladder.

Mr. Thorburn endeavoured to lay hold of the stem with M. Weiss's forceps, but it was too firmly impacted to be in the least moved. The urethra was opened anterior to the bulb, and by pressure with the finger in ano a portion of the stem, four inches long, was readily disengaged.

The wound in the urethra healed by the first intention; the activity existing in the vessels at the time no doubt contributed to

this. He left the hospital in a week quite well, a large silver sound passing easily into the bladder.

ST. GEORGE'S HOSPITAL.

I.—*Curious and rapidly fatal Case of Hernia. Dissection.*

W. Burgess, about 50 years of age, who had been subject to hernia on the right side for 20 years, was admitted at 9 A.M. on the 6th of last April, under the care of Mr. Brodie. Six weeks before this he had been in the hospital with symptoms of strangulation of the gut, but was perfectly relieved by the tobacco enema, after all other means had failed. Since that time he had worn a truss.

At 4 A.M. of the day of his admission, the truss not being then upon him, the hernia descended during an asthmatic paroxysm, to which he was extremely subject. A good deal of pain and vomiting ensued, and when he was admitted into the hospital the tumor in the scrotum was as large as a child's head, very tense and tender upon pressure, and accompanied with pain on pressing the epigastrium; the pulse was 70 and rather small; the countenance jaundiced and anxious; the bowels not opened since the gut had come down. The principal seat of stricture appeared to the house-surgeon, who saw the case, to be in the external ring.

The taxis was tried for a minute or two, but not persevered in, as it made no impression on the tumor. The patient was then placed in the warm-bath, and ten or twelve ounces of blood abstracted, whilst two drachms of the liquor ant. tart. were given in divided doses, till a state of faintness and relaxation was produced and the tumor rendered softer, as well as less tender to the touch. He was then removed to bed, and the taxis a second time employed. It occasioned no pain, and gradually effected the reduction of the gut, which gave the patient immediate relief.

℞ Mag. Sulph. ℥ij. Aq. Menth. Pip. ℥iss. 6tis horis.

Shortly after the reduction, he obtained a small evacuation from the bowels, and in the course of half an hour felt a little sick, probably the effect of the antimony used. Two hours afterwards, he was seized with spasmodic difficulty of breathing, together with some tension and tenderness of the abdomen; the pulse was 70, or upwards, and weak; the extremities were cold.

Hirud. xx. abdomini. Cal. gr. v. Op. gr. i. Enema post hirudines. Haust. Sennæ duabus horis.

7 P.M.—He felt somewhat relieved by the leeches, but is now perceptibly sinking. The pulse is small and weak; no vomiting; inclination to make water, but inability to void it; great tension and tenderness of the whole abdomen. The hernia having partly descended again, was reduced with ease, and the catheter introduced, by which about ℥j. of urine was drawn off.

At a quarter past 10 P.M. he died.

The above account has been taken from the house-surgeon's book, as we saw the case but once, at 4 P.M., when the patient appeared to us to be sinking. The expression of countenance at that time was anxious and depressed in the greatest degree; the pulse was quick and weak; the belly excessively tense and tender upon pressure, the pain being so severe as to make him writhe in bed and keep his hand constantly applied to the groin, which therefore we did not see. He said that he had not been relieved by the reduction, which was totally different to the account he gave Mr. Lee, and which we have copied above. Mr. Brodie saw the patient in the evening, but at that time he was evidently dying, and nothing, of course, could be done.

It was generally thought that the gut had been ruptured in the reduction, as has happened in more than one instance upon record. Some, however, thought that the sac might have been returned with its contents, and, the stricture being in its neck, that strangulation might have gone on within the belly. Every one looked forward with eagerness to the dissection, the only means of effectually clearing up the doubts and difficulties that hung over the case.

Sectio Cadaveris.—The lungs were healthy; the liver was indurated and unsound. In the cavity of the peritoneum was a considerable quantity of dark bloody serum, and the intestines were much distended with flatus. A large portion of the jejunum, and the whole, or nearly the whole of the ileum, were inflamed on their outer peritoneal surface, being more or less reddened and injected. In several places, flakes of recent lymph were seen attached, but the inflammation, though extensive, had not yet acquired any great intensity.

Ten or twelve inches of gut were lying in the scrotum, and this was next examined.

The sac, which was not of the congenital kind, was so far adherent to the cellular membrane of the scrotum, that we do not think it could well have been returned by the taxis. It was little thickened; in its cavity was a quantity of the same sort of fluid as was found in the abdomen. The intestine it contained (there was no omentum) was inflamed, but not much more than that in the abdomen; the greater portion of it could be readily drawn out of the sac into the belly, but the remainder, some three or four inches in length, was firmly united by

adhesions to the posterior part of the sac. The stricture appeared to be in the external ring, and was not tight at the time of the examination. The intestines were slit up, and found to contain much dark chocolate-coloured fluid, very offensive to the smell. The mucous membrane was in parts inflamed, but no where ulcerated.

It is obvious, from this dissection, that the cause of death was neither a rupture of the gut nor the return of the sac and the stricture into the general cavity of the abdomen. At the time of the examination no stricture of any moment existed, nor indeed was the evidence of strangulation found in any part of the intestines. The patient, we suppose, must have sunk from the general peritonitis set up in a bad and enfeebled constitution. Even in this view, however, the rapidity with which he was cut off, coupled with the absence of any extraordinary intensity of inflammation, are circumstances that we cannot pretend to explain.

II.—*Notes of a Dissection.—Malposition of the left Kidney.*

On the 20th of last April, the body of a young man, a patient of Dr. Seymour's, who had died with all the symptoms of phthisis pulmonalis, was examined in the hospital dead-house.

The lungs were studded universally with tubercular deposits, mostly little larger than mustard-seeds in size, together with several vomicæ of larger dimensions. The inner surface of the peritoneum lining the abdominal parietes, and the peritoneal surface of the intestines, were studded in the whole extent with small black tubercles. In the right kidney were several patches, of a pale whitish hue; an appearance not unfrequently met with in the organ, and said to constitute malignant disease.

The left kidney was looked for, but could not be found, at least in its usual situation, and it was only after a vast deal of searching that it could be discovered, and then at the brim of the pelvis. It was lying on the psoas muscle, appeared to have no renal capsule, and was twisted round upon itself, so that its notch looked outwards to the crista of the ilium. From the notch an ureter went out, which turned down over the brim of the pelvis to reach the bladder. The kidney was smaller than its fellow, and received its supply of blood in part from the external iliac artery, on which it lay.

Had it been required to place a ligature on the left external iliac artery of this patient, what an awkward thing the above malposition of the kidney would have been! The Abernethian operation could not have been performed, but that adopted by Sir Astley Cooper might. The case, so far, is worth recording.

III.—*Effects of a Blow on an Encysted Tumor.*

A healthy young woman had a hard encysted tumor, the size of a marble, or larger, at the outer corner of the right upper eyelid and superciliary ridge of the frontal bone. The tumor had existed for two or three months, and latterly increased with greater rapidity.

Mr. Brodie directed the young woman to come to the hospital on the 21st of March, in order that he might remove the tumor by the knife. That morning she received a violent blow upon the part, and at noon, when she presented herself at the hospital, the tumor, before so solid, appeared to be nearly dispersed; was soft, fluctuating, not defined, and free from pain. Just to the inside of the angular process and root of the temporal ridge of the frontal bone, was a kind of pit, which felt as if it actually existed in the bone, but might have been produced, as these depressions frequently are upon the scalp, by the extravasated fluid. Under these circumstances, Mr. Brodie directed the patient to apply again in the course of a week, by which time he would see how matters had turned out. She has never since returned, and neither, we suppose, has the encysted tumor.

Bursæ, it is well known, have been cured by blows inflicted upon them by accident, or *secundum artem*; and therefore we see no good reason why the same should not happen to other cysts containing fluid. At all events, the *modus operandi* of the accident, in the present case, is curious. Δ.

NOTICES.

Mr. Cox has written to us, to express his determination not to continue the controversy with Birminghiensis, unless the latter chooses to write in his own name.

We are sorry that Mr. Stephens is not satisfied with the notice taken of his work on Hernia; but we cannot insert his reclamation. We by no means expect to please authors; if we attempted to do so, there are few books of which an impartial and independent account could be given. Mr. S. will find his paper at the publishers, in case he wishes to make any other use of it.

"Castigator" cannot be inserted: the terms in which he expresses himself are stronger than the case appears to warrant.

The specimen of united teeth is left at the printer's, No. 57, Skinner-Street, in case the owner may choose to send for it.

The Anatomical Description of the Foot of a Chinese Lady, and the Experimental Enquiry with regard to the Effects of Oxygen, in our last Number, were taken from the Annals of Philosophy.

We cannot insert the review that has been sent to us.

W. Wilson, Printer, 57, Skinner-Street, London.

THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, MAY 30, 1829.

ON THE

STRUCTURE AND PATHOLOGY OF THE OVARIA, WITH THE TREATMENT OF THEIR DISEASES.

Being the Substance of the Gulstonian Lectures, delivered before the College of Physicians, May 1829.

By Edward Seymour, M.D.

Physician to St. George's Hospital.

[Continued from page 797.]

LECTURE II.

The formation of the next, or most complicated form of ovarian tumor, with secretions in the cysts more or less fluid, is much more difficult to explain. It has been already stated that the disease consists in the conversion of the whole ovarium, much increased in size, into numerous tumors, filled with albuminous or adipose secretions, of various tenacity and colour. At other times, a single large cyst springs from the ovarium, and contains within it tumors, varying from the size of a pin's head to that of a large orange; sometimes the great portion of the parietes of the cyst consists of a large tumor growing from within, the intervals between the tumor and the other parietes of the cyst being filled with fluid secreted from the serous lining of the cyst. The tumors, when cut into, often shew similar smaller tumors in the interior, the space left between them being filled with semi-fluid albuminous substance.

The ordinary symptoms of this disease are very various, and by no means severe; and are limited principally to the effects of pressure on neighbouring parts, where the increase of the morbid growth is slow. The patient often suffers no other inconvenience than from swelling of the leg on the side on which the tumor is largest, or from the unsightly bulk of the abdomen, which she is unable to conceal. Patients have lived in this manner thirty or forty years, with a very considerable enjoyment of the comforts of life, and even the pleasures of the world. These have generally been cases in which the largest portion of the tumor depended on solid structure. Occasionally, however, the cysts have been thin, and the bulk of the tumor has consisted of fluid, rendering it necessary, from its accumulation, that it should be removed by paracentesis, and most marvellous accounts are given of the enormous quantities of fluid abstracted.

A patient of Mr. Keate's, in St. George's hospital, in the autumn of last year, was tapped, for the fourth time in three years, and lost seventy-five pints of fluid. She is now alive.

It may not be improper to allude here to two extreme, but well-known cases of this disease, one related by Dr. Mead, and the other by Mr. Martineau, of Norwich; on both of which authorities we can rely.

The first, that of Lady Page: in five years and a half this patient was tapped sixty-seven times, and lost 1920 pints of fluid.

The second, the case related by Mr. Martineau: Sarah Kippus, in 25 years, lost by tapping the incredible quantity of 6631 pints of fluid.

And here a question presents itself, the solution of which, like so many others in these inquiries, remains yet to be discovered. How is life supported, and the solids of the body nourished, when such an enormous quantity of fluid

is constantly being secreted from the blood; when a discharge from a wound, trifling by comparison, increased discharge from the exhalents of the intestines, or even the slow but prolonged oozing of blood in some hæmorrhages, are sufficient to exhaust the patient?

In cases of this kind, symptoms dependent on unusually rapid increase of bulk, or pressure on any particular organs in the abdomen, occur. Thus heart-burn, vomiting and purging, difficulty of passing urine, or violent and severe head-ache, are met with, which are entirely relieved if the bulk of the tumor be reduced.

There is a case now under the care of Mr. North, of Berkeley Street, where the patient has for many years been unable to pass her urine except by the daily use of the catheter; and this appears to arise from the natural situation of the bladder being altered by the pressure, and perhaps the adhesion of the tumor.

Where both ovaria are diseased in this way, the catamenia are probably always absent; when only one, they are sometimes irregular, sometimes absent altogether; but as they continue to occur often throughout the whole disease when irregular, it is rather the result of secondary constitutional derangement than of the local disease. In many cases the diagnosis of this disease is sufficiently easy. Pain has been felt in either iliac region, succeeded by a tumor, which can be traced low into the pelvis; and the uterus is found, on examination, dragged upwards by the morbid growth. The history, likewise, assists us: it has followed miscarriage or delivery; at other times it occurs in females where pregnancy is out of the question, or at a time of life when it is impossible, and yet where the unbroken health makes ascites a very improbable occurrence. Occasionally, however, independently of its complication with pregnancy, it is difficult to distinguish this disease from accretions of the peritoneum, and still more so from ascites, the result of visceral obstruction; often, also, it occurs together with ascites.

It appears to me that the following is the cause of the mistake of this disease for ascites with visceral obstruction. It often happens that the increase of the ovarium is slow, and extends by a narrow neck into the abdomen before it is perceived; adhesions take place between it and the neighbouring parts, and from that time the increase of its growth is very rapid. Hence, in some cases, the patient persists in having first perceived it in the right or left hypochondriac regions, and solid tumors give the appearance to the touch of being enlargements of the spleen and liver; when, if ascites be also present, the combination is very perplexing.

And this is no hypothetical case; it has occurred to me in the space of one year to have seen this mistake made thrice in different cases by persons of acknowledged talent and experience. It is only noticed here to point out a source of error, and recommend a very accurate examination of the abdomen.

Where ascites is present, a different feeling is given to the hand by striking the abdomen in front, or in the hypochondria. When the patient lies down, the fluid gravitates in ascites in the hypochondria; in encysted dropsy, it remains circumscribed.

The nature of the fluctuation is also in many cases singular. On striking the abdomen the fluid often appears as if only separated from the hand by some very thin medium, and this sensation has more than once led to the operation of tapping when nothing has followed the introduction of the trocar; the sensation in such cases being probably the result of the fluctuation communicated through the solid tumors.

The malignant form of the disease will be best recognized by the want of nutrition and broken health, and exsanguine appearance of the patient; the unevenness and rapid growth of the tumor; the simultaneous enlargement of glands in different parts of the body; and the occasional recurrence of extremely sharp pains in the tumor. This latter symptom is not constant.

This disease, although in by far the greater number of instances it continues when once formed through the whole course of life, occasionally disappears under very remarkable circumstances.

An adhesion is sometimes formed between the tumor and some portion of the great intestine, and a very large quantity of most offensive purulent fluid, of various consistence, is passed by stool; in such cases the patient often recovers; at other times the same takes

place by discharge through the vagina; and several cases are on record in which the discharge could be accelerated by pressure made on the tumor. How far such a termination of the disease may be influenced by remedies will be considered in the succeeding lecture.

Occasionally spontaneous rupture takes place at the umbilicus, and the contents of the cyst have been discharged through the aperture, and a perfect cure has taken place.

Through the kindness of Dr. Locock, a case, in which an attempt at a termination of this kind occurred, came under my observation last autumn. A woman, of about fifty years of age, had suffered for several years from an enormous encysted dropsy, springing apparently from the right ovarium. A fistulous sinus had formed at the right of the umbilicus, from which the fluid constantly dripped when any increase of the secretion greater than ordinary occurred; and thus the patient was kept in a state of distention otherwise almost insupportable.

A very remarkable case of this kind of encysted dropsy is also related in the practice of Dr. Mead. A woman, with an enormous enlargement of the abdomen, presented herself to that celebrated physician, in the hope of obtaining relief. Dr. Mead declared the disease incurable; and believing the strength greatly impaired did not think the operation advisable. A few days afterwards, hearing she was still alive, he visited her; and found two vessels, one holding twelve, the other six pints of fluid, which had escaped by rupture of the sac through the umbilicus on two succeeding days. The weak state of the patient induced Dr. Mead still to despair of her recovery; but here again his prognosis was wrong, the patient recovered; and, as we are not informed that the fluid re-collected, it is fair to infer that the cure was complete.

3. *Malignant form of the Disease.*

It is here right that I should lay before the College an outline of the views entertained on the formation of these tumors by two physicians, one of whom has devoted many years and much labour and erudition to the subject, and the other of whom appears likely to make great improvements in this very important inquiry: I mean Dr. Baron and Dr. Hodgkin. Dr. Baron's zeal and labour have been long before the public, and it would be wrong, in this place, to forbear my testimony of admiration to his original observations and learned writings. Dr. Baron, following some rather indistinct views brought forward by Boerhaave and De Haen, conceived that the tumors we have just been describing were hydatids, whose contents became more or less inspissated by time, and whose coats underwent changes of different degrees of density, from simple thickness to cartilage. The contents became coloured also by the rupture of blood-vessels; and, in short, by this simple view he accounted for all the various secretions with which these tumors were found filled.

For the sake of avoiding argument, as to the independent life of hydatids—arguments quite unnecessary, as Dr. Baron thinks—to the pathological reasoning in his last publication he has substituted the word vesicle in their place, as being liable to no such cavil.

Dr. Baron ascribes the formation of these vesicles to a change in the lymphatics of the part, the extremity of a lymphatic becoming closed, or the vesicle formed amid clusters of these enlarged lymphatics. He applies this reasoning in detail, to account for the formation of malignant tumors in every part of the body.

A practical observation is derived from his experiments of the most perfect truth—that malignant disease may be produced in any animal by bad nutrition, bad air, and confinement.

These conclusions of Dr. Baron are strongly corroborated by an observation which I had occasion to make. In the course of last summer I was employed in dissecting several animals who died in the menageries of this city, principally with a view of obtaining specimens of the comparative anatomy of the ovaria, for these lectures. Almost without exception, the individuals of the mammalia and birds died of tuberculous disease, affecting all the viscera of the body. Seclusion in close cages, bad ventilation, and a want of their natural food, had produced this result. Does not this lead to the conclusion that free air and nutritious diet, with an approximation to natural habits, is the course most likely to save those who are attacked among our own species by tuberculous disease?

Dr. Hodgkin's views, that encysted tumors of the ovarium, as well as malignant tumors, arise from the development of serous cysts, have a considerable analogy to those of Dr. Baron. Dr. Hodgkin's labours are not yet entirely before the public; it is therefore improper to comment long on them. They are well worthy, and will doubtless receive, the attention of the profession. Dr. Hodgkin, as far as our present subject is concerned, conceives that a large cyst, which he calls the superior cyst, is first formed; from the inside of which tumors of different sizes and shapes grow, pushing up the internal membrane of the superior cyst, which is reflected over them as the pericardium and pleura are in the natural serous cavities of the body. These secondary cysts contain, again, smaller; sometimes these smaller grow so fast as to strangulate one another, and the death of some of them cause altered appearances in the secretions of the parts; sometimes they burst through the reflected membrane, and present a fungoid appearance, which is well exemplified by some of the preparations on the table.

These views are very clearly and scientifically expressed in Dr. Hodgkin's paper; they do not, however, go to the extent of explaining the constitutional origin of the disease. In this respect, Dr. Baron has pushed his observations farther, referring those changes to disease of the lymphatics.

I have already stated, that several forms of these diseases appear to me to be the result of morbid actions occurring in, and being peculiar to, the structure of ovarium; and that the principal improvement will be derived in tracing them as they affect each separate structure of which this organ consists. Occasionally, the disease of the ovary which I have endeavoured to describe proceeds with a rapidity very alarming, and is accompanied with symptoms very different from the negative distress which the patient experiences from the slow increase of bulk in ordinary cases. In such cases there is a striking similarity in the progress and assimilation of contiguous structures, with what occurs in the formation and growth of malignant tumors, to which the name fungus hæmatodes has been applied.

A very remarkable case of this kind occurred to me about a year ago, and a short detail of it will, perhaps, better explain the rapidity and severity of its progress than any general exposition of symptoms.

A lady, æt. 30, of a very spare habit of body, but who had never been attacked with any illness except the ordinary diseases of infancy, was delivered of her third child in June 1827. In Sept. she first perceived a tumor of the size of a small pear, in the left hypochondrium. It was productive of no pain, and excited no uneasiness, nor did the constitution (with the exception of a few dyspeptic symptoms) appear to suffer from it. Suddenly, in the month of November, the whole abdomen became distended. A solid tumor, occupying the whole left side of the abdomen, was observed on examination, and a considerable fluctuation was felt on striking the right side. The patient was unable to lie down in bed, or on either side. The pulse was extremely quick and feeble, and there were accessions of fever in the evening, followed by profuse sweating. The urine scanty, the bowels regular, but distended with flatus. Total loss of appetite and sleep.

The patient was visited by many of the most eminent physicians and surgeons in London, and the resemblance in the form of the tumor in the hypochondrium to enlargement of the spleen, together with the rapid formation of fluid, induced a very general opinion, at one period, that the disease arose from enlargement of that viscus and subsequent ascites.

From the great pressure experienced, occasioning vomiting, heart-burn, flatulence, and at length the obligation to pass the whole night in a sitting position, the operation was had recourse to, and about 22 pints of ropy fluid, with the admixture of shreds of lymph and dark matter like soot, were drawn off. Much amelioration followed, but the patient was unable to pass a month without a repetition of the tapping, an operation which, each succeeding time, became more difficult, from the increase of the solid tumors in the abdomen.

During the last month, symptoms of inflammation of the sac repeatedly occurred, attended with a rapid and very weak pulse, apthæ in the mouth, vomiting, heart-burn, a total inability of lying in a recumbent posture, with dis-

tress from distention in the greatest possible degree. Temporary relief was afforded from one of the incisions, made by the trocar at a former period, reopening from the distending force within, so that two or three pints of puriform fluid escaped daily from the orifice.

The gradual loss of strength, from this constant discharge, and the symptoms of inflammation of the internal covering of the sac recurring, the patient expired in May, the disease having appeared and run its course, with a severity which never occurred to me to witness, in six months.

The body was opened by my friend, Mr. Cæsar Hawkins, in the presence of Dr. Warren and myself, and the following is the description of the appearances drawn up by him :—

A large tumor occupied the place of the left ovarium, and filled the cavity of the pelvis, and great part of that of the abdomen. It was completely adherent to the front and left side of the abdominal parietes, and to the back part also on the left side, nearly as far as the vertebræ ; the muscles being very thin, and having partly begun to assume the same appearance of malignant disease which the tumor itself possessed.

Great part of the tumor was solid, being composed, for the most part, of transparent white gelatinous substance, with membranous partitions, containing a number of globular cysts, filled with the same jelly ; some others with thin transparent fluid, and one or two portions of the tumors being yellow and harder in consistence. The greater part of this solid tumor was situated on the left side, close to the parietes, and extended from the pelvis to the ribs ; but masses, of the same appearance, and varying in size from that of an orange to a pea, were scattered around the principal cavity which had been tapped, and which was filled with thick purulent fluid. The whole of the external surface of the cyst and of the tumors was smooth and uniform, but the internal surface was very irregular, from the projection of these numerous globular portions of tumor into the interior of the cavity ; and this internal surface was in a very vascular state, while sections of the tumors exhibited very few vessels. This inflamed appearance of the principal cavity was much greater than is usually met with in the malignant disease of the ovarium.

The peritoneal surface of the cyst, and that of the contiguous intestines, were much inflamed, and covered with masses of recent lymph, and the cavity of the peritoneum contained a few ounces of serum ; but, except at the lower part, and where it was thus in contact with the cyst, the inflammatory appearance of the peritoneum was inconsiderable.

The abdominal viscera were raised by the tumor high within the chest, and pushed across to the right side and upper part of the abdomen, but were otherwise healthy.

The right ovarium was much enlarged and hardened, but did not present any appearance of malignant disease.

The next case, and the last which I shall relate, is of a similar character, but much slower progress. The patient was admitted into the asylum for recovery of health, to undergo the operation of tapping, which was performed by Mr. Hawkins. I attended her during a short time when she returned home. Mr. Hawkins, however, saw her occasionally after, and I subjoin his sketch of the case.

Mrs. B. aged 48, was admitted in the Asylum for Recovery of Health, March 15th, 1828.

Swelling commenced about twelve months since on the left side, and gradually increased till the present time, producing by its pressure considerable distress, and preventing her lying horizontally. She has never tried any medicine.

Fluid is very perceptible in any part of the abdomen, but on the right side a line of thick cyst is perceived, distinct from the general fluid, extending from the ribs to the spine of the ilium. Her countenance is very sallow and unhealthy, as of a person labouring under malignant disease.

She was tapped in the linea alba, by which 21 pints of fluid were evacuated. Half this quantity came from the cyst, and was thick and turbid. The fluid then ceased to flow, till, on introducing a director, the cyst was held back, so as to allow the evacuation of the remaining fluid, which was thin and clear, and evidently came from the cavity of the peritoneum. Some solid tumor remained, chiefly felt where the hard ridge was perceptible before the operation.

For two or three days afterwards she suffered much with tenderness of the

abdomen, having a brown tongue and other symptoms of irritation, which were subdued by opiates with ammonia.

She was afterwards twice tapped by Sir P. Macgregor, and died in the beginning of the following October.

The peritoneum contained some fluid in addition to that contained in the cyst, which was thick with large veins on the surface, but not inflamed. The tumor occupied the place of the left ovarium, no trace of which remained; the fallopian tube was free, and extended over the tumor. On the side of the tumor next to the uterus, and on the upper part, the walls of the cavity were formed by solid matter, for the most part white, and nearly gelatinous in consistence, but containing some brown substance. The inner surface of this solid mass, projecting into the interior of the cyst, was ulcerated, and loose portions hung into the cavity.

The right ovarium had undergone the change usually perceived in advanced life.

Fœtuses are occasionally developed in the ovarium, when some obstacle has occurred to the escape of the impregnated vesicle. A very beautiful drawing of such a case, with the account of it, is given by Dr. Granville, in the Philosophical Transactions.

One of the most frequent morbid appearances connected with the ovarium, is from tumors either in the substance of this viscus or attached to it by a peduncle, containing hair and adipose matter; and, fixed to the fibrous membrane which surrounds it, is often observed a small portion of bone, often a part of an alveolar process, containing one or more teeth, and occasionally a well-formed jaw with several perfect teeth.

A great number of such cases are on record, and one from the pen of Dr. Baillie, in the Philosophical Transactions. Several are detailed in the 25th volume of the Philosophical Transactions, and one occurred very recently in St. George's Hospital; a woman, about thirty years of age, some weeks after delivery, having been admitted, under Dr. Young, with symptoms of enteritis, which speedily proved fatal. The inferior portion of the small intestines were found inflamed, which inflammation appeared to be excited by the presence of a tumor of the size of a large cricket-ball, which had been attached by a narrow neck to the posterior part of the left ovarium. Its proper coat was of a fibrous texture, and of a purple colour, and enclosed a mass of sebacious matter, penetrated throughout with long fine hair; in removing which, a full-grown incisor tooth was found attached to the fibrous coat.

A very important question arises from the consideration of these growths —how are they produced?—and two sets of reasons have been adduced to account for their formation: 1. That they are imperfect conceptions: 2. That an ovum has been imperfectly fecundated, or at least blighted after fecundation, so that only an imperfect produce has been the result; and the fact that, in several cases, they have first been observed after parturition, would tend to confirm the opinion.

On the other hand, Dr. Baillie's case occurred in a virgin child, previous to puberty; Mr. Nicholls's case, described by Mr. Younge, in the Philosophical Transactions, likewise in a virgin.

In such cases, impregnation was out of the question. In addition to this, teeth and hair have been found in parts of the body which have nothing to do with the generative system. Rusch found teeth in the stomach of a boy; Mr. Coleman in the loins of a gelding; Mr. Brodie, a jaw with full grown teeth in the bladder. Dr. Gordon, in the first part of the 13th vol. of the Med. and Chirurg. Transactions, describes teeth and hair to have been found in the anterior mediastinum.

The fact of such cases has led to the opinion that these occurrences arose from an imperfect conception in the mother of the animal in whose body they were found: instead of a monstrous birth, or a perfect twin conception, a perfect fœtus, with a portion of the rudiments of another, generally attached to the generative system, but occasionally formed in other parts, was produced. To this it has been objected that these parts grow, and that they should be nearly stationary if formed in the manner which I have endeavoured to describe. It is probable, however, that they are susceptible of growth with the part in which they are embedded, as they are nourished by the same vessels and subject to the same laws of absorption. That they attain often a very considerable and sudden development when attached to the ovarium, is

certain; but it must be remembered that they frequently occur after parturition, during which time a very considerable afflux of blood has been determined to these parts, of which this attached mass will have received a portion.

On the whole, therefore, I am strongly inclined to believe that the second opinion is the true one, and that these bodies are the result of an imperfect conception in the mother of the individuals in whom they are found.

NERVOUS SYSTEM.

To the Editor of the London Medical Gazette.

Sir,

The letter in your last number, signed Alexander Shaw, has produced a very painful impression upon my mind. It is painful to witness the adoption, at the very outset of life, of a course so misguided. Nevertheless, as the false step which your young correspondent has made, has originated in his zeal—unhappily misdirected—to sustain the reputation of one at once his teacher and relative, I am unwilling not to give him one opportunity to retrieve it. Therefore, although the disrespectful and offensive language used by Mr. Shaw would justify me in treating with entire neglect the erroneous statements which he has been so ill advised as to make, I will, nevertheless, in the present instance, answer the remarks to which his name is subscribed; in order that, however he may have been hitherto misled, he may now have it in his power to retract expressions which can prove injurious only to himself. My answer will consist of little more than extracts from the original papers in which the experiments of Mr. Bell, M. Magendie, and myself, are detailed.

The passages which I shall first quote are from Mr. Bell's essay, published in the Philosophical Transactions, for 1821. The point which I cite them to prove is, that *Mr. Bell originally represented the facial branches of the fifth to be nerves of sensation and voluntary motion jointly; and the branches of the portia dura of the seventh, to have the office of transmitting instinctive impulses to parts already supplied with voluntary and sentient nerves from the first-named sources.*

"An ass being thrown," says Mr. Bell, "and its nostrils confined for a few seconds, so as to make it pant, and forcibly dilate the nostrils at each inspiration, the portio dura was divided *on one side* of the head; the motion of the nostril of the same side instantly ceased, while the other continued to expand and contract in unison with the motions of the chest. On the division of the nerve, the animal gave no sign of pain; there was no struggle nor effort made when it was cut across.

"The animal being untied, and corn and hay given to him, he eat without the slightest impediment.

"Another ass being tied and thrown, the superior maxillary branch of the fifth nerve was exposed. Touching this nerve gave acute pain. It was divided, but no change took place in the motion of the nostril; the cartilages continued to expand regularly in time with the other parts which combine in the act of respiration; but the side of the lip was observed to hang low, and it was dragged to the other side. The same branch of the fifth was divided on the opposite side, and the animal let loose. He could no longer pick up his corn; *the power of elevating and projecting the lip*, as in gathering food, *was lost*. To open the lips, the animal pressed the mouth against the ground, and at length licked the oats from the ground with his tongue. The loss of motion of the lips in eating was so obvious, that it was thought a useless cruelty to cut the other branches of the fifth.

"The experiment of cutting the portio dura gave so little pain, that it was several times repeated on the ass and dog, and uniformly with the same effect. The side of the face remained at rest and placid during the highest excitement of the other parts of the respiratory organs*."....

"*From these facts we are entitled to conclude, that the portio dura of the seventh is the respiratory nerve of the face; that the motions of the lips, the nostrils, and the velum palati, are governed by its influence, when the muscles of these parts are in associated action with the other organs of respiration.*....

"We have proofs equal to experiments, that in the human face the ac-

* Phil. Trans. 1821, p. 413.

tions of the muscles *which produce smiling and laughing* are a consequence of the influence of this respiratory nerve. A man had the trunk of the portio dura injured by a suppuration, which took place anterior to the ear, and through which the nerve passed in its course to the face. It was observed that in smiling and laughing his mouth was drawn in a very remarkable manner to the opposite side.

" We have seen, that when the fifth nerve, *the nerve of mastication and sensation*, was cut in an ass, the animal could no longer gather his food. In the individual whose face was paralyzed on one side, during the excited state of the respiratory organs, *there could be observed no debility or paralysis in the same muscles when he took a morsel into his mouth and began to chew**."

I shall next quote a passage from Magendie's Journal of Experimental Physiology: it is extracted from a paper in the last number of the volume for 1821: it purports to give an account of Mr. Bell's then recent inquiries, and the reader will see how completely the writer of it adopts the construction which I have put upon Mr. Bell's views.

" Mr. Bell suspecting, from researches in comparative anatomy, and from the origin and connexions of the nerve, that the portio dura of the seventh establishes a communication between the muscles of the nostrils and other parts employed in breathing, his first experiment was to cut the branches of the portio dura which are distributed to the nostrils.

" The experiment was made upon an ass. At the moment it was made the animal was in violent agitation, the nostrils were dilated and contracted alternately, and in unison with the movements of the chest. Immediately *after the section of the portio dura*, the nostril on the side on which the nerve had been divided, became motionless, and all expression of suffering disappeared from that side of the head.

" It remained to observe, if after the section of this great nerve, which is distributed to the integuments and to the muscles of the face, the skin had become less sensible. Every attempt that was made to determine the point served to show that the skin had lost nothing of its sensibility.

It was still necessary to determine whether the muscles to which the portio dura is distributed were totally paralyzed, or remained still capable of executing certain movements. It appeared that the act of mastication could still take place. *Finally, it appeared that there was nothing interrupted but the relation of the muscles of the face with the other muscles concerned in breathing.*

" The experiment was varied by cutting the upper maxillary branch of the fifth pair. By this operation no effect was produced upon the movements of the nostril, which was raised and depressed in concert with the action of other parts in breathing. But the remarkable fact was established, coinciding with Mr. Bell's deductions from anatomy, that the action of mastication could not take place, and that the sensibility of the skin does not exist, although the motions of the nostril continue, after the section of the infraorbital nerve.

" *We have repeated*, (says M. Magendie,) *these experiments at the Ecole Vétérinaire d'Alfort, with Mr. Shaw and M. Dupuy; and the result which we have obtained coincides perfectly with that which we have reported, with the exception, however, of the influence of the division of the infraorbital nerve on mastication, an influence which was not evident to me**."

Thus M. Magendie, like myself, considered Mr. Bell as having striven to prove that the portio dura is the instinctive nerve of the face, and that the infraorbital and mandibulo-labial nerves are at once sentient and voluntary nerves to the same parts. M. Magendie, however, states that he did not see that the act of mastication was influenced by the section of the infraorbital. Of the correctness of this criticism there is no doubt, if, as I suppose, by the action of mastication M. Magendie meant *the act of moving the lower jaw* in triturating the food. But the reader will observe, on referring to the first passage which I have extracted from Mr. Bell's essay, that Mr. Bell referred *to the action of the muscles of the lips* when he spoke of mastication. The latter action is certainly, as Mr. Bell stated, (but not from the cause

* Phil. Trans. 1821, p. 417.

* Magendie Journal de Physiologie Exper. Vol. 1, p. 387.

which he supposed), at an end when the facial branches of the fifth are divided. The former action is of course unaffected, because the muscles of the lower jaw are supplied with branches that are in no respect involved in these experiments. Therefore, when M. Magendie states that "the result which he obtained, (with the exception I have adverted to), coincided perfectly with Mr. Bell's," there can be little doubt that he implicitly adopted the theory of the "superadded" or "respiratory nerves."

To myself this theory, from the first, presented innumerable difficulties, which I believe it is no longer necessary to discuss, as its reputation is fast declining, and as my object is to secure to myself the honour, not of having subverted a theory, but of having discovered and established, by an original experiment—the genuine uses of the portio dura of the seventh, and of the facial branches of the fifth. I was led to this discovery in the following manner: I observed that in the experiments of Mr. Bell, and upon their repetition by M. Magendie, the portio dura had been divided *on one side* alone. It occurred to me that if the portio dura were divided *on both sides at once*, the result of the experiment would perhaps be greatly modified. I formed this conjecture upon recollecting that the motion of taking food is an action of the lips; and that the lips have but one great orbicular muscle, which being supplied by the portio dura of both sides, may continue to be influenced by the opposite nerve after the division of one. In other words, I thought that the motion of the lips in the prehension of food, which remains after the division of one portio dura, might result, not as Mr. Bell supposed from the influence of the fifth of the same side, but from that of the undivided portio dura of the opposite. The result of my experiment proved that this conjecture was right.

But let me quote the words in which I described my experiments in the first part of my Anatomical and Physiological Commentaries, published in August 1822. I began by repeating Mr. Bell's experiments on the fifth.

"I. The infraorbital and inferior maxillary branches of the fifth were divided on either side of the head of an ass, where they emerge from their respective canals. *The lips did not lose their tone, or customary apposition to each other, and to the teeth, but their sensibility seemed destroyed.* When oats were offered it, the animal pressed its lips against the vessel which contained the food, and finally raised the latter with its tongue and teeth.

"II. The common trunk, composed of the portio dura and a branch of the third division of the fifth, was divided upon the masseter muscle, on either side, in another ass. *The lips immediately fell away from the teeth, hung flaccid,* and the nostrils lost all movement. Some days after this the frontal nerve was divided on one side of the forehead of the same animal, when the neighbouring surface appeared to have lost sensation, but its muscles were not paralyzed.

"III. The portio dura was divided on either side immediately before its union with the branch of the fifth pair; the muscles of the lips and nostrils seemed as thoroughly paralyzed as in the preceding experiment.

"I infer from the preceding experiments, that in the ass the portio dura is a simple nerve of voluntary motion; and that the frontal, infraorbital, and inferior maxillary, are nerves of sensation only; to which office, that branch of the fifth which joins the portio dura probably contributes; and from the preceding anatomical details, (unnecessary to be quoted here), that other branches of the third division of the fifth are voluntary nerves to the pterygoid, the masseter, the temporal, and buccinator muscles*."

With an account of my further progress in these researches; how I found that the voluntary portion of the fifth is that small fasciculus which passes below the ganglion of Gasser, and the rest, I will not at present occupy the pages of your Journal, on which I am conscious that I have already far too much intruded. On any occasion, indeed, but the present, I should take pleasure in reverting to those physiological pursuits with which I commenced my professional life. For once, however, I find my attention called away from severer studies, and directed to physiology, unwillingly, and with pain.

I am, Sir,
Your obedient servant,
HERBERT MAYO.

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* Anatom. and Physiol. Comment. P. I. p. 112.

RECOVERY FROM DROWNING.

To the Editor of the London Medical Gazette.

May 20, 1829.

SIR,

I BEG through the medium of your interesting journal to publish the following ease, and also to give a few general direetions for the treatment of the drowned, as much harm is sometimes done before medieal assistanee can be obtained.

ATTEMPTED SUICIDE.

Last Friday night, at 10 o'clock, I was called to see Abigail Kenney, a poor, wretehed-looking woman, 60 years of age, who jumped into the Regent's Canal, New North Road, for the purpose of destroying herself. When she was taken out of the water, life appeared totally extinet. I immediately had recourse to the means employed by the Royal Humane Soeiety, and continued to use them for an hour and a half. This, I am happy to say, succeeded. The reason she assigned for attempting suicide was, that she was starving; a penny-loaf and half a biscuit being all the food she had tasted for three days. She also stated that she had lived in the parish of Spitalfields for thirty years, and that want of employment was the cause of her distress. The watchman and another man, who saved her, have applied to the Royal Humane Society for the reward.

TREATMENT OF THE DROWNED.

After the body is found, particular eare should be taken to employ the following means in the order described, and as quickly as possible; but, in the preeipitancy and eonfusion usual upon such oeeasions, eautiously to avoid every kind of violenee and rough usage. It is of the utmost importance first to eleanse the mouth and nostrils, strip off the wet elothes, wipe and clean the body, and wrap it in dry clothes or blankets before it is removed, in order to obviate evaporation and the effects of exposure to a cold medium. By either of these causes the temperature of the body would be greatly reduced, and the prospect of resuscitation diminished.

The colder the weather the more desirable it will be to strip off the wet clothes, and promptly to put on dry ones: this should be done upon the spot, unless a eonvenient plaee is near at hand to carry into execution the more material preparation. An error in the first steps of the resuseitative process may prove fatal.

It cannot, therefore, be too strongly urged upon those who humanely assist in these early moments, and who are seldom professional men, rigidly to adhere to these few artieles of instruetion; they may thus effeetually prepare the way for the restoration of life.

If they attempt to take more upon themselves, their intentions, though good, may be subversive of the end in view, and defeat the designs of the medieal attendant.

I am, Sir,
Your obedient servant,
J. BAKER,
Surgeon to the Royal Humane Society.

14, Brudenell Place,
New North Road.

CASE OF CONCUSSION.

Communicated by R. R. ROBINSON, Surgeon.

JAN. 8, 1829, twelve A.M.—Daniel Tidd, æt. 38, a strong muscular man, supposed to have been somewhat in liquor (though, as it was afterwards proved, he had only taken one glass of gin and bitters), fell down a flight of 10 stone stairs (a distanee of 15 feet), and pitched upon his head; his hat was on at the time, the erown of which was knocked in by the violence of the fall. When picked up he was motionless, eompletely insensible, and apparently almost lifeless; breathing slow and indistinct; pulse scarcely pereeptible; pupils rather dilated, and contraeting very feebly, upon exposure to a strong light. The left ear mueh bruised, and slight eechymosis of the sealp over the mastoid proeess of the left temporal bone; the urine discharged involuntarily at the time of the aeeident.

One P.M.—He now begins for the first time to move his limbs, and the skin, which had in the interval become cold, is getting warm again; the pulse more perceptible, though still very small and irregular.

Two P.M.—He was now removed home much in the same state. Though he looked about him, he continued insensible to surrounding objects. A few drops of blood issued from the left nostril.

Lotio frigida capiti adraso.
Ol. Crotonis gtt. ij. statim.

Three P.M.—Lies in bed with his legs drawn up; breathing at times somewhat stertorous; takes no notice of surrounding objects; mutters to himself, but will not answer when spoken to; pulse regular, about 90, and soft. Upon my attempting to bleed him, he resisted violently, and raved like a madman until his arm was released, so that the operation could not be accomplished. The bowels have not been opened.

Enema Commune statim.

Eight P.M.—Injection given with difficulty, which produced one hard, small motion, at which time he passed his water. He continues much in the same state, will not answer when spoken to, nor does he take any notice. Upon again attempting to bleed him, he made the same resistance as before.

Hirudines xx. capiti (temporibus).
Olei Crotonis gtt. ij. statim.
Calomelanos gr. v. post duas horas.

Jan. 9.—Has lain as if asleep throughout the night; has frequently vomited a greenish-brown inodorous fluid; is now at times sensible; knows his wife, but no other person; covers his head with the bed-clothes, and complains of great pain there; pupil moderately dilated—contracts feebly upon exposure to light; pulse soft, not above 60 in a minute; he will not show his tongue; skin warm; no motion.

V.S. ad ℥xx. (to which he now readily consented.)
Repetantur Hirudines et Lotio et Enema.
Senna and Salts every three hours till the bowels act.

Seven P.M.—No motion; lies in a state of stupor, but when roused is sensible, and complains greatly of his head; pupil contracts feebly upon exposure to light; has been frequently sick; pulse soft, slow, and small; tongue very much coated (seen now for the first time); two doses only of the mixture taken; blood drawn from the arm not buffy; cupping glasses were applied to the nape of the neck, but he was so restless that they could not be kept on, and only ℥ij. of blood obtained.

Calomelanos gr. viij. Pulv. Scam. Co. gr. xx. statim.
Rep. Mistura.

Jan. 11, Two P.M.—Much the same as yesterday. Slept well last night; complains of his head; seems rather more confused and obstinate; pupil contracts but feebly on exposure to light, which does not annoy him; four motions, with some greenish-yellow ropy bile voided; pulse soft and small, between 80 and 90; skin warm, dry; tongue like raw meat.

Repetantur Hirudines temporibus.
Cal. gr. ij. Ant. Tart. gr. ¼ nocte.

Jan. 12.—Complains more of pain in the head, but is not annoyed by light or noise; skin hot, dry; pulse 90, rather wiry; three motions; a restless night; some thirst.

V.S. ad ℥x.
Magn. Sulph. ℥i. Aq. menth. piper. ℥iss.
Ant. Tart. gr. $\frac{1}{16}$ 6tis horis.

Jan. 13.—Much more lively; some sleep last night; still complains of his head. Blood neither cupped nor buffed.

Hirudines viij. temporibus.
Cal. gr. v. Opii gr. j. nocte.
Rep. Haust. c. Vini Colchici ℥ss. ter die.
Pulv. nocte et Misturæ ℥j. p. mane.

Jan. 15.—Head-ache greatly diminished; rested well; does not recollect meeting with the accident, nor any past events; free from fever; bowels well open.

Calomelanos gr. ij. a. n.

Jan. 29.—Was getting fast well, until he was obliged to change his residence a few days ago, since which time he has had more head-ache, is very nervous, and easily startled by noise; pupil widely dilated, contracts feebly upon exposure to light; pulse soft and small; skin hot.

Repetantur Calomel. Hirudines viij. temporibus. Inf. Cascarillæ ℥ij. ter die.

March 30.—Nearly free from head-ache, and seems pretty well, though he is by no means so strong as before the accident.

Three stages were in this case pretty clearly marked. The state of collapse was not of long duration, and had he been bled then, as was very frequently

the custom at one time in such cases, and which I have seen twice put in force, the result would have been, I imagine, that scarcely any blood would have flowed. How far the administration of brandy would have been desirable in this case, appears to me doubtful; for although I have seen several cases where it has quickly brought on the hot stage, yet I think it came on in this instance sufficiently early; and the cases most adapted to this plan are when rigors attend this stage, as they occasionally do. The inflammatory state did not appear to come on until the fourth day of the accident.

The state of the tongue is also peculiar; and that raw-meat appearance which it put on, on the third day, is to be attributed rather to an over-loaded state of the intestinal mucous glands, than to the accident, and was removed by purging, which, in all probability, prevented ulceration ensuing, as it is apt to do, especially in fever.

This was not a case to bear, or require the large abstraction of blood so frequently necessary in some cases of concussion; and more good appeared to result from local, than from general blood-letting. The effect of mercury, as evinced by the pupil, appears to me to be worthy of note (although it did not produce ptyalism); an effect which I have remarked in three or four other cases where the brain had been even more oppressed than in this.

The case also shows how cautious we should be in suffering persons who have been the subjects of injury of the head to exert themselves afterwards; for although this man's moving was a matter of necessity, and done before I was aware of it, yet it produced fresh excitement, and required further depletion.

Cooper's-Row, Trinity-Square,
May 6, 1829.

ANALYSES OF BRITISH MEDICAL JOURNALS.

MIDLAND MEDICAL AND SURGICAL REPORTER.

No. IV. May 1829.

Art. I. *Observations on English Hospitals.* By J. K. Walker, M.D. Huddersfield.

This paper is continued from the former number of the journal. It consists so much of dates and numerical returns that it does not admit of analysis,—while it is too long for insertion.

Art. II. *Observations upon some forms of Spinal and Cerebral Irritation.* By John Darwall, M.D. Physician to the Birmingham Dispensary.

The affections which appear to Dr. Darwall referable to irritation of the spinal cord, are, perhaps, in their origin, confined to this portion of the nervous system, but probably a very short time elapses before the brain is also comprehended in the disorder. Of the nature of the irritation, dissection affords us no information; but the author is inclined to believe that in most cases there is some irregularity in the local circulation—that there is frequently congestion — and sometimes acute or chronic inflammation.

Disorders attacking the origin of nerves, at their junction with the central mass, always disturb the functions of the organs to which such nerves are destined. The first class is that in which the functions of the heart suffer, and the progress of such cases is generally the following:—" Depression of spirits, with dyspepsia, and occasional palpitation of the heart; considerable debility; great excitability; and every time that this is acted upon, it is followed by exhaustion, and more or less severe hypochondriacism. Emaciation occurs, and generally in proportion to the affection of the heart. After some time the palpitation becomes more and continual; the action of the heart is perceptible over a larger space, sometimes on both sides of the chest; the pulse at the wrist is various, according to the nature of the cardiac affection; if the ventricles become thin and weak, the pulse is rapid, small, and feeble, undulating; if, on the other hand, active aneurism of the organ exist, the pulse is, in the earlier stages, excessively powerful, and sometimes continues so till within a few hours of death. In other cases, it resembles, for weeks before dissolution, the pulse which attends passive aneurism. Unless death occur suddenly, these affections terminate in general or local dropsy, and the patient dies completely worn out and exhausted."

The following case is given in illustration:—" June 10, 1828. John Carter,

æt. 19, jeweller. This man applied for assistance a fortnight ago, having previously been under a very respectable surgeon's care, who had treated him as a dyspeptic patient. He had suffered much anxiety from domestic circumstances, having married four months ago, and in order to support himself, he had worked from thirteen to fifteen hours a day, taking at the same time very little exercise. His appetite failed; he suffered from great flatulence and palpitation of the heart. The last symptom gradually became more and more severe, till at length he could not move without exciting it. His spirits were excessively depressed; his nights quiet. By attention to his digestive organs his appetite improved, but without diminishing the palpitation of the heart in the slightest degree. A blister was applied to the upper part of the dorsal vertebræ, as high as the nape of the neck, the first day I saw him, which had the effect of greatly diminishing the palpitation. A week ago another blister was applied; the palpitation has ceased. His appearance is improved, and he declares himself well. The only essential difference from the treatment which had been previously adopted, was the application of the blister. I have heard of him repeatedly since, and he had no return of his complaint."

Another form of this disease is attended by severe and constant pain in one or both hypochondria, extending to the shoulder and arm, not always aggravated by pressure, and ceasing immediately upon or in a short time after lying down. There is head-ache, with great heat of the head, severe throbbing of the temples, and pain in the nape of the neck. The tongue becomes furred, and at the back part tuberculated. The stomach suffers under the various forms of dyspepsia. Palpitation of the heart to a greater or less extent is present, and often dyspnœa. The most common disturbance, however, is in the uterine function, and the author has scarcely seen an instance in which this has not occurred. Most commonly there is menorrhagia; in some few cases the catamenia are diminished, or they are completely suppressed. Leucorrhœa almost invariably attends. When the catamenia are profuse, they are usually, in the earlier part of the period, dark coloured and grumous, and are accompanied with severe pain. The urine generally deposits a light-coloured sediment, and varies much in quantity. The bowels are constipated, and yet no great relief is obtained by purging.

In another class of cases the brain appears to suffer considerably, and, though the catamenia are diminished, or almost suspended, the countenance is pale; the pulse weak; the breathing hurried; and the pain in the side varying. Cases of this kind frequently require more active treatment, and in the first instance even admit of general depletion, though this cannot be carried far. Remedies, nevertheless, appear afterwards to be more efficient, and it has seemed to Dr. D. that patients who have suffered depletion recovered much more quickly than those who were not bled.

In another variety of this complaint, pain in the nape of the neck is complained of, with occasional numbness of one or both upper extremities, and even with complete, though temporary, paralysis.

"To enumerate all the varieties of these affections would be endless; in all of them there is depression of spirits; in almost all there is pain and stiffness at the back of the neck, and the nervous sensations are peculiarly distressing. In some, in addition to the symptoms above mentioned, there are slight spasmodic twitches occurring in different parts of the body, and pointing out more decidedly the nervous origin of this disorder."

In laying so much stress upon the nervous system in these disorders, Dr. D. is far from intending to inculcate that *this alone* is affected, for doubtless digestion, circulation, and secretion, are all, more or less, interested; but it has appeared to him, that in practice this system has been too much neglected, and that more direct attention would lead to more successful results.

The author concludes by some observations, in which he dwells upon the necessity of great attention to the moral management of such patients.

Art. III. *A Case of severe Dyspnœa, succeeded by Epilepsy, and cured by counter-irritation of the Occiput and back of the Neck.* Communicated by W. Romney, Esq. Surgeon, Worcester.

This is rather an interesting case,

and we subjoin it as illustrative of the views given by Dr. Darwall in the preceding paper.

"Thomas Watmore, aged 25, a prisoner in the county gaol, under sentence of transportation for life, was brought from the tread-wheel to the hospital of the prison on the 23d March, 1828, with very hurried and feeble respiration, amounting to panting; a small and quick pulse, and great depression of spirits; countenance pale; tongue clean; bowels rather confined. There was neither pain, cough, nor mucous rattle, on inspiration. The inspirations were from 100 to 120 in a minute, and attended with a quick tumultuous action of the abdominal muscles. He bore pressure without pain on every part of the abdomen, which was free from fulness, hardness, or tension. He was immediately ordered to bed, and a dose of calomel, a saline purgative, and some warm gruel, were given. He passed a sleepless night; the bowels acted freely; but in the morning there was no amendment of his respiration. I took some blood from his arm, but faintness ensued when only a few ounces had been lost. He seemed rather better in the evening, but passed a restless night from the distress and hurry of his breathing.

"March 27th.—On repeating the bleeding this morning, although he had no dread of the operation, he suddenly became extremely faint, and respiration being suspended, apparently from spasm of the diaphragm, he had nearly expired. Camphor and opium were now had recourse to in considerable doses, but with no good effect. A dozen leeches were applied to the epigastrium, which bled freely, and he got a warm bath of the temperature of 90 degrees. He then appeared relieved for a few hours, but the hurried breathing returning, the leeches were repeated, followed by the warm bath, and a large blister to the epigastric region; and his bowels, which were confined, were relieved by castor oil. In spite of these and similar remedies, the hurried breathing, sleepless nights, and mental despondency, continued with very few and short intermissions till the 26th of April, on which day his respiration suddenly became more hurried than ever, and this distressing affection continued unabated for several days and nights, depriving him almost of the power of speaking, and totally of rest. This state was succeeded by the most violent epileptic fits I ever witnessed, requiring, with only short intervals, four men to hold him for several days and nights. These fits left him very exhausted and weak, and the respiration remained unimproved. He was in this state when I requested Dr. Malden to visit him, who gave it as his opinion that the peculiar dyspnœa had, in all probability, depended upon irritation of the cervical portion of the spinal cord, and that the supervention of the epilepsy might be accounted for upon the supposition of this irritation extending to the base of the encephalon. With these views he recommended the whole back part of his head to be shaved, and covered with a large blister, discharge to be encouraged from it, and before the blister healed, a seton to be put in the back of his neck. These directions were strictly followed. From this time he had no return of epilepsy; the dyspnœa also gradually went, and he had no relapse, although he remained in the prison some months afterwards."

Art. IV. *Notes on the Use of Iodine.* By John Baron, M.D. F.R.S. Physician to the General Infirmary, and Consulting Physician to the Lunatic Asylum, Gloucester.

This paper consists of two parts: first, some cases in which iodine was employed with advantage; and, secondly, some observations on the primary state of certain disorganizations. The former we shall place among our Hospital Reports; the latter we subjoin, the rather, as this subject has lately excited considerable attention:—

"When death is the consequence of a disorganizing process, parts not originally concerned in the disease become involved in it, and a confused and undistinguishable mass is often presented to the observer. This has been unfavourable for the advancement of sound pathological knowledge. Our minds being accustomed to reason on the more complex appearances, we cannot form any accurate conception of the simple and primary alterations which, when not checked, lead to such results.

"There is no disorganization in which the difference between the commencement and the conclusion is more striking, or more palpable, than that of

which I am about to speak. Look at a case of physconia; see an immense mass distending the cavity of the abdomen, and ultimately extinguishing life, by the enormous pressure and influence of a growth foreign to the healthy structure. Let us look at this mass exhibited on post mortem examination, and we shall probably find a compound disorganization, varying according to the number and variety of its elementary parts. Seldom or never contemplating the disease but in its last fatal form, we are not accustomed to judge of its appearance in its primary state, or even during its progress. We can scarcely believe that one, or two, or more, transparent vesicles growing from any portion of the abdominal cavity, should lead to mutations so formidable, or so fatal, as those just referred to.

"The uterus and its appendages are the parts most frequently attacked with diseases of this kind, and they are generally, though inaccurately, included under the appellation of ovarian. That I may be the better understood, I shall extract a few sentences from a work which I have recently published. 'In general, the following is the progress in this variety of disease. One or more transparent vesicles may be seen attached to the fallopian tubes, or to any portion of the uterus, or the parts contiguous. These, as they increase in size, undergo various changes, and at last a compound disorganization is formed, exhibiting different properties according to the time at which it may have been examined, and the actual state of its elementary parts. Two cases which I have lately seen are explanatory of this statement. In one, the disorganization was in its primary state: there were distinct pellucid vesicles containing a transparent fluid, the smallest of which was not much larger than the head of a pin; the largest was about the size of a hazel nut. Some slight change had taken place in the coats of the latter, they having become in some degree dense and opaque. In the other case the same variety of disease was in a more advanced state; clusters of vesicles and tumors were found hanging from each fallopian tube, and the progress in the transformation was demonstrable in the most satisfactory manner. One large vesicle of about an inch in diameter was quite pellucid; another, about the same size, upon the opposite side, was half pellucid and half opaque, and solid, the progress from the soft, transparent state, towards consolidation, being thus clearly discernible. In this stage the tumors, for the most part, hang downwards: this is not the position in which we generally find them afterwards. The reason of this is obvious. If they increase much in size, their downward growth is necessarily prevented, by the resistance which they meet with from the pelvis. They are, of course, forced to take another direction, and ascend into the abdomen, where they often acquire an enormous magnitude*."

"I have recently met with another case illustrative of these positions. A young lady, about 17 years of age, was cut off by an inflammatory affection of the membranes about the base of the brain: she had likewise laboured under amenorrhœa. I need not here detail the appearances found on examining the head; I would rather refer to what more immediately regards our present purpose. The abdominal cavity, with all its contents, was perfectly sound, with the following exception:—The uterus and its peritoneal covering were redder than natural. The ovaries and the fallopian tubes, on the contrary, were rather more pale than they are generally found. Attached to the tubes were two pendulous bodies; one, on the left side, about the size of a small pea, and connected by a very slender neck, was perfectly opaque, and nearly solid. The other, on the right side, attached in like manner, was about the size of a small grape, and was perfectly transparent, of an oval form, and full of a fluid quite pellucid; *one* red vessel traversed the cyst.

"I look upon these facts as illustrative of the *principia* of this class of diseases. Had the patients not been cut off by other affections, these incipient disorganizations (whose existence was not even suspected) could not have been discovered till their more advanced growth had rendered them perceptible."

Art. V. *Observations upon Spontaneous Combustion of the Human Body.* By Thos. Newell, of Cheltenham, M.D.

This paper contains an account of

* See Delineations, pp. 35, 36.

some curious instances of spontaneous combustion, followed by some speculations as to the mode in which this singular phenomenon is produced. The author remarks that there are in the human body materials capable of producing combustion to any extent, "should they accumulate, and by any cause be brought into action." But how they are "brought into action," of course remains unexplained.

Art. VI. *Practical Observations on the Nature and Treatment of Inflammatory Dyspepsia.* By JONAS MALDEN, M.D. Worcester.

The symptoms of chronic inflammation of the mucous membranes of the stomach are often confounded with those of simple indigestion. These are acidity, flatulence, and uneasiness of the stomach after eating, amounting, generally, to pain more or less acute and various in its duration. In general it may be inferred, that the nearer the inflamed portion is to the cardia, the sooner the pain is felt after eating. Often the appetite is good; frequently there is a longing for those articles which the patient knows, from experience, would cause him the most uneasiness. In some cases there is constant uneasiness of the stomach; and sometimes there is tenderness of the epigastric region, upon pressure. If vomiting, preceded by uneasiness, or pain at the stomach, be of frequent occurrence, and increase gradually, there is reason to suspect the commencement of serious mischief in that viscus. Wasting, if it be steady, however slow, is a very serious symptom.

The author has repeatedly observed, that the suspension of sympathetic headaches has been followed by organic disease of the stomach. Sometimes the atrophy is fatal before the organic lesion is of great extent. Often ulceration perforates the stomach —occasionally the changes which take place have the character of carcinoma. The morbid sensibility of the stomach, in these cases, is greatly augmented when the diseased structure ulcerates; and there is then an aggravation of the constitutional symptoms.

An accidental error in diet may produce a state of the mucous membrane, which will either assume the character of acute gastritis, or go on more slowly. A young lady, in good health, ate some thrashed wheat. She felt considerable uneasiness at her stomach for several days afterwards; her bowels were bound, and her appetite impaired. She took, by the advice of a medical friend, some strong opening medicine, which relieved her at the time. Six months from the time she ate the wheat she very often vomited, generally within an hour after her meals: her appetite was good, but she was afraid to eat. She felt a dull pain in her stomach after meals, a little to the left of the linea alba. The tenderness, on pressure, at this part was very trifling; but the cartilage of the rib immediately above it was very tender when pressed. The tongue was furred in the middle with a tenacious white mucus, the edges were clean, pale, and moist; countenance pale and languid; the pulse 80, small, *but not hard*; bowels generally rather bound. She was directed to live exclusively upon milk, milk and water, and gruel. To apply six or eight leeches every second or third day to the epigastric region, and to take a dose of the following mixture early in the morning, occasionally:—

℞ Magnesiæ Sulphatis ℥vi. Magnesiæ Carbonatis ʒiss. Mannæ ℥ss. Aquæ Menthæ viridis oss. Dosis sit Cochlearia Magna iij. cum pari mensurâ aquæ fontanæ mista.

Upon this plan of treatment the symptoms soon disappeared, and the author regards the case as one of inflammation of a portion of the stomach.

Another variety of dyspepsia is thus described:—"Some individuals have repeated attacks of inflamed tonsils, pharynx, sneighderian membrane, or larynx, dependent upon the coexistence of chronic inflammation of the mucous membrane of the stomach. In these persons, pain and uneasiness in the epigastrium, and an increase of habitual dyspepsia, precede the appearance of the catarrhal symptoms, and the latter often occur independently of any exposure to cold. If, in the treatment of this kind of cases, the attention be directed chiefly to the removal of the epigastric pain and tenderness, and by judicious diet to obviate gastric irritation, and the consequent dyspepsia, the catarrhal symptoms speedily give way."

Dr. Malden has seen much mischief result from the injudicous use of mer-

cury, which, with some patients, disagrees in any dose or form. The mildest preparation of mercury is the hydrargyrus cum creta, and sometimes we can, with propriety, only prescribe this.

"From long observation (says our author), I am convinced that the union of ipecacuanha, or antimonial powder, but in particular ipecacuanha with blue pill, enables us to produce more decided effect on the liver than we could by blue pill alone. The advantage of this is very great, for the blue pill may be gradually reduced, and at length entirely omitted in the preparation, and the healthy secretion will continue under the sole exhibition of ipecacuanha. There is not a fact in the practice of medicine, of the truth of which I am more satisfied than I am of this, and I have found a knowledge of it exceedingly useful."

Another medicine of which our author speaks highly, is the subborate of soda. He was first led to the trial of it by reasoning upon the salutary effect it has upon aphthous ulcerations of the mouth and fauces, when used as a gargle. Dr. M. gives from ten grains to half a drachm of borax, in solution, three or four times a-day, and sometimes adds one or two drops of laudanum to each dose.

The following remarks on the pulse deserve attention: — "The pulse, in this form of the disease, is not always hard, and often is not much accelerated, and yet the judicious treatment of the malady is strictly antiphlogistic; the *local* morbid sensibility alone being sufficient to indicate the propriety of this practice, and the successful issue of the cases so treated confirming its correctness.

"Speaking from the results of my own experience, I should say that if the symptoms or the state above described were attended by an uniformly hard and quick pulse, the commencement or progress of serious organic change, or the spread of the inflammation to the serous membrane, ought to be apprehended.

"The pulse is always hard in cases of scirrhous pylorus; to this I do not remember an exception, and in all cases where organic disease had involved the whole of the gastric tunics, the pulse has been hard. An uniformly hard pulse, particularly if attended by wasting, is the worst symptom the dyspeptic can present to his physician. Perhaps it may be objected that I have confounded irritation of the mucous membrane of the stomach with inflammation of it, and that many of the symptoms of the cases I have described might exist without the actual presence of inflammation. To this I answer, that theoretically it is very difficult to define the exact point where irritation ends and inflammation begins; that irritation always produces an increased afflux of blood to the part irritated, which is certainly the first visible change in the inflammatory process; and lastly, that practically the distinction is not of so much importance as many practitioners imagine, since the antiphlogistic treatment is adapted to both states."

[To be continued.]

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

An Account of some of the most important Diseases peculiar to Women. By ROBERT GOOCH, M.D.

DR. GOOCH presents an interesting example of a man, broken in health and compelled to abandon (we trust but for a time) the practice of his profession, retaining, amid bodily suffering, the full vigour of his mind, and converting the hours of sickness into busy leisure, during which he analyzes the materials with which his extensive opportunities have provided him, and presents to his brethren the results of his matured experience. It is refreshing to turn from the ordinary routine of medical writing to a work like that before us, in which the graphic delineations of disease at once convince the reader that they are copied from nature, and in which the inferences deduced seem to be completely borne out by the facts. We shall make no apology for devoting more than our usual space to the present analysis.

The work is inscribed in a singularly neat dedication to Dr. Babington, and has a preface, containing some excellent advice as to the most profitable mode of cultivating medical science. The necessity of every man

observing and thinking for himself, is particularly insisted on. In reading the most esteemed original authors, the student is recommended to note down briefly the chief points (thus, in fact, forming an analysis of the work), so that he may never have occasion to look into the volume itself again. Richter's Bibliothek Chirurgische is recommended as a model. The same general plan is advised in taking cases, the essential points only being noticed. "If the object of the student (says our author) is to learn only what has been *said* on a subject, the pursuit of knowledge is an easy task; but if his object is to learn what is *true* on a subject, the pursuit of knowledge is the task of a life."

Peritoneal Fevers.

The volume is divided into chapters, each treating of some different disease. Of these, the first is devoted to the peritoneal fevers of lying-in women. Dr. Gooch regards the disease known under the name of puerperal fever, or puerperal peritonitis, as a fever complicated with an affection of the peritoneum; and that "peritoneal fever" would constitute a more appropriate appellation. The morbid appearances are not uniform, though the most common are effusion of lymph and serum; and the name proposed would imply that an affection of the peritoneum is an essential accompaniment of the complaint, but without specifying what that affection is.

The author proceeds to remark, that the disease is much more prevalent at some seasons than others, and that it is always most dangerous when most rife. Another important circumstance consists in the evidence of it being occasionally communicated to the patient by some of her attendants.

"It is not uncommon for the greater number of cases to occur in the practice of one man, whilst the other practitioners of the neighbourhood, who are not more skilful or more busy, meet with few or none. A practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady whom he delivered a few days afterwards, was attacked with and died of a similar disease; two more of his lying-in patients, in rapid succession, met with the same fate: struck by the thought that he might have carried the contagion in his clothes, he instantly changed them, and met with no more cases of the kind. A woman in the country, who was employed as washerwoman and nurse, washed the linen of one who had died of puerperal fever: the next lying-in patient she nursed died of the same disease; a third nursed by her met with the same fate, till the neighbourhood, getting afraid of her, ceased to employ her. The disease has occurred in some wards of an hospital, the others being free from it; but after ventilating, cleansing, and painting these wards, they became as healthy as the others. Facts such as these have long led to the suspicion that the disease might be communicated from one lying-in woman to another in the clothes of the practitioner or nurse, or the furniture of a tainted chamber."

The disease consisting of fever with inflammation of the peritoneum, and it being admitted that both fever and inflammation may vary, not merely in degree, but in kind, it becomes a question whether peritoneal fevers differ only in *degree*, and therefore only require that the *degree* of treatment be graduated according to each individual case; or whether it may not differ so much in kind or type, as to render the treatment which is proper in some cases destructive in others. The latter is the conclusion at which our author arrives after a close analysis of the works of the principal writers on the subject during the last century. We cannot follow the author through these details, but must content ourselves by quoting his inferences:—

"Supposing that each observed accurately the disease which he witnessed, and that no mistake was made in the formation of his opinion, the inevitable conclusion is this: that puerperal fever, by which I always mean that fever which is accompanied by an inflammatory state of the peritoneum, is not one uniform disease, but may occur under different forms; that sometimes it is so mild as to be curable by the gentlest aperients, and at other times it is very obstinate and fatal. That in this latter form it sometimes consists of acute inflammation of the peritoneum, with inflammatory fever, which bears, and is curable only by early and active depletion: sometimes of inflammation and fever of a low type, in which depletion is useless, and even pernicious."

We next have a more critical review

of the opinions of some writers of the present day—chiefly of those of Mr. Hey, of Leeds, and of Dr. Armstrong; and the principal point we have to notice is the strong caution given by Dr. Gooch against admitting the description of these authors (however accurate as the representation of one particular epidemic) as a fair picture of "all former and all future puerperal fevers;" an impression which has been too generally received. One important circumstance we must advert to, as connected with medical reasoning in general. Dr. Armstrong's arguments in favour of bleeding and purging are principally, if not exclusively, deduced from the symptoms and post mortem appearances—"There is, perhaps, (says Dr. A.) no disease more uniform than puerperal fever in the symptoms and morbid derangements which it induces." But this assertion will not bear the test of being compared with the past records of medicine; nay, that these phenomena differ, our author argues, "is apparent, even in the experience of Dr. Armstrong himself, who describes the local inflammatory symptoms as being sometimes very distinct, sometimes very indistinct, and sometimes absent altogether, the patients not only complaining of no pain in the abdomen, but bearing pressure without the slightest shrinking." But it is farther and well pointed out by Dr. Gooch, that there is another point to be taken into the account, namely, "the effects produced by remedies," which frequently detect essential differences where the appearances have previously been so similar as not to be distinguished.

We have now arrived at the second part of the chapter, which contains the results of the author's own observations and experience. Dr. Gooch was appointed Physician to the Westminster Lying-in Hospital in the year 1812, and thus enjoyed ample opportunities of observing the diseases of lying-in women. Sometimes for many months there was no sickness among the patients, while at other times disease was constantly occurring; and the author thus describes the phenomena it presented:—

"The cases which were so numerous in these unhealthy seasons, had the common symptoms and course of puerperal fever. They began a few days after delivery; the leading symptoms were diffused pain and tenderness, with some swelling of the abdomen, a quick pulse, which was generally at first full and vibrating. Sometimes it was small, but still it was hard and incompressible; the skin was hot, though not so hot as in other fevers; the tongue was white and moist; the milk was suppressed. As the disease advanced the belly became less painful, but more swelled, and the breathing short; towards the end the pulse was very frequent and tremulous, and the skin covered with a clammy sweat; even in this state the tongue continued moist and the mind clear, and death took place generally about the fifth day. On opening the abdomen, which was often as large as before delivery, the intestines were found distended with air; the peritoneum was red in various parts; its surface was covered with a coat of lymph; the intestines adhered to one another, and the omentum to the intestines; coagulable lymph was deposited on various surfaces, especially in the depressions between the convolutions of the bowels and on the omentum, on both which parts it often lay in large masses; the cavity of the peritoneum contained several pints of a turbid fluid, apparently serum mixed with lymph. In the uterus the morbid appearances were generally confined to its peritoneal covering, which was coated with lymph, on removing which the membrane itself was found unnaturally red; but in some cases the disease had penetrated deeper into the uterus, the substance of which was sometimes infiltrated with pus, and sometimes contained small abscesses about the size of a nut; the inner surface of the uterus, especially at the fundus, often appeared black and ragged, as if gangrenous. The enlargement of the abdomen depended entirely on air in the intestines; when there was no air there was no enlargement, even though the peritoneum contained several pints of fluid. The first time I noticed this was in the body of a young woman who had died with all the symptoms of puerperal fever, excepting the tumid belly. When the body was lifted from the bed on to the board on which it was to be opened, the belly, instead of being tumid, was sunk and hollow, and we began to think that her case had been mistaken; but on opening the abdomen we found several pints of turbid fluid.

"The disease generally began very

suddenly. After being quite well, feeling no sense of illness, or at least making no complaint, the patient was seized at once with chilliness or shivering, and pain in the belly, and the pulse rose to 120 or 130; but sometimes the attack was more gradual. For many hours, or even for a day or two, there were pain and tenderness in one part of the abdomen, then in another, with long intervals, in which there was no pain any where; and during all this time the pulse would remain quiet, or not quicker than 80 or 90. In short the disease would have an incipient stage, but this was not a common occurrence.

"I soon found that I had to deal with a very fatal disease. When I saw the patients after it had been going on two or three days, or even longer, which was no unusual circumstance among the *out* patients,) I seldom or never saved them; the sunk countenance, the small weak pulse of 140 or 160, the tympanitic belly, the short breathing, and sometimes the clammy sweat, all indicated a fatal disease, past the reach of depletion, even if it had ever been fit for it; and cordials appeared to promise the only chance of recovery, but they were seldom or never successful: wine mixed with gruel, or egg for diet, and diffusible stimulants for medicines, were almost signals of a fatal termination. I was soon satisfied that the disease was incurable in this stage. Within the hospital I used to see it earlier, sometimes within a few hours of its commencement, although even here this was not always the case; for we had not yet learnt how soon the curable stage passed over, and how vitally important it was to begin the treatment at the very beginning of the disease. Besides this, the patients of a lying-in hospital are slow to confess themselves ill; they look upon pain of the belly as nothing but after-pains, and dread the active remedies which a confession of illness brings upon them; even after the confession the nurses are often dilatory in communicating it, and thus many hours used often to pass before I was called to the case, notwithstanding the activity, intelligence, and rare humanity of Mrs. Wright, the matron. There was another frequent cause of delay. In a very large proportion of cases the disease began in the night; the patient would go to bed complaining of nothing, and be waked in the night or at day-break by pain in the belly, and chilliness, but the night-nurse thought it unnecessary to disturb any body, and I lived two miles from the hospital. Whenever puerperal fever is prevalent in a hospital or neighbourhood, effectual means ought to be taken to obviate these causes of delay.

"When I saw the patient very soon after the attack, I found a different group of symptoms to what I had witnessed in the latter stage: the pulse was not so quick, about 120 or 130; it was generally full and vibrating, or if small, it was hard and incompressible; the skin was hot, the belly was slightly full and tense, and very painful and tender, so that the patient could neither bear to have it pressed, nor to turn from one side to the other in bed. These symptoms, especially the character of the pulse, looked like an inflammatory disease, for which the remedy was depletion; the appearances discovered on dissection corroborated this notion; remedies of an opposite kind had been tried unsuccessfully. Dr. Denman's and Dr. Gordon's account of the subject afforded encouragement for the trial of depletion, and I was still further encouraged by the experience of Dr. Maton. We therefore resorted to general and local bleeding, and purging; the blood drawn from the arm formed a crassamentum, which cupped and buffed in the greatest degree; the patients expressed relief from this treatment; it was soon clear that bleeding and purging did more good than any remedies we had tried, and our success in the treatment of this disease was decidedly increased. We were just in this state of opinion and practice, when the publication of Dr. Armstrong's Treatise rendered us more bold in the use of our remedies, and induced us to employ depletion with more activity.

"I now found that, provided I saw the patient within a few hours of the attack, I could generally arrest the disease. The mode of treatment was as follows:—A vein was opened in the arm, with a wide orifice, so that the blood flowed in a full stream, and it was allowed to flow till the patient felt faint; the arm was then tied up, and her head was raised so as to encourage the faintness for many minutes. As soon as the faintness had subsided, she took from ten to twenty grains of calomel in a tea-spoonful of arrow-root, and afterwards half an ounce of sul-

phate of magnesia dissolved in beef-tea, or thin gruel, every other hour, until several copious evacuations were procured from the bowels; when the patient had thoroughly recovered from her faintness, from ten to twenty leeches were applied to the painful and tender parts of the abdomen; when the leeches had fallen off, a bag, long and broad enough to cover the whole abdomen, was stuffed with hot poultice, which was spread so as to form a cushion nearly an inch thick—this was laid hot over the whole abdomen, and renewed so often as to keep up heat and moisture. If the patient complained of the weight of the poultice, the bag was stuffed with scalded bran. We found this application of infinite value, not only as a means of encouraging the bleeding of the leech bites, but also as a perpetual fomentation.

"In the treatment of acute inflammation in the vital organs, the customary practice is to consider local bleeding as a milder means of effecting the same object as general bleeding, and to postpone it till the stage for the latter is over. To me it appears that they are calculated to effect two different objects, both of which are necessary at the beginning of the treatment; the one to reduce the violence of the general circulation, the other to empty the distended capillaries of the part. As long as the pulse is quick, full, and hard, it is in vain to take blood from the affected part: if we could completely empty its gorged capillary vessels, they would be instantly gorged again, whilst the heart and large arteries are injecting them with so much violence. On the other hand, after having reduced the force of the general circulation, the capillary vessels of the part often remain preternaturally injected: this I conclude from the fact, that the patient is often not relieved till local blood-letting has been used, and then is relieved immediately. Hence, as soon as the patient has recovered from the faintness occasioned by bleeding from the arm, leeches ought to be applied without delay.

"I waited till the purgatives had operated fully, that I might know what impression the combined operation of general and local blood-letting and purging had produced on the disease, before deliberating about the employment of a second blood-letting. The common effect of these remedies was this: as long as the faintness lasted in the slightest degree, the pulse remained soft, and often slower, and the pain was much less, or ceased altogether; but an hour or two after the bleeding, when the circulation had recovered, the pain returned more or less, and the pulse regained much of its hardness, or incompressibility. This state continued till the leeches had bled freely, and the purgatives had acted repeatedly and copiously. The state in which the patient was found after this determined me whether or not to employ a second bleeding.

"My two chief guides were the state of the abdomen and that of the pulse. If the abdomen was still painful and tender, and the pulse retained any of its hardness or incompressibility, or if the pulse was not so small and weak as to forbid a general bleeding, a vein was again opened in the arm, and the blood allowed to flow till it produced faintness, which was encouraged as after the first bleeding; on the contrary, if the pulse was small and weak—if the pain was gone and only soreness remained, I preferred a repetition of the leeches. Mere soreness without pain, and with a feeble state of the general circulation, is more surely relieved by local than by general blood-letting; and the best mode of employing it is by relays of leeches—as soon as the orifices of one set have done bleeding, to apply a fresh set, till the soreness and tenderness are gone. The rest of the treatment consisted in purging during the day by calomel and salts, the constant application of the bag of poultice or bran, and leeches to the abdomen, till all the tenderness was gone.

"The active treatment, that which will determine the fate of the patient, should be begun and ended during the first day; when employed later, it is under great disadvantages, and with very diminished chances of success. When I consider the extent of the membrane which is affected, and the rapidity with which the effusions of inflammation are sometimes poured out, so far from wondering that the curable stage passes over so soon, it is to me a subject of wonder that the disease should ever be cured after it has lasted twelve hours. The more I have seen, read, and thought of this formidable disease, the more strongly am I impressed with the belief,

that whatever may be the proper mode of treatment, it is not fairly tried unless employed in the early hours of the disease."

Some cases are then related in illustration of the preceding observations; they are very interesting, and so arranged as gradually to lead the reader on to the same inferences which the author has deduced from them. The first three were successfully treated by bleeding, calomel, and purging. In the fourth, besides these remedies, opium was required. The case was this: a patient had been bled three times to fainting, and 30 leeches had been applied to the abdomen; she had been purged with calomel, followed by senna and salts. It was now the third day of the disease—she still had soreness of the abdomen, and could not bear pressure, nor turn in bed; her pulse was 130, feeble, and tremulous. Dr. Gooch was called into consultation, and the question to be decided was—whether the patient should be bled again? She was not bled, but the abdomen was covered with a bag filled with scalded bran, and she had ℥xx. of the liq. opii sed. which was repeated in four hours. She was speedily relieved, and eventually recovered. The author adds, that he has frequently seen cases where blood-letting having been carried as far as appeared prudent, and sufficient pain and tenderness still remaining to excite alarm, these symptoms have yielded to a full opiate and a warm poultice to the abdomen. In these and similar cases, large doses of calomel were administered "as purgatives;" but it is added, that soreness of the gums was sometimes produced, and "all the patients in whom this happened recovered"—a very important observation.

For some years the author supposed that the group of symptoms which indicate puerperal fever always constituted the same disease, though differing in degree; but after this period he met with cases which led him to suspect that there were exceptions to this rule. The following was the first of these.

A lady, accustomed to the use of opiates and tonics, was safely delivered of her third child: on the second morning ailing nothing, she had a dose of senna and salts, which operated severely, the abdomen gradually becoming painful and tender. She had no respite from suffering, and could not bear the slightest pressure; but her skin was cool, and her pulse 80, and soft. The medical attendant wanted to bleed her; but Dr. G. succeeded in preventing this, and she had Dover's powder and warm applications to the abdomen. She speedily got well. This case proved that a lying-in woman might have diffused and permanent pain over the abdomen with tenderness closely similating inflammation, but yet differing from it.

The next case carried him a step further. A patient, who in her ordinary state was pale, and subject to fits, had been put to bed four days, and she had laboured under permanent pain and tenderness all over the abdomen for more than one day. Her pulse was 116, "perfectly soft, and rather languid." She had been bled by her ordinary attendant early in the morning, to the extent of two cups, but the surface of the crassamentum was flat and red, and she had not been relieved. Twenty drops of laudanum and a warm poultice to the abdomen gave speedy relief. The opiate was repeated in doses of ten minims every four hours till next day. In this case the author was guided by the softness of the pulse—by the uninflamed appearance of the blood—and by the fact of the bleeding having afforded no relief. By this case it was proved that a lying-in woman may have diffused pain of the belly with tenderness and a rapid pulse, without requiring to be bled.

We cannot follow the author through more of these cases; but the chain is completed by others, which shew that all the above symptoms may be present without any of the appearances being presented by the peritoneum after death, which have been usually regarded as characteristic of puerperal fever. Indeed it appears to be distinctly made out from the evidence before us, that the peritoneal fevers of 1810 and 1820 have been very different, especially as regards the effects of remedies, and the appearances after death. "The most remarkable circumstance (says Dr. Gooch) which the experience of the last few years has taught us about peritoneal fevers is, that they may occur in their most malignant and fatal form, and yet leave few or no vestiges in the peritoneum after death. The state of this membrane, indicated by pain and tenderness of the abdomen, with a rapid pulse, appears to be not one uniform

state, but one which varies so much in different cases, that a scale might be formed of its several varieties: this scale would begin with little more than a nervous affection, often removable by soothing remedies, and, when terminating fatally, leaving no morbid appearances discoverable after death. Next above this, a state in which this nervous affection is combined with some degree of congestion; indicated in the cases which recover, by the relief afforded by leeches; and in the cases which die, by slight redness in parts of the peritoneum, and a slight effusion of serum, sometimes colourless, sometimes stained with blood. Above this might be placed those cases in which there are, in the peritoneum, the effusions of inflammation without its redness, namely, a pale peritoneum and no adhesions, lymph like a thin layer of soft custard, and a copious effusion of serum, rendered turbid by soft lymph. Lastly, the vestiges of acute inflammation of the peritoneum, namely, redness of this membrane, adhesion of its contiguous surfaces, a copious effusion of serum, and large masses of lymph."

In concluding this part of his subject, the author dwells with much earnestness on the imperative necessity of such regulations as shall secure to the patient the earliest possible presence of her medical attendant. He also urges practitioners in medicine not to regard the disease as always the same, but to be prepared to find it different in different epidemics; and lastly, to make up their minds out of what remedies they will make their selection when called upon to act. The remedies which he himself has found most efficient are bleeding, mercury, and purging, in that class of peritoneal fevers in which there is acute inflammation; and opiates, hot poultices, and aperients, in that class, the characters of which we have endeavoured above to describe. The distinction between these will sometimes be doubtful. "When I doubt the nature of the case," says Dr. Gooch, "I apply leeches at the beginning."

The author thinks that emetics of ipecacuanha, so successful in the hands of M. Doulcet, at the Hotel Dieu, Paris, deserve a more extensive trial than they have received in this country; and he also alludes to the oil of turpentine, as recommended by Dr. Brenan, of Dublin, as worthy of attention; but his own experience with this remedy is too limited to throw any light upon the subject

[In future Numbers we shall take up the other subjects contained in this volume.]

PROTEST AGAINST THE ANATOMICAL BILL.

We understand that the following paper was sent to each Member of the House of Commons; but that it did not arrive till after the third reading of the bill.

Edinburgh, May 18, 1829.

Sir,

We, the Principal, and Professors of Medicine of the University of Edinburgh, respectfully solicit your attention to the subjoined objections to the Bill upon Anatomy now in progress, and to the means of obviating them—being confident that the Legislature will consider the subject of great importance to the community at large, since the prosperity, even the existence, of the schools of medicine in Scotland depends upon its provisions; for in these schools a very large proportion of the medical practitioners of the united kingdom, and of the army, navy, and colonies, receive their medical and surgical education; and in the schools of Edinburgh alone, the number of pupils is at least equal to that of all the schools in London united. It is therefore much to be desired that the bill may be viewed in all its bearings before it be passed into a law, that we may be afforded an opportunity of being heard by Counsel, and that the specialties of Scotland be provided for, in order that the measure may be equally beneficial to all parts of the empire. We have honour to be, &c.

[Signed by the Principal, and Eight Medical Professors.]

Objections to the Bill.

The bill for regulating the teaching of anatomy, if it should, in its present shape, pass into a law, will operate very unequally upon the anatomical and surgical schools of England, Scotland, and Ireland. It will confine to London, and to other places where there are numerous and extensive charitable institutions, which can supply a large number of unclaimed bodies, the teaching of anatomy and surgery; but will be ruinous to the Scottish schools, and especially to Edinburgh, where of late form

800 to 900 medical students attend annually to receive their professional education. Edinburgh cannot, under the provisions of this bill, supply the number of bodies required for the instruction of its students. According to the most authentic documents, the number of unclaimed bodies in this city does not exceed 100 in the year; and when it is considered that many of these are opened by the medical attendants, for the purpose of ascertaining the cause of death, and that great latitude is given by the bill to the claiming of bodies for burial, the number appropriated to teachers will be reduced to one-half.

The supply of subjects in Edinburgh will be so small, that the students at this school will certainly be deprived of the incalculable benefit of dissection, and they will find it impossible to comply with the proposed regulation of the Royal Commission regarding the course of study required from candidates for degrees in medicine, or the regulations already enacted by the Colleges of Surgeons of London, Edinburgh, or Dublin, regarding the candidates for diplomas in surgery. Such students must therefore be driven to other schools, or, if this be attended with an expense too great for their limited means, they will be forced out of the profession.

No specific limitation to the number of dissecting-rooms is mentioned in the bill, though the experience of the anatomical schools on the Continent proves that such a limitation is attended with many advantages.

In the bill, no distinction is made between licenses to receive a sufficient number of bodies for enabling a teacher to conduct a course of public lectures on anatomy and surgery, and licenses to open dissecting-rooms; but the Professors will subsequently endeavour to shew that objections attend the multiplicity of dissecting-rooms, which do not apply to public teaching.

The bill imposes upon governors of charities the task of adjudging bodies for dissection. It is almost certain that the odium attached to this will be so great for many years, that it will very rarely be encountered by persons nominated for the superintendence of charities, and that, therefore, the bill will be in a great measure inefficient.

No provision is made in the bill for the supply of subjects in case of scarcity, to such persons as are compelled by law to teach.

There is no provision in the bill for preventing medical men who may be connected with particular schools, from being commissioners.

The bill, by granting to certain Commissioners the power of withholding a license, interferes with the prerogative of the Crown, the rights of Universities which appoint their own professors, and the rights of the Patrons of the University of Edinburgh. From each of these sources a professor of anatomy or surgery may receive a commission; but the commission would in each case prove nugatory under the operation of the bill, if a license were refused by the Commissioners proposed to be appointed under its authority.

Means of obviating the Objections to the Bill.

Ireland, it is humbly submitted, should be included in the bill, the object of which is to put an end to exhumation, and to facility the study of anatomy. In no part of the empire could so large a number of bodies be procured under the bill.

The medical schools of Britain and Ireland can only be put upon an equal footing, by permitting the free transference of subjects from places where the supply exceeds the demand, to those where the supply is inadequate.

Students cannot have an opportunity of dissecting in Edinburgh, unless transference from place to place be provided for by the bill. Without this transference, the medical schools of Scotland will be ruined, or exhumation will again be resorted to, the importation of disinterred bodies from Ireland will be continued, and the teachers in Scotland will be liable to severe punishment, from which those of England will be exempted.

It is stated in the bill, p. 4, l. 38, *et seq.*, that licensed persons are "to receive from, or by order of, any of the persons hereinafter authorized to deliver up the same, any such human body as is hereinafter permitted to be delivered up, and to remove such body from the place of delivery to the place appointed for dissection in the license to such party granted, and there to dissect the same."

This clause is not sufficiently explicit. Authority should be *expressly* granted

to permit the transfer of bodies from one part of the united kingdom to another, upon application being made by professors or licensed teachers.

The number of licenses for opening dissecting-rooms to be granted in Scotland, requires serious consideration; for, unless they be very much restricted, no one in Edinburgh will possess the means of teaching in a manner creditable to himself or the establishment to which he belongs. The belief of the necessity of this restriction is founded in the following facts:

Paris has risen into the highest eminence as a school for dissection, and there two dissecting-rooms only are permitted, though, according to the Parliamentary Report, it is believed that about a third part of the whole population dies in hospitals, and it is supposed that a fourth of that number is unclaimed.—(Vid. Report, p. 52, § 509.)

Many advantages attend the prosecution of practical anatomy on a large scale, which cannot be obtained where there are several dissecting-rooms with fewer bodies:—anatomy can be more rapidly and more completely taught; the different operations of surgery can be more frequently performed and exhibited; and where there are many students, with various degrees of knowledge, every part of the body is available, and no part is lost. A limitation in the number of dissecting-rooms is therefore, under all circumstances, useful; and is *necessary* in Scotland, where the proportion of the population which dies in hospitals is very small.

Two descriptions of licenses should be given, the one for receiving bodies to be employed in the demonstrations during public lectures, the other for opening dissecting-rooms in which the students are themselves employed in dissection.

It is conceived, that, to a particular public officer appointed for the purpose, as in Paris, or to the coroners in England, and sheriffs-depute in Scotland, or, in their absence, their substitutes, the distribution of unclaimed bodies should be confided.

The professors of anatomy and surgery in universities being nominated for the special purpose of giving instruction in these branches, and being compelled by law to do so, should have a priority of claim to a specified number of adult bodies requisite for anatomical and surgical demonstrations in public teaching; it being at the same time understood that each licensed private teacher shall have a claim for an equal number of bodies, if actually required for his public lectures, prior to the distribution for dissection by the students. It is conceived that the number of bodies to which the teachers of anatomy should have a prior claim, should be twelve, and four for teachers of surgery; but that the prior claim should not extend beyond twelve, when both branches are taught by the same person.

Medical men should be excluded from the commission for granting licenses, to prevent all suspicion of partiality.

Professors in Universities ought not to be obliged to take out licenses, for the reasons above stated.

Lastly, in the case of a temporary scarcity, the students of the University ought to have, to a reasonable extent, a preferable claim to subjects.

P. S.—We are most decidedly of opinion, after the most mature deliberation, considering the scarcity of subjects in Edinburgh, that it would be expedient to limit the number of dissecting-rooms for Edinburgh to two, and certainly the number ought not to exceed three.

Alex. Monro.
Robt. Graham.
W. P. Alison.
Geo. Ballingall.

DISTRIBUTION OF PRIZES AT THE LONDON UNIVERSITY.

On Saturday last a grand distribution of prizes took place at the London University. Many noblemen and gentlemen were present; the Marquis of Lansdowne presiding, from whose hands the successful candidates received their prizes and certificates of honour awarded them. The whole exhibition was intended and calculated to produce effect; and may be regarded as one of the most politic efforts which the Council have made. Two of the students especially distinguished themselves; Mr. George Atkinson, of Sheffield, who carried off three of the gold, and one of the silver medals; and Mr. Robert Garner, of the Potteries, Staffordshire, who gained three of the other prizes.

COLLEGE OF PHYSICIANS *versus* HARRISON.

A POINT connected with this case was decided a few days ago in the Court of King's Bench. The College of Physicians contended that as they were not the parties aggrieved, the object of the charter being to protect the public, so they were not liable to pay the costs of the defendant. The decision of the Court, however, was, that as the College, if they had succeeded in their action, would have been entitled to costs, (under the statute of the 4th of James I. c. 3), so the defendant, who did succeed, was under the same statute entitled to them. Rule discharged, with costs.

MR. VAN BUTCHELL.

MR. VAN BUTCHELL, whose committal to Newgate on a charge of manslaughter was mentioned in our last number, has been admitted to bail; he being bound to appear and answer the charge in 200l. and four others in 50l. each.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

VERTICAL FRACTURE OF THE PATELLA.

THESE accidents are so rare that there is scarcely any mention of them made in modern surgical works. The most ancient, as well as, perhaps, the most accurately described case of this sort is to be found in the collection of La Motte: the fracture was the result of a fall from a height; the two portions of the bone were slightly separated from each other, though the limb was half bent. It was placed in a state of extension, the knee enveloped in compresses, and with a bandage moderately tight. The cure was effected in twenty days, and the callus was not very apparent. About fifteen years ago M. Dupuytren received into the Hotel Dieu a middle-aged man who had, in falling from a great height, broken several bones; the right knee was enormously contused and deformed. The man died the third day after the accident. Examination discovered a longitudinal fracture of the patella into two nearly equal parts: the bones were moveable in all directions, and the capsular ligament contained some bloody fluid. About six months after this a man was brought drunk to the Hotel Dieu; a carriage had knocked him down, and upon the leg, knee, and left thigh, was seen the trace of the wheel: this had passed from the upper to the lower part of the limb, and the patella was broken in the same direction. The limb was placed in a proper position, and a bandage applied. The cure was nearly complete when the patient was seized with peripneumony, which carried him off twenty days after the accident. On examination it was found that the fragments were united by a well-formed callus, the apposition of the surfaces was exact, and every thing shewed that the cure would have been perfect in less than a month. Three years afterwards a man came to the same hospital to be cured of a varicose ulcer of one of his legs: on examining the limb M. Dupuytren perceived that the patella was considerably broader than usual, and had a very evident vertical prominence. The patient, when questioned as to the cause of this appearance, said, that several years before, having had a fall, he had broken the thigh and leg in several places, and the knee-pan had been fractured at the same time: the motion of this bone on the condyles of the femur was free when the extensors of the thigh were relaxed, but it was then easy to discover the friction of a considerable bony projection, situated at the posterior surface of the patella. The following case is not less important:—

M. aged 19, a servant, small, dark-complexioned, and of a weakly habit, affected for some time past with chronic catarrh, fell by accident from the second story upon a glazed skylight, that broke with her weight: she was taken up from the paved court-yard with a contused wound of the left knee, and another very slight one on the head. She could not bear any weight upon the wounded limb. She was carried to bed, and the edges of the wound were brought together with a dry dressing. Brought afterwards to the Hotel Dieu, the dressings were removed, and it was then seen that the wound was not united,

and that the patella was broken vertically into two unequal portions: the smaller piece was very moveable, and at the end of a few days M. Dupuytren judged it proper to remove it in the same manner as is done with regard to pieces of any comminuted bone. The limb was kept motionless, and extended upon a pillow a little elevated. A considerable suppuration of the contused parts ensued, and the whole limb was the seat of violent pain. The state of the patient was not promising: the tongue was coated; the pulse sharp, small, and quick; the skin hot and dry, and the thirst great. The treatment of the vertical fracture of the patella requires, no less than that of other fractures, repose for the affected limb, and relaxation of the muscles attached to the broken bone. It has been recommended from theory to procure the contraction of the triceps femoris, in order to bring the two portions of bone together. This practice is bad, and experience shews that by causing the joint to project, the fragments of the bone are separated from each other, probably in consequence of the shape of the articular surfaces, and of the insertion of the capsular ligament round the fragments. The stretching of the soft parts does not answer better in this case than in the reunion of longitudinal wounds of muscles, which is also the result of theoretical views; whereas the best plan is to suffer them to remain in the greatest possible condition of relaxation. Besides, a passive state is the only one supportable for a certain length of time, and it must not be forgotten that patients very soon lose the power of sustaining an effort of permanent contraction. It results, then, from the preceding cases, that vertical fractures of the patella are not uncommon; that they depend always upon external force; that they are also accompanied by wounds and contusions of the part, demanding the especial care and attention of the surgeon; requiring local or general bleeding, absolute rest, a severe diet, and a favourable position for the wounded parts. The limb ought to be kept somewhat elevated upon pillows, and protected by a cradle from the pressure of the bed-clothes. In this position the fragments cannot separate from each other, and the formation of callus goes on favourably. It has been seen that this is not a long process; twenty or thirty days are sufficient for the purpose, and if the condition of the soft parts affords no obstacle, we should not prevent the patient from taking exercise, for the disposition of the broken portions of bone in this case leaves no ground for apprehending the elongation and deformity of the callus. Besides which, the application of a knee-cap, or a simple roller round the joint, gives it a degree of firmness capable of resisting any effort.—*La Cliniq.*

VACCINATION IN FRANCE.

It appears from a research instituted by means of the President of the Royal Academy of Medicine, Bourdois de Lamotte, that during twenty years there have been vaccinated, by means of the Committee of Vaccination, about eight millions of persons; and in the same period throughout the whole of France, the number of individuals vaccinated amounts to thirty millions.—*Ibid.*

POISONING BY THE ACETATE OF MORPHIA.

Mr. G. a Brazilian by birth, student in medicine, in consequence of severe domestic trouble, conceived the idea of putting an end to his existence: for this purpose he procured 24 grains of acetate of morphia dissolved in one ounce of distilled water. Provided with this poison, he shut himself in his room, and drank the whole at six o'clock in the morning: six or seven minutes afterwards he began to feel its effects, lost his recollection, and remained in this condition without help till 4 o'clock in the afternoon. The master of the house, astonished at not seeing the young man make his appearance, knocked at the door of his room: no answer being returned, he caused it to be opened, and found Mr. G. stretched upon the bed, labouring under frightful convulsions. MM. Orfila, Richard, and Tacheron, were successively sent for, and found the patient in so desperate a state that they requested the landlord to advertise the commissary of the quarter of the fact, not expecting Mr. G. to survive many hours. Nevertheless, the most prompt succours were given: he was bled in the arm, and vinegar and water and a strong infusion of coffee were administered. To the great astonishment of the medical gentlemen these means were entirely successful, and the patient is now convalescent.—*Ibid.*

ON THE EMPLOYMENT OF THE EXTRACT OF MALE FERN ROOT.

Dr. J. J. Ebers has published eight cases in which the above medicine has been followed by complete success in the removal of the tænia. The dose prescribed by the doctor is from 18 to 24 grains, administered at two doses, under the form of pills. He has repeated this two or three times, occasionally; though, in general, one dose has been sufficient to cure the patient. He generally orders a purgative to be taken on the following day, which produces the evacuation of the worm, for the extract appears rather to have the property of killing the worm than expelling it. Dr. Ebers draws the following conclusions from his experience: — 1. The extract of male fern root is one of the surest means that can be employed against the tape-worm. 2. It generally kills the worm speedily, and thus favours its expulsion from the body. 3. It acts as a specific. 4. It does not expel the tænia in a ball, or mass, as other anthelmentics. 5. This medicine acts usually in a mild manner, and without producing any severe symptom: once only it produced some severe effects in a female, who had not the tape-worm. 6. It also expels *ascarides*, but with this difference, that it does not kill them.—*Journal de Chemie Med.*

We have been informed by a Dutch Physician, that the oil of the male fern root, in doses of from 40 to 60 drops, is employed with very general success in Holland, for getting rid of the tape-worm.—EDITOR.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Sloughing of the Pudenda, from Extravasation of Urine.

CASE I.—R. ——, aged 60, admitted Feb. 20, by Mr. Key.

This man has been the subject of stricture of the urethra for many years. During the last sixteen years he has had no necessity to employ any instrument, his natural efforts having been sufficient for the expulsion of the urine.

A week since, he perceived a swelling in the perineum, which became very painful. It was fomented, and some leeches were applied. Until yesterday there was no increased difficulty in passing the water, but then he was obliged to use great force in expelling it, and he had great pain, and a sensation as if the water were passing in a wrong direction; and each time the swelling in the perineum appeared to increase. At present there is tumefaction extending from the perineum, over the scrotum, to the lower part of the abdomen, especially on the left side. The swollen parts are a little reddened, and exquisitely tender. The scrotum, however, though the most swollen, has the least tenderness. It appears that he has a stricture in that part of the urethra which is anterior to the scrotum, so complete as to prevent the introduction of a probe. He can, however, still void his urine.

At 9 P.M. Mr. Key proceeded to lay open the urethra. He first cut into the tumor in perineo, which was found to contain an abscess extending into the scrotum, and holding one or two ounces of pus. No urine escaped. The next object was to open the urethra, in doing which great difficulty was experienced, the parts being much altered both in texture and appearance, and traversed by numerous false passages. At length the canal was found, and a female catheter being passed into the bladder, was there secured by tapes. A common poultice was applied.

21st.—Slept well till four this morning. Pulse 106, with more power than last night. His appearance has improved.

℞ Opii, gr. iss.
Hyd. Subm. gr. iss. o. n.
Haust. Ammoniæ, 6tis horis.

22d.—Doing well.

23d.—Not so well. The scrotum has been allowed to hang over the orifice of the catheter, so as to prevent the passage of the urine, and the consequence has been a fresh infiltration of urine in the left inguinal region. The integuments from the pubes to the crista ilii, and for a hand-breadth above and below Poupart's ligament, are red and very tender.

24th.—Pain and tenderness diminished. Pulse 92. Tongue a little furred.

25th.—Much more depressed than yesterday. Pulse very feeble. Tongue white and rather dry. Above Poupart's ligament, on the left side, there is more swelling, and a feeling of fluctuation. Mr. Key made a very free incision, which gave exit to a quantity of black fluid and most fœtid gas. It was evident that the whole of the cellular membrane of the part was in a sloughing condition; the perineum and scrotum looking more healthy.

Infus. Serpentariæ, ℥iss. 6tis.

26th.—In a state of great depression.

27th.—Better.

March 2d.—Tongue and pulse good. A large slough is separating above the pubes, and, as there is more redness and swelling, Mr. Key thinks it proper to make another incision.

Lot. Chlor. Sodæ.

7th.—The sloughing above the pubes is very extensive. The wound in perineo looks healthy.

℞ Camphoræ, gr. iij.
Quin. Sulph. gr. ij. t. d.

14th.—Improves. Pulse 92, and stronger. The sloughs are separating, and a healthy discharge has commenced.

23d.—The wounds are filling up with healthy granulations. His health improves. Mr. Key now thinks it necessary to examine the state of the urethra, but nothing larger than a probe will pass the first stricture. Not a drop of urine passes by the natural passage.

29th.—Mr. Key to-day succeeded in introducing a sound into the bladder.

April 1st.—Yesterday the passing of a bougie gave great pain, and in the night a severe rigor came on.

3d.—An abscess has formed in perineo, near the wound.

6th.—The abscess has burst, discharging one or two ounces of pus.

13th.—The abscess continues to fill and discharge, being sometimes very painful. A flexible catheter fixed in the urethra.

23d.—Nearly all the urine now comes the proper way, through the catheter. The wound above the pubes is nearly healed; that in the perineum contracts.

May 2d.—The night before last he had a severe rigor; afterwards was feverish. Yesterday he had vomiting, and took several doses of purging medicine without effect. Last night, inflammation of the skin and cellular membrane appeared around the wounds. At present all the lower part of the trunk, especially behind and on the left side, is affected with it, and the scrotum is very hot, painful, and swollen. Pulse 110, small; tongue furred, and brown.

℞ Lot. Spirit ℥viij.
Ammon. Subcarb. 3ss. M. ft. Lotio.

4th.—The erysipelas spreads. The scrotum is more swollen. Mr. Key, suspecting suppuration, made a deep incision, but no pus followed. The patient is very low; his pulse is feeble, and he is much purged.

Mist. Cretæ, c. Opio.

7th.—He loses strength, and the diarrhœa continues.

℞ Tr. Catechu, ℥ij. Cupri Sulph. gr. j.
Træ Opii, gtt. iij. 4tis horis.

12th.—He is rather better, but as he seems to make very little progress, owing apparently to the air of the hospital not agreeing with him, Mr. Key acceded to his own desire of returning to his home.

Case II.—A man, aged about 70, was admitted April 25th, with great swelling of the scrotum, and a large slough at the extremity of the penis. He was in such a state of exhaustion that no distinct history could be obtained from him, but it appeared that he had long been subject to stricture, and that the swelling had commenced ten days before his admission. The urine had been dribbling away for several days. Mr. Key attempted to introduce a catheter, but finding it stopped at about half the distance to the bulb, he at once opened the urethra in perineo, and passing a female catheter into the bladder, through the wound, secured it there by tapes. Two large incisions were made in the scrotum. A poultice was applied, and some sedative and slightly stimulant medicine prescribed.

26th.—A considerable quantity of blood came through the catheter to-day; the water came freely.

27th.—Pulse very irritable; patient more feeble; countenance death-like; no separation of the slough of the penis. The cellular membrane of the scrotum, where exposed by the incisions, is gangrenous.

May 2d.—Nothing worth notice has occurred until to-day. There is no separation of the sloughs. Patient is exceedingly exhausted. A circumscribed swelling, with some redness of a deep livid colour, and a shining and crystalline appearance of the skin, has appeared on the left side of the abdomen, extending almost as far as the ribs.

May 4th.—The patient died to-day.

Examination.—The cellular membrane of the perineum, scrotum, and lower part of abdominal parietes, was gangrenous. The urethra and corpus spongiosum, from two inches from the glans to the bulb, was completely disorganized, and hung in loose shreds. The remaining part of the canal was quite sound, except at the opening made by Mr. Key, the edges of which were sloughy. There was no appearance of a stricture, that having most probably existed in the disorganized part of the tube, anterior to the scrotum. G.

ST. THOMAS'S HOSPITAL.

Extensive Sloughing of the Urethra.

W. M., æt. 40, presented himself at the hospital, November 29th, 1828, with the penis and scrotum enormously swollen and of a bright red shining appearance. The swelling of the former was very firm, but the latter was softer. There was no swelling nor any discoloration above the pubes, in the perineum nor upon the thighs. A large

slough, an inch and a half in diameter, occupied the end of the penis. It was surrounded by a well-defined line of separation, and appeared to consist chiefly of the prepuce, as the glans could be seen below it, apparently sound. He stated, that, for the last twelve years, he had had stricture, which had latterly become worse. Eight days before his admission a surgeon had passed an instrument (which, from his description of it, appeared to have been a sound) into his bladder with ease. Two days after, he again made an attempt to dilate the stricture, but, after giving him a great deal of pain, he desisted from his attempts, without having reached the bladder. The swelling of the penis and scrotum soon commenced, and continued to increase until he came to the hospital. Inability to empty the bladder had existed for some days, but the urine had passed in drops involuntarily, and consequently the bladder was not overdistended.

The state of the system was such as might be expected under so severe a derangement of the urinary apparatus. The pulse was frequent, small, and sharp; the tongue white, the skin pale and cool, and the countenance expressive of suffering and anxiety.

Mr. Green first attempted to introduce a small silver catheter, but finding that its progress was stopped by a firm stricture, situated about two inches from the orifice of the urethra, determined at once to remove this obstruction with the knife, and therefore made an incision in the raphe of the penis, from an inch below the frœnum of the prepuce to the most dependent part of the scrotum. In doing this, he laid open an abscess which occupied the situation of the corpus spongiosum, completely surrounding the urethra from its bulbous portion as far as its termination in the glans: it contained several ounces of pus mingled with urine. The urethra, which was thus exposed, appeared to be in a sloughing condition, as it was of a yellowish white colour; but it still retained its consistency, and sufficient firmness to prevent an instrument being passed through its contracted portion. The orifice through which the urine had become diffused was very evident, being in the under part of the canal and anterior to the stricture; whence it was clear that it had been made by an instrument which had been attempted to be passed into the bladder. This situation of the false opening also accounted for the small quantity of urine which had escaped into the cellular membrane. The cellular membrane of the scrotum exhibited marks of high inflammation, but had not begun to slough. As it appeared certain that the urethra would slough, Mr. Green thought it of very little use to attempt saving it, and therefore laid it open to the extent of the external incision. He was thus enabled to pass a catheter into the bladder, and to draw off a pint of turbid and decomposed urine. The patient immediately expressed great relief. The catheter first used having been withdrawn, one of the largest size (of silver) was passed into the bladder, secured there by tapes, and a bladder tied to its extremity.

Lot. Chlor. Calcis et Sodæ.
Catap. Lini.
℞ Carb. Ammon. gr. v.
Træ. Opii, gtt. v.
Mist. Camph. ℥j. M. 4tis horis.

Vespere.—The urine has come freely and plentifully through the catheter. Pulse generally fuller, but irregular both in force and frequency. No pain or tenderness in the region of the bladder.

30th.—Pulse weaker, but still very irregular. It does not intermit, but a rather full and strong pulsation is followed by several indistinct strokes, which run together in a hurried manner, and are succeeded by a strong one. His skin is moist and cool, his tongue furred, and the bowels are constipated.

Enema commune.

Vespere.—Some fever; bowels not yet opened. To have some castor oil.

Dec. 1st.—Pulse quite regular and soft; skin moist; bowels well opened. The sloughing has extended considerably. All the exposed part of the urethra has disappeared, and the cellular membrane forming the septum scroti is hanging in loose shreds. The tendency to gangrene is confined to the cellular tissue, for the skin, both of the septum and penis, is assuming its natural colour. The slough of the prepuce has separated, and the glans appear quite healthy, as well as the small portion of the urethra which is in connexion with it.

3d.—All the sloughs have become detached, and a healthy granulating surface is presented. The catheter is regularly taken out and cleaned.

5th.—Some fever, and general uneasiness from loaded bowels.

Ol. Ricini.

It appears that he has tuberculated and probably ulcerated lungs, as he has long had a cough and purulent expectoration, and imperfect pectoriloquy is now heard.

6th.—Feverish, and rather light headed, from want of sleep, not having slept for many nights. The wound looks very well; the gap in the tunica vaginalis is nearly filled up, and healthy granulations are springing up in every part, and secrete good pus. The external opening is diminishing very fast, from contraction of the integuments, and the urethra appears to be reforming.

He looks pale and anxious, and is more emaciated than when admitted, having taken no solid food since.

Sulph. Quininæ, gr. ij. ter die.
Two eggs, mutton chop, porter, ℔j. daily.

For several evenings after this date, he had a regular paroxysm resembling that of ague. Afterwards, the alimentary canal was much disordered; he had a great tendency to constipation; frequent attacks of tympanitis and pain in the lower belly, and his cough and expectoration continued: but, in spite of all these apparent obstacles, the wound gradually closed, and by the end of January nothing of it was left but a narrow slit, an inch or two in length, in the course of the urethra, anterior to the scrotum. The integuments of the scrotum had united, and the posterior part of the canal appeared to be re-established, although a purulent discharge still came from it. Thinking that the presence of the catheter prevented the closing of the opening which still existed, Mr. Green ordered that it should be no longer worn constantly, but be introduced twice a-day. The edges of the slit, which had become callous, were frequently touched with caustic, and contracted until it was not more than half an inch in length. Very little of the corpus spongiosum had been restored, and consequently the penis was much shorter than it had been before the accident occurred; and when in a state of erection was bent downwards, as in chordee. Finding that the opening would not close by granulations from the edges, Mr. Green determined to attempt filling it up by by a taliacotian operation; and for this purpose the man remained in the hospital until the end of April. There was then no vestige of the extensive destruction of parts which had taken place, except the fistulous opening and a very slight purulent discharge from the posterior part of the urethra; but the patent's lungs were in such a state that there was little probability of an operation of the kind contemplated being successful. He was therefore discharged; but if his health should improve he will be again admitted, and the operation performed.

There are several very interesting urethral cases now in the house. Two in Isaac's ward; in which Mr. Tyrrell has divided the stricture, by cutting in the raphe of the perineum; and one in Jacob's ward, admitted the week before last by Mr. Green, in which there has been extensive urinary abscess, and sloughing in the perineum, from a stricture situated at the very extremity of the urethra, and produced by the healing of a chancre. When these cases shall have come to a termination, we will give reports of them.

G.

GLASGOW ROYAL INFIRMARY.

Swelling of the Scrotum *.

Case I.—James Brown, aged 37, emaciated, and of a squalid unhealthy appearance. Admitted 29th August. The week previously was dismissed from the medical wards as cured of bowel complaint, for which he had been under treatment during the three preceding months. On presenting himself for re-admission, was remitted by the physician to be treated for a hydrocele of the right side, larger than the fist. The integuments over its middle and fore part, to the extent of half a crown piece, were œdematous, of a pale red colour, and slightly painful. This was first observed on the preceding evening.

Bag truss—Spt. lotion—Opiate enemata—Generous diet.

The swelling and redness gradually extended, although little, during the first day. On Sept. the 2d, the whole of the scrotum was affected, presenting a swelling much larger than a child's head. During the night a distinct tumor, about the size of a hen's egg, had formed in the perinæum. This occasioned retention of urine, and it was therefore necessary to make use of the catheter, which was introduced without the least difficulty. To support the strength was obviously the chief indication, as the patient was fast sinking; and as to local treatment, I resolved to make an incision into the perinæum, to relieve tension. To this practice I felt the more inclined, several medical friends, in whose opinion I had great confidence, having pronounced the case to be one of urinary infiltration. A gum catheter having been previously introduced, an incision was made through perinæal tumor, down on urethra, in direction of raphe, when only a trifling quantity of serum escaped. Several punctures were also made over scrotum.

Poultice applied; ℥xii. of wine, gr. ss. opium every third hour; opiate enema.

He felt easier immediately after the incision and punctures; and on the following day the tumor in the perinæum was quite flaccid, and that of scrotum less, though gangrenous at its lower part. The sloughing extended; typhoid symptoms ensued, and he died on the 5th.

Inspection.—Whole of scrotum was in a state of sphacelus. The cellular tissue of the perinæum, as far back as the tuberosities of ischium, was sloughy and infiltrated with pus. The urethra was pervious throughout, admitting a full sized sound. The accelerator muscles, and parts surrounding, appeared healthy, as also cellular tissue within pelvis. Inner coat of rectum, and lower part of colon, much thickened, and studded with numerous ulcers.

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* Related by Dr. Auchincloss, in the Glasgow Medical Journal.

The preceding case excited considerable interest. On the occurrence of the perinæal tumor, on the 4th day, it bore a striking resemblance, in every particular, both constitutional and local, to a case of urinary abscess. The gentlemen, to whom allusion has been made, did not see the patient till the above advanced period, when judging principally from the appearance which the swelling presented, without adverting to the previous history, they were more readily misled in their opinion concerning it. Having witnessed the progress of the case from the commencement, I felt confident that it was in no way connected with ulceration of the urethra or bladder, for the following reasons: 1st, As no previous retention, or difficulty in voiding urine, had been experienced: 2dly, As a full-sized catheter could be easily introduced: and 3dly, The œdematous inflamed patch having first appeared on the middle and anterior part of the scrotum, midway between the septum and angle of the thigh. On the other hand, had it been the consequence of urinary infiltration, I should imagine the redness and swelling would have first shown themselves either contiguously to the septum, at the root of the penis, or in the lower part of the groin. Besides, tension of the perinæum, in all probability, would have preceded these appearances.

It is merely an instance of sloughing of the cellular substance supervening on erysipelas, in an unhealthy constitution, in connexion, I should suppose, with the diseased condition of the rectum and colon. Erysipelas, and other cutaneous affections, are frequently met with as symptomatic of visceral disease.

Respecting the propriety of the practice by incision, there can be little doubt. It was had recourse to on somewhat the same principles as in cases of urinary abscess, namely, the relief of tension, evacuation of sloughy matter, and prevention of the gangrenous action.

Case II.—William Laverty, aged 18 months, a delicate, sickly-looking child, admitted 25th Sept. at noon, having voided no urine from 5 o'clock, P.M of the preceding day. The penis and scrotum had then begun to swell, the latter being fully larger on admission, than a man's fist, hot, tense, shining, and translucent. There was no tension or fulness of perinæum, and but little in the hypogastrium. The child was feverish; and had been affected with bowel complaint for three months previously.

A small gum-elastic catheter was immediately introduced, without difficulty, and about ℥xii. of urine drawn off. The catheter was left in the bladder. The swollen parts were punctured in different places, and warm fomentations ordered. Ol. ricin. ℥ii. He seemed immediately relieved, and soon fell into a sound sleep. In the evening the parts were scarcely half their former size, and flaccid; and on the following day, the swelling both of scrotum and penis had almost wholly disappeared. The urine issuing freely by the side of the catheter, it was therefore withdrawn.

On the 27th, the swelling re-appeared to nearly its former extent, being hard, and of a dark red colour over the scrotum. Sloughing took place at its lower part on the 30th, and at the root of penis, thus exposing the urethra, which became perforated by ulceration on the 3d. The child gradually sunk, and died on the 9th.

Inspection.—The kidneys were twice their natural size, and lobulated. The right was the larger, and the more diseased of the two. On section, several small encysted abscesses appeared in their substance, which was unusually soft, and of a pale gray colour. The ureters were dilated to three times the diameter of a common crow quill. The bladder was thickened, and very much contracted, and its inner surface of a dark red colour, and studded over with fungous tumors. These varied in size, from that of a pea to that of a marble; and appeared to be seated under the mucous coat. The larger ones were distinctly fibrous, while the smaller consisted chiefly of black substance, resembling small clots of blood, seated immediately below the inner coat. The prostate gland was much larger than natural, but its structure was free from disease. There was extensive ulceration of the inner surface of the ileum and colon.

BOOKS RECEIVED FOR REVIEW.

Pathological Observations, Part II. on Continued Fever, Ague, Tic Doloreux, Measles, Small-Pox, and Dropsy. By Wm. Stoker, M.D. Honorary Fellow of the King and Queen's College of Physicians in Ireland, &c.

An Essay on the Deaf and Dumb; shewing the necessity of Medical Treatment in early Infancy. By John Harrison Curtis, Esq. Surgeon-Aurist to his Majesty, &c.

A Manual of the Anatomy, Physiology, and Diseases of the Eye and its Appendages. By S. J. Stratford, Member of the Royal College of Surgeons in London, &c.

Observations on the Phrenological Development of Burke, Hare, and other atrocious Murderers. By Thos. Stone, Esq. President of the Royal Medical Society, Edinburgh.

NOTICES.

We cannot insert the case of Constipation, unless "An Old Practitioner" will favour us with his name.

The signature of our correspondent at Bromley was indistinctly written, and we have delayed the insertion of his paper till next week, in hopes of his addressing a note to relieve us from the difficulty thus produced.

W. Wilson, Printer, 57, Skinner-Street, London.

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